

Learning Series No. 2

Adolescent Development in East Asia and the Pacific: Realizing Their Potential

**A summary of trends, programming and policy
experiences.**

**Adolescent Development
And Participation Unit
Programme Division
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Adolescent Development in East Asia and the Pacific: Realizing Their Potential

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For further information, please contact:

Victor P. Karunan, PhD

Adolescent Development and Participation Unit

Programme Division

UNICEF, 3 United Nations Plaza

New York, NY, 10017, USA

Tel. (1 212) 326 7266, Fax (1 212) 824-6470

E-mail: vkaranan@unicef.org

Foreword

This second issue of ADAP's Learning Series continues from the first issue to explore further the approaches and frameworks used in understanding and analyzing adolescent development. While the first issue reviewed the approaches and frameworks used by UN agencies and selected partners, this issue focuses on the situation of adolescents in the East Asia and Pacific region. In doing so, it attempts to interpret the key trends and draw policy and programmatic implications for UNICEF and partners to effectively respond to the challenges of working for and with adolescents.

Adolescents form a large part of the population in the countries of the East Asia and Pacific Region. While in many countries they are growing healthier, more educated with better economic prospects for the future, they are also facing serious challenges and risks resulting from rapid economic change, spread of HIV/AIDS, civil conflict and poverty.

We hope this paper will help our understanding of the specific context of adolescents in this region. The issues discussed and the suggested ways forward in this paper are also relevant beyond this region and have both policy and programmatic implications for other countries and regions that face similar challenges.

We wish to thank the team of colleagues from UNICEF and NGOs in the EAP region who compiled this paper and for making it available for publication in our series.

Victor P. Karunan, Ph.D.
Senior Advisor
Adolescent Development and Participation
Programme Division
UNICEF Headquarters

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Acronyms and Abbreviations

| | |
|-------|--|
| AIDS | Acquired Immune-Deficiency Syndrome |
| CRC | Convention on the Rights of the Child |
| EAPRO | East Asia and Pacific Regional Office |
| ESCAP | United Nations Economic and Social Commission for Asia and the Pacific |
| HIV | Human Immunodeficiency Virus |
| IDU | Injecting (or intravenous) Drug User |
| IFI | International Finance Institution |
| ILO | International Labour Organization |
| MDG | Millennium Development Goal |
| MSM | Men having Sex with Men |
| PTA | Parent-Teacher Association |
| RTA | Road Traffic Accident |
| SAVY | Survey Assessment of Vietnamese Youth |
| STI | Sexually Transmitted Infection |
| SWAp | Sector-Wide Approach |
| UNFPA | United Nations Population Fund |
| WHO | World Health Organization |

Executive Summary

Adolescents form a large part of the population in East Asia and the Pacific. They are healthier, better educated and have greater economic prospects than previous generations of young people in the region. At the same time, they are facing numerous challenges and risks as a result of rapid economic change, the spread of HIV/AIDS, exploitation, accidents and conflicts.

Adolescence is the period of transition from childhood to adulthood during which young people go through many physical, intellectual and social changes. During this stage in the life cycle, a young person's social, economic, legal and political status is transformed. Adolescence is a time of preparation for the adult roles of worker, citizen and community participant, spouse, parent, and household manager. It is a period of capacity development and one of increased vulnerability and risk, especially for girls. Many of the problems adolescents are experiencing are related to their relative lack of power. Legally, politically, socially and economically, adolescents have less power than adults. This makes them vulnerable to exploitation and abuse, reduces their ability to demand better quality education, and limits their livelihood opportunities.

Young people are one of society's most valuable resources. Governments, institutions, communities and families have an obligation to support adolescents and to ensure that they have the opportunities and capacities, the protection from risk and vulnerability and the power to make the transition to productive adult members of society successfully. Effective adolescent policies need to recognise adolescents as a distinct population group with particular needs and capacities that are different from those of younger children and from those of adults. Particular attention has to be paid to disadvantaged and marginalised adolescents.

Youth policies and programmes need to take a positive approach towards adolescents and to harness their energies as a positive force for change in their own development, survival and protection and in the development of their communities. Experience has shown that negative and punitive approaches to adolescent risk behaviour rarely work. Instead, there is a need to reduce risk factors and vulnerability and to strengthen protective and positive factors affecting adolescents and their behaviour.

Effective approaches have to address the real issues adolescents are facing. They have to be based on detailed research, thorough analysis and good quality data. There is a need for a better understanding of the psychosocial factors in adolescent development. This must include a meaningful dialogue with adolescents on questions affecting their lives and open debate on sensitive areas, such as sexual and reproductive health. Large amounts of public resources are wasted on youth programmes that do not work, that address the wrong problem or are poorly designed. There is a need to evaluate existing programmes and policies to identify why they are not working in order to learn from experience and to identify the strengths and weaknesses of existing approaches.

Many of the existing programmes for adolescents are taking a vertical approach addressing isolated symptoms. Experience has shown that narrowly focused programmes often do not work. There is a need for more intersectoral approaches to address issues affecting adolescents, such as unemployment, protection and health.

Youth policies and adolescent programming approaches have to respond to the specific conditions and circumstances faced by young people in each country, given the diverse socio-economic and cultural conditions in East Asia and Pacific. Simplistic and universal strategies are unlikely to work.

I. Introduction

Adolescents in the East Asia and the Pacific region form an unprecedented proportion of the population, are better educated, healthier, have greater economic prospects, are globally connected and part of the digital generation. At the same time, large numbers of adolescents:

- are living in poverty,
- lack education, skills and livelihood opportunities,
- are victims of abuse, violence and exploitation,
- are forced into slavery-like working conditions,
- are forced to fight in conflict situations,
- engage in harmful behaviours that put them at risk of HIV/AIDS, injury and death,
- feel disempowered and see few prospects for the future.

Opinion polls and surveys show that many young people feel misunderstood by adults and do not receive the support and services they need to reach their full potential as individuals and as members of society.

The Millennium Declaration and Development Goals and A World Fit for Children stress the need for greater efforts to promote the development, protection, survival and participation of adolescents and for greater investments in the areas of health, education, protection from abuse, exploitation and violence, HIV/AIDS prevention and care, and youth employment. These commitments were reiterated at the 6th East Asia and Pacific Ministerial Consultation on Children in 2003 in Bali with a call upon future Ministerial Consultations to identify ways to develop policies, programmes, goals and indicators to better protect and develop young people.

The purpose of this paper is to highlight some of the main issues concerning adolescents in the East Asia and Pacific region; to present key programming experiences related to adolescent development, protection, survival and participation; stimulate discussions on issues of concern for adolescents; and identify ways for taking these issues forward through the development of more appropriate and effective programmes, policies, data collection and analysis, collaboration and coordination.

Defining adolescence

Adolescence (age 10 to 19) is the period of transition from childhood to adulthood.¹ During this challenging developmental period, young people go through many biological, cognitive, social and psychological transitions. Psychologically, adolescents develop a sense of identity and self-awareness. Socially, adolescents spend more time with their peers and move away from their family and home environment or try to develop their identity while living in the same household with parents and grandparents.

During this critical stage in the life cycle, a young person's social, economic, legal and political status is transformed. Adolescence is a time of preparation for the adult roles of worker, citizen and community participant, spouse, parent, and household manager. Adolescence is also a time of gender differentiation. In many societies the world expands for boys and contracts for girls during the teen years. Adolescence is a critical period of capacity development and one of heightened vulnerability and risk, especially for girls.

Adolescent development, protection and empowerment

Adolescents have needs that are specific to their development. They differ from those of younger children and from those of adults (e.g. adolescent-friendly health services). Surveys across the region show young people feel they are not listened to enough, lack information and that services are not adolescent-friendly.

¹ This paper uses the following UN definitions: child: 0 up to age 18; adolescent: 10-19; youth: 15-24; young people: 10-24. Depending on the issue, different age ranges may be used: 15-24 for youth employment; 5-14 for child labour; 10-24 for growing up healthy. This reflects the most relevant age group for each area of programming.

Young people are one of society's most valuable resources. Available experiences provide ample evidence of the benefits of investing in health and education. Governments, institutions, communities and families have an obligation to support adolescents in their transitions and to ensure that they have the opportunities and capacities, the protection from risk and vulnerability and the power to successfully make the transition to productive adult members of society.

In their transition from childhood to adulthood, adolescents face many challenges. Many of the problems adolescents experience are related to their relative lack of power. Legally, politically, socially and economically, adolescents have less power than adults. This makes them vulnerable to exploitation and abuse, reduces their ability to demand better quality education, and limits their livelihood opportunities. Many adolescents are without protection from families, communities or the State. Empowering them has to be a fundamental component of any approach towards the development and protection of adolescents.

Adolescence is a critical period of capacity building. Children and young people have to be supported to develop their skills. Adolescents have the right to take an active part in their own development, survival, protection in the family, in schools, child welfare institutions, orphanages, the media, in the community and at national and international levels. Recognising and harnessing the capabilities of adolescents in their own development contributes to realizing their rights. Empowered adolescents, who have access to information, knowledge and skills, expression, decision making, resources, services and the right to association, are able to better contribute to their own development and protection. Not empowering adolescents and failing to involve them in their own protection misses a key opportunity to develop and utilize their capabilities. It also denies them their rights.

Building an empowering environment for adolescents

Governments, service providers, the media, communities, families and adolescents themselves can do much to build an environment that empowers and protects adolescents and creates opportunities for them to develop their capabilities.

Birth certificates, citizenship and residence permits are fundamental prerequisites for access to health and education services. Legal residency provides protection from harassment, exploitation and possible arrest.

The right to form and join associations, organizations and unions offers protection and support for young workers and allows disadvantaged groups to collectively demand their rights.

Access to information about sexuality, drug use and HIV/AIDS gives adolescents the knowledge they need to protect themselves from HIV infection. Access to information about education and job opportunities helps them to make better informed choices. Information about their rights and about available protection services allows adolescents to seek help in times of need (e.g. pregnancy, sexual assault, etc.).

Rights to be involved in decisions that affect them include: voluntary counselling, involvement in decisions about medical treatment, choice of education and work opportunities.

Life skills include critical thinking, self-esteem and decision making. They allow adolescents to make positive and informed decisions about education, work, relationships and marriage, sex and drugs, among others.

Rights to expression and being listened to: Children, who are able to express themselves and who are involved in decisions, develop their abilities to take greater roles in their family and community. By listening to children from an early age, parents and teachers encourage them to express themselves. On the other hand, if they tell children to be quiet, they discourage them from taking an active part in society, undermine children's self-confidence and stifle their development. For example, adolescents who take an active part in classroom work can influence their own learning and make their education more meaningful

and more relevant. Students who are not allowed to ask critical questions, on the other hand, are denied these benefits and impaired in their development of analytical/judgement capacities.

Adolescents who spend time in institutional care are more vulnerable to mental, physical and sexual abuse, if they are denied the right to expression. There are many cases where children in orphanages or other institutions have been abused by their caregivers, because there are no mechanisms to listen to the children's complaints. The abusers can continue to mistreat children in their care for many years without fear of detection and with impunity.

Adolescents in the region are taking an increasingly active part in having their voices heard through research (e.g. the Survey Assessment of Vietnamese Youth - SAVY study) and opinion polls (e.g. Speaking Out, an opinion survey carried out among children and adolescents in East Asia and the Pacific), and through their work as youth journalists.

Education, knowledge and skills: Literacy, numeracy, skills and education are basic capacities that protect and empower adolescents.

Social and economic support networks are essential to guide young job seekers and to support adolescents in crisis.

Health services and social insurance: Access to adolescent-friendly health services and to social insurance support adolescents in their survival and protection.

Access to income, assets, financial and natural resources empowers and protects adolescents.

Signing contracts, accessing credit, buying land, owning property and assets: The legal ability of adolescents to access financial resources and own property enables them to start their own business. Access to economic opportunities and resources are a significant source of empowerment for adolescents.

Inheritance rights: Guaranteeing the inheritance rights of adolescents is essential to protect their rightful access to productive assets and resources. This issue is coming to the fore particularly in relation to the challenges faced by AIDS orphans.

Access to justice: Access to effective systems of redress, including the right to go to court, is essential to enforce and protect the rights of adolescents. For example, in situations where sexual assault goes unpunished, adolescent girls are left vulnerable, unprotected and disempowered.

Building an empowering environment for adolescents requires the removal of factors that disempower young people, make them vulnerable and prevent them from taking an active part in their own development and protection. It also requires the strengthening of supportive communities and services in society and developing the capacities of adolescents themselves.

The following section provides a general overview of the situation of adolescents in the East Asia and Pacific regions. This is followed by more detailed sections on education and livelihood opportunities, protection from abuse, violence and exploitation, promotion of healthy living and prevention of harmful behaviours. Each of these sections presents an analysis of trends and issues for adolescents, policy and programme experiences, lessons and recommendations. The paper concludes with a summary of main lessons and implications for policies, programmes and research for youth policies and programming.

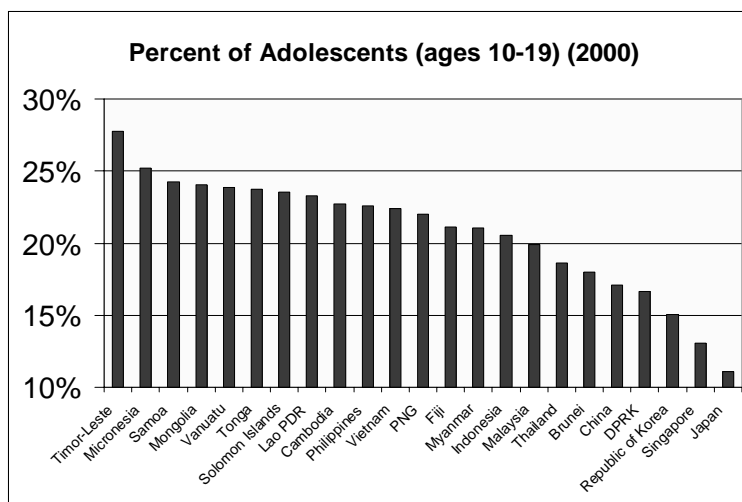
Covering such a broad topic in such a diverse region in a short paper is an impossible task. Many important issues and themes can only be mentioned in passing or are omitted entirely. Among them are: adolescents in conflict situations, effects of the media on youth culture, youth policy frameworks, and institutional structures and agencies addressing youth issues. The paper also cannot do justice to the wide country-specific variations and challenges across the region. This is clearly only the start of what

must be a concerted process of analysis, debate and action within and across countries of the region. This paper marks the beginning of that process, not its end.

II. Adolescents in East Asia and the Pacific

A. Demographic changes

Demographic window (UNFPA 2003)²: Across much of the East Asia and Pacific region, fertility rates have been decreasing and life expectancy has been increasing for the past decades. The rapid decline in fertility rates is temporarily creating large numbers of young people and an increase in the proportion of the population of working age (15-60) relative to that of the “dependent” population (aged 0-15 and 60 and over). This opens a “demographic window” for economic growth and poverty reduction. The positive redistribution effect comes from slower growth in expenditures for children’s health and education and from greater opportunities for poor households to increase their labour contribution, income and savings. The poorer the country, and the higher fertility is when it starts to decline, the greater the contribution of declining fertility to reducing poverty.



Source: World Population Prospects (2002 revision)

With appropriate investments in health and education and economic investments, countries can mobilize their young people’s potential and launch an economic and social transformation. Several East Asian countries, such as Thailand and the Republic of Korea, have achieved dramatic rates of economic growth by taking advantage of their “demographic window”. They made greater investments in health and education, created a framework for more open markets and for greater social participation. The relative growth of working age populations in these

countries will continue for another decade, though not as rapidly as in the past.

Countries at a later stage in their demographic evolution can learn from those countries that have passed through the demographic window. The demographic window opens only once and for a limited time. It opens as the numbers of younger children decrease because of lower fertility and closes as the proportion of older people starts its rapid growth. The window is now opening for a large group of countries where fertility has declined sharply in the last two decades. The demographic window in the Pacific is narrower. Fertility was never as high, nor did it drop as fast as in East Asia. Nevertheless, some of the same considerations apply.

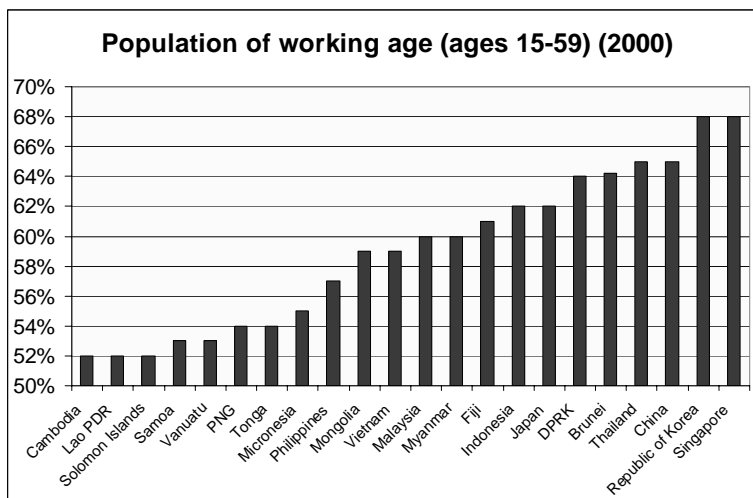
Urbanization and migration: The second wave of the youth explosion is an urban wave that results from the general trend of urban migration among youth. Available data shows considerably larger adolescent growth rates in urban than in rural areas across East Asia and the Pacific. For example, at the time when the adolescent populations peaked in Thailand, Indonesia and the Philippines, adolescents constituted around 20 per cent of the population in rural areas and 25 per cent in the main metropolitan areas of Bangkok, Jakarta and Manila.

² UNFPA (2003) *State of the World Population 2003. Investing in adolescents’ health and rights.*

Extending adolescence: A third factor affecting the size of the adolescent population is the biological and social changes in the adolescent population itself that have been taking place over the past decades. Adolescence is getting longer as a result of the earlier onset of puberty due to better nutrition, the extension of time spent in formal education and the delay in marriage. While there are large variations in marriage patterns between and within countries in the region, the general trends are widespread and apply across the region (see marriage data in the annex).

Compared to the situation twenty years ago, young people enter adolescence earlier and healthier, are more likely to spend their adolescence in school, postpone entry into the labour force, and delay marriage and childbearing.

Cumulative effects of trends in the adolescent population: The different demographic trends influencing adolescents can converge to create cumulative effects affecting the size of the adolescent population. The rapid, though brief and temporary expansion of a country's adolescent population, rural to urban migration with its even more rapid expansion of urban youth populations, and the dramatic changes in school enrolment and age of marriage can converge to create a temporary spike in adolescent populations in certain parts of the country.



Source: World Population Prospects (2002 revision)

Implications for services and resource allocation:

A rapidly increasing adolescent population creates growing demands for resources and services, especially for schools, teachers, health facilities, labour markets, or sports. There is a danger that public resources are stretched to the limit and the most disadvantaged adolescents are left out. Changes in a country's adolescent population come at different times and vary according to regions within a country, such as urban, rural or remote areas (uplands or islands), and according to ethnicity and other factors. The previous example demonstrates the need for adequate data to analyze and anticipate adolescent populations and to plan and allocate resources accordingly. Failing to adequately respond to the needs and demands of a rapidly growing adolescent population may have negative consequences.

B. Changing world³

Adolescents in the East Asia and Pacific region are growing up in a rapidly changing world increasingly shaped by global influences.

Economic changes: Many, although not all, countries in the region are rapidly industrialising and are experiencing high rates of economic growth. The near universal spread of the market economy has facilitated the globalisation of trade, investment and economic relationships. The privatisation and commercialisation of social and other basic services (water, electricity) is contributing to an increase in disparities and unequal access to basic services.

Global information: The rapid globalisation of media, information and entertainment through global satellite TV, DVDs, internet and mobile phones has revolutionised communication and access to information. This is affecting especially young people who are quicker to adopt the new technologies than their parents or grandparents. The spread of digital media has had far-reaching effects, some positive,

³ This section provides just a general overview of some of the main factors affecting the lives of adolescents. Some of these issues will be dealt with in greater detail in the rest of the paper. See also UNFPA 2003: 5-6.

some less so. They range from the emergence of a global youth culture, the democratisation of information access and distribution, undermining local forms of entertainment, creating new means for networking and information exchange across the region and the world, spreading violent images in movies and computer games, and internet pornography, to name only a few.

These transformations in the economic and information spheres are continuing to have profound implications on many aspects of society:

Migration, mobility and urbanization: New economic and educational opportunities are generally concentrated in or around major urban centres, leading to accelerated rural-urban migration and rapid urbanization. The lifting of restrictions on movements within countries and across borders and the expansion of transport networks facilitate greater mobility. In turn, greater mobility is leading to changing family structures and the dispersal of family members. It also aids the trafficking of drugs, weapons and human beings by transnational criminal gangs.

Education and skills: The changing nature of work in a globalised environment requires better education, new skills and relevant capacities. Established approaches to education are rapidly becoming obsolete and are being challenged by students, teachers, parents, businesses, policy makers and the media.

Consumerism: The combined effects of producing for an international market, advertising and marketing of global products, and an emerging global youth culture with common idols from the worlds of sports, music, film and entertainment, are fuelling a culture of consumerism and rising expectations for material possessions. Frugality and thrift have been replaced by social rewards which are gained through the ability to consume the latest fashions in clothing, entertainment, electronic and other consumer goods. This shift has placed enormous demands on children and youth to have a constant flow of cash. In the extreme, such pressures have contributed to a commoditisation of social relations which, along with other socio-economic factors discussed in this paper, are increasing young people's vulnerability to sexual and other forms of exploitation.

Drug use: The increase in the availability of recreational drugs, coupled with greater stress, has contributed to an explosion of substance use across many parts of society, including middle class students and young workers.

Governance: International commitments and agreements provide universal standards and limits for the actions of national governments, especially in the areas of trade and investment, environment, security and human rights. Another trend across the region is towards decentralization. This has potentially positive effects for more participatory forms of decision making regarding the allocation of public resources. On the other hand, it can contribute to an erosion of government accountability and to increasing disparities between regions and the exclusion of certain social groups from access to services.

HIV/AIDS is spreading rapidly across the region, affecting young people in particular.

Conflict: Many of the countries in the East Asia and Pacific region have experienced or are experiencing conflicts. Young people are affected in many different ways by these conflicts, including: death, injury and disability, loss of education and economic opportunities, exploitation and abuse, and forced recruitment as child soldiers.

These are some of the forces shaping the environment within which adolescents are growing up and the context for shaping policies and services for adolescents in East Asia and the Pacific. Adolescents in the East Asia and Pacific region are doing relatively well compared to their cohorts in other parts of the developing world in terms of aggregate rates for: teen pregnancy, education, HIV/AIDS, employment, violence, economic growth and poverty reduction. But this hides large disparities across the region and within countries. Some smaller countries are doing much worse than the regional average and have socio-economic indicators on a par with some of the poorest countries in South Asia and Sub-Saharan

Africa. Gender indicators are relatively equitable in education and employment, and the trends towards later marriage point to greater empowerment of women. On the other hand, rates of gender-based violence and sexual exploitation of children, and the trafficking of women and girls are widespread violations of the rights of women and girls.

The following sections deal with specific issues concerning adolescents in the region. The main questions each of these sections is addressing are: What are the skills, information, support networks, services, policies and resources adolescents need to make the successful transition to adulthood, in the current environment that is changing rapidly and putting new global pressures on societies and economies? What are the implications for policies, services, families and communities?

III. Main concerns of adolescents, policies and programmes

A. Education, knowledge, skills and information

1. Importance of education for adolescents

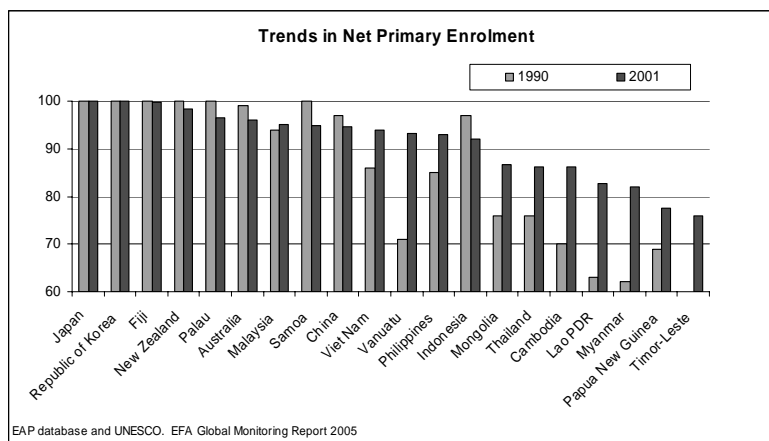
Education, knowledge, skills and information are essential for a successful transition to adulthood and for success in a rapidly changing economy. There has been extensive research to show the positive effects of education on children's lives, especially girls, as they mature into adults. Most of this research has been done at the primary level, showing that a basic education can improve future health, economic and social indicators.

Especially for girls, the effects of schooling and basic literacy are passed onto their children, in terms of smaller family size, better nutritional and health status of children and the greater chance of sending their own girls to school. The major benefits of secondary education come in the form of improved educational and employment opportunities in rapidly changing economic environments. Children with secondary education perform better than 'no education' and 'primary only' children in terms of socio-economic indicators, vulnerability, literacy/numeracy, livelihood skills, family health and a wide range of other independent variables.

The Adolescent Young Adult Reproductive Risk (AYARR) project coordinated a series of youth surveys in Thailand, Philippines, Indonesia, Hong Kong and Nepal. Looking at high risk behaviours in terms of drinking, smoking and drug use among 15-24 year old boys and girls and correlating this to their 'connectedness' to education and family, the study found across all countries that youth (boys and girls) who were more 'connected' to schools (i.e., had never been out of school and were planning to go to college), had much smaller risk of drug use, followed to a lesser degree by smoking and drinking. The effects of school connectedness were less significant than the impact of the connectedness youth felt with their family. However, there is no doubt that regular attendance in secondary school can contribute to a reduction in high risk behaviours and the incidence of HIV.

2. Trends in education

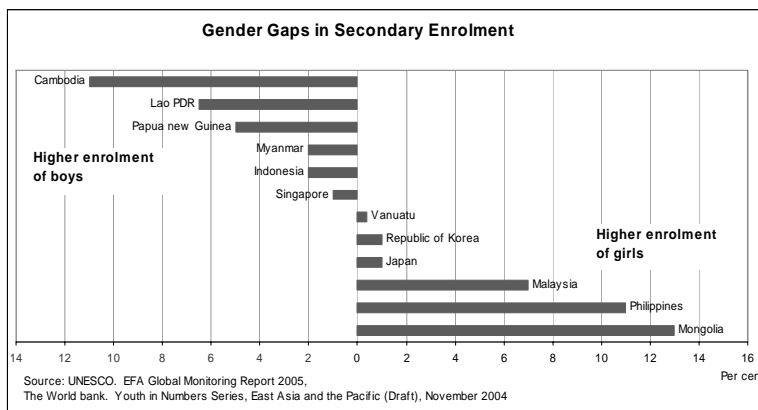
East Asia and the Pacific have made great strides toward universal primary education. However, greater efforts are needed to achieve the MDG targets for secondary education in 2015. Currently over 60 million



secondary school age children in the region are not enrolled in school. The number is even higher if we add those who have dropped out or who are attending irregularly.

Demand for secondary and tertiary education is larger than supply. With the great increase in primary school enrolment and completion rates, coupled with the increasing youth population, education systems are becoming the victims of their own success. Young people have high expectations of continuing their education after completing primary school. However, spaces are often limited in secondary schools and even more so at university level. In Viet Nam, for example, upper secondary school enrolment increased from 300,000 in 1993 to 2 million in 2002. State universities offer places to only 14 per cent of secondary school graduates who sit for the university entrance examination. Throughout the region, the success of primary education and limited supply of state secondary education is having an impact on the private sector, which is expanding into secondary and tertiary education to fill the gaps and meet the demand.

Gender differences are greater in secondary than in primary schools. Across the region, there are six per cent more boys in secondary education than girls. The gender gap is one reason why the MDG targets for 2005 were not reached for secondary education. A closer look at different countries reveals that gender patterns in secondary enrolment are mixed across the region. In some countries, such as Cambodia, Lao PDR and Papua New Guinea, enrolment rates are higher for boys, while in others, such as Malaysia, Philippines and Mongolia, more girls than boys are in secondary school.



3. Concerns and issues for adolescents in the EAP region

a) Cost and spending on secondary education

Expanding definition of 'basic education': Governments increasingly recognize the need to build national capacities and human resources to meet the needs of the 21st century. A growing number of countries in the region are expanding their definition of basic education beyond the primary level to include lower or even upper secondary education. Governments must allocate additional resources in order to cope with the expanding demand for quality secondary education. Double and triple shifts in already overcrowded secondary schools for overworked and underpaid secondary school teachers provide temporary relief, but are not a long term solution. The cost per student (measured as public expenditure as a percentage of GDP per capita) does not substantially change from primary to secondary (except for Mongolia where costs of boarding facilities are significant), indicating that increased funding to expand secondary education is more of an issue than increased efficiency within the current funding levels.

International donors, especially the international financial institutions (IFIs) and bilateral donors, are increasing their support for secondary education, especially for school construction, curriculum development and teacher training. To maximize the effectiveness of donor aid and to ensure that the secondary sub-sector is not lost in the project approach to funding, an increasing number of countries are initiating Sector-Wide Approaches (SWAs). While most attention has focused on SWAs at the primary level, sub-sector development plans for secondary and tertiary education hold great potential.

As countries expand their definitions of basic education to include secondary education, the fundamental rights of children must not be diluted. Basic education must continue to be free and compulsory. School fees and other costs disproportionately affect poorer families. While private schools can help alleviate the pressures on public schools, private schools can also increase disparities in access to quality education.

b) Relevance and quality of education

Of paramount importance are quality and relevance of education for adolescents. Curricula often reflect national goals, public interests and social opportunities of the past rather than the demands of rapidly changing economies and societies. Secondary school facilities and programmes, teacher training and recruitment have not been able to keep up with the demands of the growing numbers of primary school graduates.

Livelihood skills: Secondary and non-formal education for adolescents have to build social development, personal growth and livelihood skills. This requires the adaptation of education content and expansion of links between secondary education, vocational training approaches and workplaces for young people. Research is needed to examine the impact of secondary and tertiary education on employment, on salaries and on productivity to ensure that education systems and approaches are keeping up with the changing demands of the labour market and new opportunities in rapidly changing economies. Some countries in the region (e.g. Viet Nam) are already experiencing a growing pool of secondary school and university graduates who cannot find suitable employment.

Life skills are essential for a successful transition from childhood to adulthood. They include critical thinking, decision making ability and self-esteem. Formal education has a key role to play in developing basic life skills. Such skills help adolescents in their transition from school to work and enable them to make positive choices and avoid high risk behaviours. Life skills-based education is a method that can be applied to most content areas. Life skills require student-centred activities and creative methods including group work and informal discussions which support students to increase critical thinking and action-oriented skills. Content areas should include reproductive health, sex education, HIV/AIDS awareness, and further education and career planning.

Appropriate teaching methods are required to ensure quality instruction, attentive students and behaviour change outcomes using life skills. Teaching methods which are didactic and rote based and focus on out-dated examinations systems do not create optimal learning environments. Young people's creative energies and positive interest in schooling are often lost when schools offer outdated and irrelevant content in overcrowded classrooms by teachers who are not encouraged to teach creatively. The life skills approach uses student-centred methods that focus on decision making, negotiating and resisting peer pressure, skills that are not taught through memorization or included in final examinations. This requires revising in-service and pre-service teacher training, reviewing curricula and textbooks, and developing and delivering extra-curricular and non-core subjects with a life skills approach.

c) Physical environment

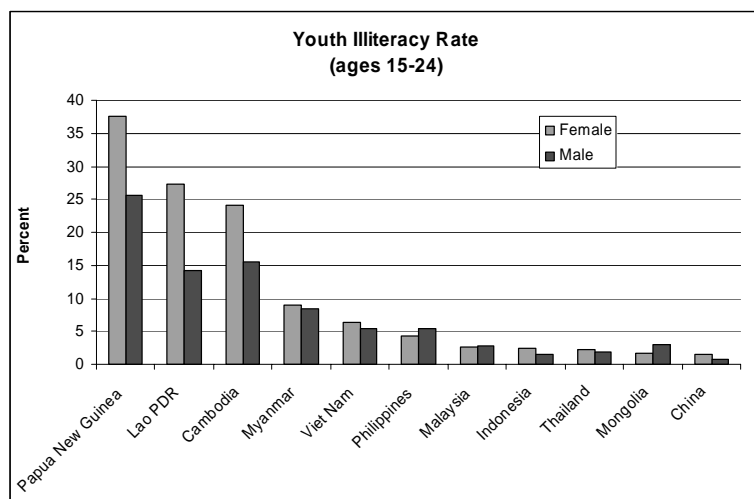
In order to retain girls in secondary education, the school environment has to meet certain minimum standards. Sanitary and secure toilets and running water are essential and have been proven to have a direct impact on attendance and completion rates of girls, especially following the onset of puberty and menstruation. It is important that governments, in their negotiations with IFIs and bi-laterals, demand that water and sanitation facilities are an integral part of any school construction or major school rehabilitation project. Gender analysis of issues facing remote communities may determine the need for boarding facilities for girls, or the need for escorts or community assistance in travelling to and from school to find solutions to gender disparities in education.

d) Corporal punishment

Corporal punishment in secondary schools is an important and sometimes controversial issue. While teachers are often at a loss on how best to deal with discipline and the pent-up energies of adolescent

students, public humiliation and physical punishment are not the answer. Physical and psychological abuse of students has far-reaching consequences, including drop-out, extended absence, social stigmatism and overall poor performance. The Speaking Out adolescent survey found that young people feel saddest when scolded (36 per cent), when doing badly in school (27 per cent) and when punished (21 per cent). The youth survey in Mongolia also found that a key reason for boys to drop out of secondary schools was punishment by teachers, especially public humiliation in front of their classmates. The number of countries in the region that have banned corporal punishment in schools is growing. As part of the UN Study on Violence against Children, a global review of violence in schools is underway. This includes corporal punishment, bullying, peer abuse and sexual harassment. The UN Study on Violence against Children will provide greater clarity on the extent of the issue and identify ways on how it can be addressed and overcome⁴.

e) Participation



Source: UNESCO: EFA Global Monitoring Report 2005

There is a need to more fully involve young people in education and learning processes. In addition to student-centred teaching methods and life skills-based teaching approaches, it is necessary to increase and expand the involvement of adolescents in student councils, school management meetings, in clubs and extra-curricular activities, in child-to-child outreach and action research, and in documentation and advocacy. This is a key dimension within the Child Friendly School framework, which is now being applied to secondary schools in several countries in the region (e.g. Thailand, China and the Philippines).

Students should have more say in determining the learning content in secondary and non-formal education. While elective courses are possible, few countries allow decentralized production of course content and materials for secondary education. Viet Nam has sub-national 'ethnic minority materials development centres' which produce curricula and materials but only for primary schools and non-formal courses. In Thailand, provincial education offices are equipped to develop and produce 'localised' curricula and materials for formal and non-formal courses. Such opportunities need to be created in more countries. Policies and regulations may need to be adapted to increase relevance and flexibility of courses to local needs.

School clubs, extra-curricular activities and youth clubs in the community have been initiated successfully throughout East Asia and the Pacific. Young people learn leadership and organization skills and can benefit from the outcomes of a wide range of activities. School policies and regulations may need to be revised to support Student Councils and to expand their roles in school management and annual planning processes with parent-teacher associations (PTAs) and school administrations. Laws or regulations pertaining to registration of 'official' groups and organizations by adolescents can lead the way for youth groups to become official entities. Examples of innovative youth clubs in the region include the My Passport clubs of student councils in Mongolia and the Young Journalist group in Viet Nam. There are also examples of adolescents being organized into 'writers' workshops', writing groups, poetry and music competitions, with the publication and dissemination of materials between schools and regions.

f) Out-of-school adolescents

⁴ Corporal punishment in schools and home is also a concern of the Committee on the Rights of the Child and figures frequently in its concluding observations to country reports from the East Asia and Pacific region.

Governments focus much attention on access and quality of education for the majority of school-age children and adolescents. There is a need to devote more efforts and resources to those groups of adolescents who have been failed by the formal education system, particularly school drop-outs, migrants, child workers, ethnic minorities and adolescents with disabilities. Basic literacy and numeracy are fundamental skills that every adult needs to make informed choices, to take advantage of livelihood opportunities and to access available services.

Why do adolescents drop out of school? “Speaking Out”, a survey of young people aged 15-24 from across the region published by the UNICEF East Asia and Pacific Regional Office in 2001, asked why they leave school. The most common reasons young people gave were lack of money (43 per cent), the need to help at home (23 per cent) and the need to work, while more disturbingly, not liking school and not wanting to attend was cited by 19 per cent of those not attending school. Young people said they found it difficult to talk to their teachers about their problems at school, citing that teachers often yell at them (16 per cent), that they don’t listen to or treat students well (13 per cent) and that they use physical punishment (8 per cent). In some countries, adolescents without birth certificates or official registration, such as ethnic minorities, migrants or illegal immigrants are denied access to education. Large numbers of adolescents with disabilities never attend schools. Such practices are in contravention of government obligations under the CRC.

Non-formal education programmes for youth populations usually take one of two approaches. In the first, non-formal equivalence programmes allow young people to take accelerated non-formal courses that can result in formal primary school equivalence and even certification. Such courses ensure that young people acquire basic literacy and numeracy skills and allow them to re-enter mainstream formal schooling. Few countries have experience with non-formal equivalence at the secondary level allowing mainstreaming. The second approach offers non-formal education for specific topics and skills, not necessarily certified or equivalent. These youth-specific courses may concentrate on livelihoods skills, hygiene/sanitation practices, reproductive health, or any number of topics, and may use life skills approaches. Most non-formal education suffers from a lack of resources and is of poor quality. Non-formal programmes for young people are generally designed in a very sporadic and *ad hoc* way. Government allocations for non-formal education must increase, and approaches have to become more systematic and strategic to address the large number of adolescents who do not complete school and are facing a life of illiteracy.

Flexibility: Young people who are working, have children, or have only a few years of schooling need continuing learning opportunities that are structured and accredited, yet flexible and responsive to their lives. The formal system also needs to be open to greater innovation, reflecting the needs of young people, while maintaining quality standards. Links between formal and non-formal education and livelihoods skills and economic opportunities have to be strengthened. Regular monitoring and research are needed to assess the economic and social impacts of post-primary education in order to make adaptations to ensure their continued relevance and value.

Ethnic minorities: Many ethnic minorities groups in the region have much lower rates of secondary school enrolment than the majority groups, although this type of information is rarely collected or disaggregated. In Viet Nam, where considerable attention is being placed on ethnic minority education, secondary enrolment rates vary greatly between ethnic groups. While Kinh (Vietnamese) secondary school enrolment rates are above 60 per cent, they are below ten per cent for Hmong boys and below five per cent for Hmong girls. Countries that have successfully promoted ethnic minority education have used a range of approaches: making the curriculum more relevant to ethnic minority environments and cultures, bilingual education or second language education of the national language, training bilingual teachers, or building boarding schools in remote areas to facilitate access. To redress the imbalance in education for ethnic minority children, some countries have programmes providing scholarships to ethnic minority girls who attend accelerated secondary and training courses on state scholarships in return for at least three years of national service as teachers in remote secondary schools.

Adolescents with disabilities are also grossly under-represented in post-primary education. The World Bank estimates that five per cent of young people in the region live with disabilities. Large numbers of young people are being denied their education rights, often due to relatively minor physical impairment. Some countries do not even include disabled children in the total number of children for the purpose of calculating enrolment rates, making them effectively invisible.

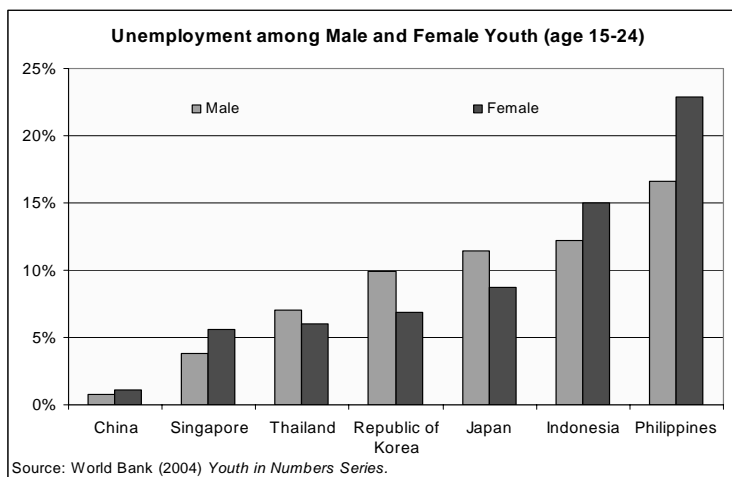
There have been many examples regionally of targeted interventions to extend access to secondary education to vulnerable and marginalised groups. School feeding programmes may target girls, the poorest children or ethnic minorities, and provide immediate returns on the time spent studying. This helps many families lower the opportunity costs of keeping their children in secondary school. Smaller lower secondary schools need to be established in remote areas, not only for girls, but also for ethnic minority populations. Boarding schools for remote communities are another way to ensure access, especially for girls who cannot commute and have no other options for safe lodging. The safety of students housed in such residential facilities has to be ensured. Special fee waivers for select groups are not always effective and, wherever possible, primary and lower secondary education should be free and compulsory for all. Cambodia is piloting a new strategy of targeted scholarships and incentives for poor girls, along with expanded lower secondary schools in remote and rural areas.

B. Livelihoods and employment opportunities

1. Trends and issues

During adolescence young people begin their transition from school to work lives. In order to successfully achieve this passage they need certain skills, information, services, networks and support structures. Opportunities for work depend to a large extent on the general economic climate in a country, on the rate of economic growth and on the nature of a nation's economy. In 2003, youth (15-24 years) unemployment stood at seven per cent in East Asia, and just over sixteen per cent in Southeast Asia.

From 1993 to 2003, youth unemployment doubled in Southeast Asia. The increase in East Asia as a whole has been less dramatic, but is still significant at 22 per cent. Reliable youth unemployment figures for the Pacific are not easily available.



Youth unemployment rates in 2003 were almost five times higher than those of adults in Southeast Asia and three times higher in East Asia as a whole. In their search for livelihood opportunities, young people lack access to economic assets and resources; relevant education, skills and training; access to information; connections and support networks; and certain rights and involvement in decisions that affect them. The exclusion from access to economic and social resources makes young people vulnerable and reduces their chances of finding meaningful and rewarding livelihood opportunities.

The gender patterns of youth unemployment are mixed. Globally, unemployment rates are higher for young women than for young men. In some East Asian countries, however, the reverse is the case, as is shown in the figure above. Young women may be more willing to accept low-paying and low-status jobs than their male counterparts. Gender roles in society and the nature of available work also affect gender differences in youth unemployment.

In addition to the difficulties of finding work, young people are facing a number of challenges in the workplace:

Global competition: Export-oriented factories employing young workers are in a continual race to keep production costs low to remain competitive in a global economy. This creates a race to the bottom with young (often female) workers filling the bulk of low-paying export-oriented jobs. Competitive pressures, economic insecurity and the subcontracting system create an environment where workers are denied many of their rights.

Informal economy: Many young people fail to find work in the formal economy and have little choice but to work in the informal sector. Working conditions do not conform to existing labour legislation and are often risky and exploitative.

Gender discrimination: Wage differentials between female and male workers, limited promotion opportunities for female workers and sexual harassment are some of the difficulties and risks young women face at the work place.

Disadvantaged youth: The situation is often compounded for indigenous youth, adolescents with disabilities and young migrants. Many adolescents migrate to the cities in search for better employment and education opportunities. Migrants in several countries in the region are denied residency rights, which in turn deny them access to basic services. The illegality of their status and their lack of social support networks makes them more vulnerable to exploitation and abuse.

2. Programmes for youth employment and their shortcomings

Economic growth is considered as the most important force for creating employment for youth and for the working population as a whole. While this is generally true, economic growth does not automatically lead to greater job opportunities. New jobs may also benefit better qualified, adult workers. Youth employment generation has to be a primary concern of economic growth and investment strategies and also a core concern for poverty reduction strategies.

Existing youth employment programmes often focus on youth unemployment in cities rather than in rural areas. In some countries, governments are particularly concerned with rising rates of unemployment among secondary school and college graduates. Many youth employment programmes (e.g. vocational training) are stand-alone initiatives of varying quality, producing graduates with technical skills that do not meet the demand of the labour market, no management skills, and no resources to start an enterprise. Youth employment programmes are also often not large enough to significantly affect youth unemployment.

3. Effective approaches to livelihoods and employment for young people

This section provides an overview of some of the interventions that are needed to support adolescents in their transition to a meaningful and rewarding work life, to address the problem of school drop-out, and to prevent the emergence of large-scale educated unemployment. None of these interventions is likely to be effective on its own. The specific combination of programmes and policies has to be based on an analysis of the economic, educational and demographic situation in each country.

a) Employability

Adolescents need adequate knowledge, skills and information to successfully make the transition from school to work.

Basic education

- The greatest contribution to improving the future employment prospects of disadvantaged children is to make sure that they stay in school until they are at least functionally literate and numerate. This requires efforts to reduce school drop out, alternative education tracks for drop outs, mass literacy campaigns, etc.
- Education must be relevant for school-to-work transition and the requirements of the labour market.

- The schooling of groups that are facing particular problems in the labour market needs special attention. In general, the educational and developmental needs of adolescents with disabilities or from ethnic minorities are more likely to be fulfilled by their inclusion in mainstream schooling systems than by isolating them in separate institutions.
- Education should be compulsory at least up to the minimum age of employment.

Skills training

- Training in livelihoods and vocational skills must be relevant to labour market needs. It should be part of an integrated package and a national training system.
- Adolescents need to be equipped with life skills, such as critical thinking and decision making skills that help them in career planning and job search.
- Work experience while in education, part-time work and apprenticeships should be encouraged to build capacities and relevant experiences.

Information

- Young people need access to labour market information, vocational guidance and counselling.

b) Employment creation

- In order to increase the overall demand for labour, employment creation has to be placed at the centre of macro-economic policy. Poverty reduction strategies should have a strong focus on livelihood opportunities for adolescents. International trade agreements should foster employment creation (relevance of trade barriers, quotas, etc.) and industrialised countries should reduce barriers to imports from developing countries (agriculture, textiles, garments).
- Labour regulations should encourage the creation of employment.
- In situations with limited employment prospects, public works programmes and wage subsidies for young women and men should be considered.
- Employment opportunities should also be created that will enable young people to both work and study. Few part-time job positions, or positions with flexible working hours are available to young people. Work-study through internship opportunities with both the government and private sector have not been fully explored.

c) Entrepreneurship

In many situations there simply are not enough jobs in the public and private sectors to meet the demands for employment by large numbers of young labour market entrants. To develop entrepreneurship requires actions to make it easier to start and run enterprises to provide more and better jobs for young women and men. Interventions may include: skill development in business management; supportive micro-enterprise legislation; provision of economic assets and services, such as credit, savings, land; or advisory services for young entrepreneurs.

d) Empowerment

Adolescent empowerment is defined as the expansion of assets and capabilities of young people to participate in, negotiate with, influence, control and hold accountable the institutions that affect their lives. Access to meaningful and rewarding livelihood opportunities reduces the vulnerability of adolescents and is a source of empowerment. Assets and capabilities that empower and reduce the vulnerability of adolescents include:

- Legal empowerment and the rights of adolescents: birth certificates, citizenship, residence permits; signing contracts, accessing credit, buying land, owning property and assets; inheritance rights (especially relevant for AIDS orphans and child-headed households); joining unions and forming associations; and access to justice, right to go to court, etc.
- Social and economic support networks
- Life skills: critical thinking, decision making, self-esteem
- Access to information on livelihood opportunities
- Health services, social insurance and social policies

e) Equal opportunities

Ensuring equal opportunities for young women and young men requires the expansion of training opportunities for young women.

As this overview shows, there is a need to address the wider issues and concerns of adolescents and to collaborate beyond the core areas of employment creation and vocational training. Programmatic partnerships to support adolescents in their transition to work should include a broad coalition of government departments responsible for investment and economic planning, education, health and social welfare, the private sector, civil society organizations and youth-led organizations.

C. Protection from abuse, exploitation and violence⁵

1. Situation and trends

Children in the East Asia and Pacific region are predisposed to significant demographic risks of abuse and violence.⁶ Large numbers of adolescents are facing violence, abuse and exploitation at home, in the school, at the workplace, in institutions (e.g. orphanages, correctional facilities) and in the street. The greater Mekong sub-region is a major transit zone for the trafficking of human beings, many of whom are adolescents. Adolescent girls in particular are vulnerable to sexual abuse and exploitation, although boys too may be at risk. Adolescents living in the street are vulnerable to abuse and violence from other young people and adults. Other vulnerable groups include migrants, ethnic minorities and adolescents with disabilities. Particular protection concerns exist in situations of armed conflict where adolescents are at risk as innocent civilians and as child soldiers.

Many of the root causes which increase the risk of violence, exploitation and abuse of children have been exacerbated by economic transformations, which have caused many countries to move rapidly from centrally planned to open market economies. The widening socio-economic disparities, increasing social stratification and the retrenchment of social safety nets that have resulted from these shifts, have increased the number of people living on the margins of economies with few or no economic assets or access to social services.

For lack of other opportunities, many adolescents end up working in sweat shops and in hazardous occupations for long hours, often without rest, in dangerous and unhealthy conditions, enduring severe physical and psychological harm, with much lower wages than their adult counterparts. Large numbers of adolescents are working in the agriculture sector in extreme weather conditions, in remote areas, carrying heavy loads or in commercial farms with heavy machines, exposed to dangerous chemicals and fertilizers that stunt their growth and damage their skin, eyes and respiratory systems, causing disability and even death.

Adolescents exposed to violence, abuse and exploitation are at heightened risk of suffering serious damage to their survival and development. They are at risk of shortened lives, poor physical and mental health, educational problems, poor parenting skills later in life, homelessness, vagrancy and displacement. Conversely, successful protection increases the chances of adolescents to grow up physically and mentally healthy, confident and self-respecting, and less likely to abuse or exploit others, including their own children. Protection is closely linked to other aspects of an adolescent's well-being. An

⁵ This chapter provides an overview of the manifestations and causes of violence, abuse and exploitation of adolescents and presents solutions to the problem. For more details, please refer to the situation reviews on Violence against Children, Commercial Sexual Exploitation of Children, Trafficking, and on Juvenile Justice. While the situation reviews relate to children in general, they are particularly relevant to adolescents.

⁶ The Project against Domestic Violence of the Ministry of Women's Affairs of the Royal Government of Cambodia found that 67 per cent of respondents felt it was their right to hit children. A study by the Centre for the Protection of Children's Rights, Mahidol University, Thailand found that 82 per cent of sixth graders reported they were beaten by parents with belts and fists. Data from a study by the University of the Philippines, Center for Women's Studies Foundation called "Breaking the Silence" found that the overwhelming majority of child abuse victims are girls with an average age of eleven years.

immunized adolescent who is constantly beaten is not a healthy adolescent; a school-going adolescent taunted and abused for his or her ethnicity does not enjoy a good learning environment; and an adolescent sold into prostitution will not be empowered to participate in and contribute to society.

In most societies in East Asia and the Pacific, much of the violence against and exploitation of adolescents goes unrecognized and under-reported. The failure to protect adolescents from abuse, violence and exploitation is a violation of their human rights.

2. Factors that make adolescents vulnerable to abuse, violence and exploitation

Many factors contribute to increased risk and vulnerability of adolescents to abuse, exploitation and violence. These factors relate to legislation, institutional capacity, attitudes in society, poverty, the temptations of a consumer society, the spread of images of violence and sexuality in the media, and individual risk factors. The particular position of adolescents undergoing the transition from childhood to adulthood contributes to their vulnerability.

Adolescents are often physically mature but lack the knowledge, experience, skills, resources and legal means to protect themselves. Adolescents begin to work and take on responsibilities associated with sexual relationships and family life, and form social conscience and principles that guide their decisions. During this time, they are beginning to lose the special status of protection that younger children are given, but society does not yet considers them ready, able or justified in making claims for themselves and their rights. Yet, they are exposed to all the possible dangers of adult life. The earlier onset of puberty and the rising age in marriage together have resulted in extending the period of adolescence. The lengthening of adolescence has implications for the protection of adolescents because they are at greater risk of sexual and other forms of exploitation.

Denial of rights makes adolescents vulnerable to abuse and exploitation. The lack of legal documentation affects many ethnic minority groups and migrants in Asia and the Pacific. Without citizenship, birth certificates, residence permits or other proper registration, many adolescents find themselves unable to migrate legally or to access services. They are in a state of legal limbo that makes them easy victims for exploiters. In some countries adolescents without residence permits or birth certificates are denied access to basic medical services. Abused and exploited adolescents who lack adequate documents are unable (and sometimes reluctant) to seek legal protection from law enforcement agencies. Once adolescents have been forced into activities that are considered illegal in many countries (e.g. sex work, drug use) they are even less likely to seek protection from their exploiters. This denial of legal protection is being manipulated by those who exploit and abuse adolescents.

Denial of freedom: Some adolescents are particularly vulnerable as a result of their lack of freedom. This includes those who live in institutions (e.g. adolescents in orphanages, correctional facilities, refugees in closed camps) and are isolated from contact with people and support from outside. This also includes domestic servants and some sexually exploited adolescents who are denied their liberty and freedom of movement by their exploiters. Most adolescent domestic workers are girls⁷. Domestic workers are often isolated from the outside world and are restricted to the confines of their employer's home. Some are forced to work in slave-like conditions or are subjected to sexual, physical and verbal abuse. There are reports that adolescents in domestic service have been systematically beaten to ensure they remain compliant and do not make mistakes.⁸

Lack of supportive institutions: Across the region, there is a lack of services that protect adolescents from abuse and exploitation and that focus on the specific needs and concerns of adolescents. This includes adolescent-friendly health services, access to help lines, counselling and information services.

Poverty, disparity, unemployment and lack of employment opportunities contribute to the exploitation of young people in the work place, the sex industry and by traffickers. All available measures

⁷ UNICEF figures for the Philippines: 29,000 domestic workers are aged 10-14 years and 273,000 are 15-19 years.

⁸ Helping Hands or Shackled Lives? Understanding Child Domestic Labour and Responses to It, ILO/IPEC, page 55

indicate that economic and social disparity has increased in the region. The lack of adequate social safety nets can mean that expenditures on the serious illness of a family member can push the entire family into poverty. Economic desperation forces some adolescents into prostitution. Economic opportunities for adolescents are often very limited and pay poorly. This can make sex work a tempting economic opportunity for some.

Family and community structures which ordinarily support and reinforce adolescent protection have come under severe strain at a time when the social and economic programmes that could have reached disadvantaged adolescents and their families are being scaled back (e.g. in Viet Nam and China). The impact of such shifts on the lives of adolescents has been profound as is demonstrated by numerous studies from around the region. In Viet Nam, for example, a study which assessed the situation of adolescents involved in sex work in various cities of the country found that family indebtedness and poverty were the major causes for the entrapment of adolescents in prostitution.⁹ Economic and related family pressure was also found to be a major contributor to swelling the number of adolescent domestic workers in Indonesia, most of who are girls and migrants from Java and Sumatra.¹⁰

It is evident that socio-economic changes that impact adversely on families and adolescents reinforce risk factors and vulnerabilities that threaten all adolescents, no matter where they live, and significantly compromise their right to live free of violence and exploitation. Case data from countries across the world show that, although the risks of sexual abuse and exploitation are present in cases involving younger children, these are significantly higher in the case of adolescents and exponentially higher in cases involving adolescent girls.¹¹ Conversely, they indicate that the risk and incidence of corporal punishment and abuse is higher among younger children, with the most severe manifestations found in cases involving boys.¹² While these data cut across countries, often it is those added risk factors and periods of crisis through poverty or other man-made or natural emergencies that are likely to increase the incidence of abuse.

Consumerism and advertising: Demand for material goods and status can encourage families to push their children into risky or exploitative situations. The desire of adolescents to own fashionable consumer goods makes them more vulnerable to fake promises and risky endeavours. There is a troubling increase in *compensatory dating* (commercial sex work) among middle class students (e.g. in Japan and Thailand) to finance their demands for the latest clothes or mobile phones.

Demand for adolescents includes demand for young sex workers and for younger workers in factories, cheaper workers in domestic service, and less experienced and more gullible workers in exploitative work situations.

Unsupportive families and communities: Many societies are silent about adolescent abuse, violence and exploitation. Such matters are often regarded as internal family affairs, seen as normal, or the victim is blamed for the abuse. Adult attitudes towards adolescents, power differences between adults and children and gender inequality contribute to this silence about topics which are considered 'sensitive' or 'taboo'. The silence about the abuse of adolescents contributes to a general lack of awareness about issues of violence and exploitation. As a result, teachers, families, social support groups and organizations, media and religious organizations often fail to protect adolescents and to provide proper guidance to adolescents.

Abusive home environment: A dysfunctional family environment and bad relations with a family member, including physical and sexual abuse, lead some adolescents to escape from home and become vulnerable to exploiters. Bad relations with a step-father or step-mother are a reason often given by adolescents for leaving home. A first unwanted sexual relationship (such as rape, including incest) will

⁹ Investigating the Worst Forms of Child Labor, No 16. Duong, Le Bach, Children in Prostitution in Hanoi, Hai Phong, Ho Chi Minh City and Can Tho: A Rapid Assessment., Geneva, 2002.

¹⁰ Blagbrough, Jonathan. Child Domestic Workers in Indonesia. London, June, 1995. Child Domestic Workers in Urban Areas: A study for raising awareness campaign. Catholic University, Jakarta, Indonesia; March 2002.

¹¹ Lebesque, J R, *Sexual Abuse of Children: a human rights perspective*. Indiana University Press, Indiana, 1999.

¹² Child Abuse and Neglect, 1994:18:409-417

often cause adolescents to lose their self-esteem, pushing them into situations of further abuse and exploitation.

Armed conflict and civil unrest dramatically increase the risks and vulnerability of adolescents to violence and exploitation. Adolescents become the victims of violence and abuse and are forced to become child soldiers.

Lack of education, knowledge and information: Low levels of education among adolescents are a risk factor. Lack of knowledge and information often prevents adolescents from making a well-informed analysis of their situation and prevents them from finding ways out of abusive or exploitative situations. Continuing schooling into secondary education can reduce vulnerability and protects adolescents from exploitation and trafficking, although education alone does not guarantee protection.

The Internet: Although youth experiences with cyber space are mostly positive, the Internet has, unfortunately, facilitated criminal activity and abuse of adolescents, including sexual abuse and commercial sexual exploitation of children. Data is limited (globally) on the number or age of child victims of sexual abuse and exploitation via the Internet and other information and communication technologies, be it related to the making and distribution of child pornography, the online luring and grooming of children, psychologically damaging game-playing, real-time broadcast of sexual abuse and exploitation of children, or a combination of all of these.

Global interconnectivity makes it more difficult to track and prosecute sex crimes. As the Internet bypasses national boundaries and laws, detection and prosecution of cyberspace-related crimes against adolescents are extremely difficult to achieve. The overall absence of sufficient laws for tackling these crimes, including the production, distribution and possession of child pornography, pose very serious challenges for the protection of adolescents. Very few countries worldwide, including this region, criminalize the creation, distribution and possession of images of child sexual abuse accessed via the Internet. This problem is exacerbated by the multi-jurisdictional nature of cyber-crime, where prevention and intervention require legislative harmonization and cooperation among States.

Child pornography: Internet connectivity is expanding rapidly in East Asia. An estimated 250 million people in Asia now connect to the worldwide web, which represents more than a third of the world's Internet users. Between 2000 and 2005, Internet usage in Asia is estimated to have grown by 133 per cent.¹³ The overall number of users in the region can be expected to rise on the back of economic expansion. Children and young people form the fastest-growing group of Internet users. The Philippines is reported to be the fourth largest producer of child pornography globally, with a growing billion-dollar pornography industry.¹⁴ Last year, at least 100 girls were removed from pornography syndicates,¹⁵ and there are recent reports of adolescent girls being kept in Internet sex houses, where they are expected to perform sexual acts in individual rooms before web-cams, in response to client requests.¹⁶ The Philippines is also well-known as a destination for tourists seeking child sex, and there is commonly a link between paedophile tourism and child pornography.

The imperative to address adolescent protection issues with immediate effect is significant, particularly to take preventive action to mitigate the social consequences that are recognized to accompany social, economic or natural crises.

3. Programme responses

Adolescents are entitled to grow up in an environment that protects them from violence, abuse and exploitation. Such an environment has to reduce vulnerability and strengthen factors that protect, empower and enable adolescents and make them more resilient to risks.

¹³ Internet World Stats. www.internetworldstats.com/stats.htm.

¹⁴ AP WorldStream. 'Senator says Child Porn is US\$1 billion Industry'. 19 January 2005.

¹⁵ Ibid.

¹⁶ Philippine Daily Inquirer. Op. Cit.

a) Supportive policies and government commitment

Legislation, policies and law enforcement: Government recognition of and commitment to adolescent protection are essential for a protective environment. A protective legislative framework based on the CRC and other relevant international human rights conventions, the consistent implementation of existing policies and effective law enforcement are essential parts of every government's responsibility for protecting its adolescents.

b) Supportive institutions and effective services

Capacity and resources: Health workers, teachers, police, social workers and many others who deal with adolescents need to be equipped with the skills, knowledge, authority, motivation and resources to identify and respond to adolescent protection problems. The education system fulfils an important role in strengthening the protective environment for adolescents.

Services for recovery and reintegration: Adolescent victims of any form of exploitation or abuse are entitled to care and non-discriminatory access to basic social services. These services must be provided in an environment that fosters the health, self-respect and dignity of adolescents. The institutionalisation of adolescents (e.g. in orphanages, care facilities, correctional facilities) should always be a last resort.

c) Supportive societies, communities and families

Discussion of adolescent protection issues: Societies and communities must openly engage with adolescent protection issues. At the most immediate level, adolescents need to be free to speak up about child protection concerns affecting them. Adults working with adolescents must listen to them in order to understand their concerns. At the national level, media attention, engagement by senior leaders and by civil society with issues of violence, abuse and exploitation contribute to the protection of adolescents. Partnerships among actors at all levels are essential for an effective and coordinated response.

Attitudes, traditions, customs, behaviours and practices: In societies where attitudes and practices facilitate abuse – for example, regarding sex with minors, the appropriateness of severe corporal punishment, the application of harmful traditional practices or differences in the perceived status and value of boys and girls – the environment will not be protective. In societies where all forms of violence against adolescent girls and boys are unacceptable, and where the rights of adolescents are respected by custom and tradition, adolescents are more likely to be protected. This applies particularly to egalitarian gender roles and the fair treatment of women and girls.

Supportive families and communities require resources, skills, knowledge, authority and motivation to protect their adolescents from abuse and exploitation. This includes adequate livelihood opportunities, access to health care and to social insurance, and resilience to violence and a culture of peace.

d) Empowered and informed adolescents

Adolescents can make major contributions to their own protection as long as they are equipped and supported to do so.

Knowledge and information: Adolescents are more vulnerable to abuse if they are unaware of their rights or are not warned about the dangers of exploitation and violence. They need information and knowledge to protect themselves. Free and compulsory education that is relevant and of good quality can be a major contributor to protecting adolescents against abuse and exploitation.

Life skills strengthen the self-esteem of adolescents and their ability for critical thinking and decision making. Life skills-based education should be an integral part of all teaching methods and education approaches.

Livelihood opportunities can provide adolescents with the resources and capacity to protect themselves.

Organizations and support networks: Adolescents who are members of associations, unions and social support networks are better able to protect themselves from violence and exploitation. The legislative environment has to give adolescents the right (in accordance with the CRC) to join or form associations. Adolescent-led organizations can also take active parts in demanding necessary changes in legislation, policies and services.

Legal status: A secure legal status can contribute to the ability of adolescents to protect themselves. Citizenship, birth certificates, residence permits, right to own, buy and sell property, to establish a business, right to sign contracts, open bank accounts, take out loans, and to join and form associations, etc. can all contribute to the legal empowerment of adolescents.

Access to complaints and redress mechanisms that provide adolescents with safe and protective channels for expression are critical to protect adolescents from exploitation, violence and abuse in the family, in the street, at school, in the work place and in institutions. Access to justice is essential to empower adolescents to defend their rights.

e) Data, monitoring and reporting

Monitoring and reporting: A protective environment for adolescents requires an effective monitoring system that records the incidence and nature of abuses and allows for informed and strategic responses. Such systems can be more effective when they are participatory and locally based.

Data: More and better data about adolescent protection issues are needed to effectively monitor the situation. This requires data that are disaggregated by sex and by age.

Many of the elements of the protective environment overlap. For example, government commitment may dictate whether services for victims of abuse are provided, or whether investments are made in monitoring mechanisms. Similarly, media attention can be a key factor in influencing popular attitudes towards adolescent protection issues.

D. Growing up healthy

Today's world offers adolescents both remarkable opportunities and risks to their health. Adolescents (85 per cent of whom live in developing countries) make up a fifth of the world's population.¹⁷ More than ever before, adolescents are able to attend school and benefit from technological progress. Yet at the same time, the lives of millions of adolescents are marred by poverty, inadequate education and work opportunities, exploitation, war, civil unrest and ethnic and gender discrimination. Rapid urbanization, telecommunication, travel and migration bring both new possibilities and new risks to young people. These conditions may directly jeopardize health and may also undermine the traditional institutions and social support that help young people prepare for, negotiate and explore the opportunities and demands of their transition from childhood to adulthood. Moreover, society's expectations of behaviours, roles, access to resources and prospects for development vary for adolescent boys and girls.

Decreasing influence of family and culture, migration for work, earlier puberty and later marriage extend the risks of unprotected sexual activity in unmarried adolescents in many parts of East Asia and the Pacific. In some countries, early marriage and childbearing lead to high maternal and infant mortality rates. In others, sexually transmitted diseases, including HIV/AIDS, pose enormous health risks to adolescents. Potentially harmful substances, such as tobacco, alcohol and other drugs, are now more readily available to adolescents and threaten their health in the short and long term.¹⁸ Violence inflicted by and on young people is a growing

¹⁷ WHO. Adolescent Nutrition: a Neglected Dimension. www.who.int/nut/ado.htm

¹⁸ UNESCAP and UNODC. *Adolescent Substance Use: Risk and Protection*. UNESCAP, 2003.

phenomenon. Young men frequently take part in acts of violence, including armed conflict.¹⁹ Suicides are on the increase among young people.

Adolescence provides opportunities for the establishment of healthy lifestyles. Many of the behavioural patterns acquired during adolescence (such as gender relations, sexual conduct, the use of tobacco, alcohol and other drugs, eating habits, and dealing with conflicts and risks) will last a lifetime. They will affect the health and well-being of future children. Adolescence provides opportunities to prevent the onset of health-damaging behaviours and their future repercussions. Adolescents are keen to make the most of their growing capacity for making decisions and are receptive to new ideas. Their curiosity and interest are a tremendous opening to foster personal responsibility for health, while engaging in constructive activities with adults and peers.

Social environment: Many of the factors that underlie unhealthy development in adolescents stem from the social environment. Individual characteristics, such as age, sex, marital status and domicile, as well as contextual factors, such as poverty and unemployment, gender and ethnic discrimination and the impact of social change on family and communities, need to be taken into consideration when developing strategies for reducing vulnerability and assessing their impact. While programme efforts for adolescent health cannot directly focus on inequities and injustices in society, it must be recognized that these conditions are real constraints to improving the health and well-being of adolescents.

Health problems of adolescents are interrelated. Programmes that seek to influence attitudes and behaviours (related to sexual behaviour, gender relations, use of substances, dealing with conflicts and risks) often arise from and feed off one another. The use of psychotropic substances, for example, alters judgment and thus makes aggressive acts, unprotected sex and injuries more likely. Moreover, the preventive interventions for these behaviours are the same and all contribute to positive personal growth and development.

1. Nutrition

Globally, adolescents face a serious nutritional challenge affecting their growth and development but also their livelihood as adults. They remain a largely neglected, difficult-to-measure and seemingly hard-to-reach population. The needs of adolescent girls in particular are often ignored. Good nutrition is essential for survival, physical growth, mental development, performance and productivity, health and well-being. Nutrition is important during adolescence because 20 per cent of total growth in height and 50 per cent of adult weight gain occur during adolescence. Adequate nutrition is important to support optimal growth.²⁰ While the nutritional status of children and adolescents has generally improved in East Asia and the Pacific, many problems remain to be addressed. These include:

Under nutrition: Inadequate food supply, especially in poor households, is a major factor contributing to undernutrition. For adolescent girls, gender-based discrimination in the distribution of, and access to, food within the family can be a strong factor in undernutrition.

Micronutrient deficiency: Vitamin A, iodine and iron deficiencies are common among adolescents in the region. The adverse effects of these deficiencies include delayed growth spurt, stunted height, delayed/retarded intellectual development, anaemia and increased risks in childbirth.²¹ Micronutrient deficiencies are often associated with poverty but they may also result from unhealthy eating behaviours, which have been observed in well-off and not so well-off groups.²²

Overweight and obesity: In countries undergoing rapid urbanization and economic growth, a nutrition transition has been observed with a rise in obesity. Lifestyle changes related to high-fat diets and low levels of physical activity have resulted in a rising prevalence of overweight and obese adolescents, particularly in urban

¹⁹ WHO (2002) *World Report on Violence and Health*.

²⁰ WHO. Regional Office for the Western Pacific. Child and Adolescent Health and Development Focus. *Value Adolescents, Invest in the Future. Adolescent Health and Development: A WHO Regional Framework, 2001-2004*. WHO WPRO, 2001.

²¹ Nutrition for health and development: A global agenda for combating malnutrition. Progress report. Geneva. WHO, 2000.

²² Delisle H. et al. *Should Adolescents Be Specifically Targeted For Nutrition in Developing Countries? To Address Which Problems, and How?* World Health Organization, [Geneva, 200-]

areas and in some Pacific island countries.²³ Overweight and obesity during childhood and adolescence tends to continue into adulthood, increasing the likelihood of health conditions including cardiovascular diseases, diabetes and some cancers.²⁴ Therefore, prevention of obesity among adolescents is crucial, particularly in settings with conducive eating patterns and lifestyles. However, as yet no internationally agreed reference defines childhood and adolescent obesity. It is urgent that this area is developed further.

Eating disorders: In the more developed countries in the region adolescents are increasingly confronted with the pressure to have a “perfect” body shape. *Anorexia nervosa* has been observed among young women in the region from various social, economic and ethnic backgrounds.²⁵ While the issues surrounding eating disorders are complex, in many cases the condition is associated with poor self-esteem. Adolescents with eating disorders often do not recognize or admit that they have a problem. As a result they may not want to get treatment and, as such, need the support of family members to ensure that treatment is obtained. Therefore, as part of nutrition promotion and obesity prevention, it is important to develop a positive body image and self-esteem among adolescents.

Adolescent girls in particular need access to information and services related to nutrition, reproductive health, family planning, and general health. Programmes can reach girls through a variety of avenues, including schools, workplaces, marriage registration systems, and youth-oriented health programmes. Schools can be a key part of helping adolescent girls become healthy adults. Research shows that promoting female education and literacy can improve nutrition and encourage females to seek regular health care.²⁶ Ensuring that adolescent girls receive enough food, iron and folate supplements, and iron and iodine-fortified foods can help them become healthy women. Teaching girls to use their knowledge of nutrition when preparing and handling food can also improve their health and that of their families. In communities where many adolescent girls are underweight, supplements may improve girls' overall health and their pregnancy outcomes, including reducing their risk of giving birth to low birth-weight babies.

Need for better data: There is at present very little data on adolescents' nutritional status and micronutrient nutrition, eating patterns and underlying influences, and on impact of nutrition intervention in adolescence. A better understanding of adolescents' diets and eating behaviours is essential for the design and development of relevant education and other intervention programmes, as well as in the monitoring of these programmes.

2. Sexuality

Sexual development is a normal part of adolescence and most adolescents go through these changes without significant problems. Nonetheless, all adolescents need support and care during this transition to adulthood, and some need special help. The lives of millions of adolescents worldwide are at risk because they do not have the information, skills, health services and support they need to go through sexual development during adolescence and postpone sex until they are physically and socially mature, and able to make well-informed, responsible decisions. The main issues in adolescent sexual and reproductive health are: sexual development and sexuality; sexually transmitted diseases and HIV/AIDS; and unwanted and unsafe pregnancies.

Sexual development and sexuality: Sexual initiation is increasingly occurring outside of marriage, particularly for boys. Both adolescent boys and girls who engage in sexual activity often begin with little knowledge of sexuality, reproductive health, safer sexual practices, or their right to refuse and to abstain. In most early sexual experiences, contraceptive use is still infrequent.²⁷

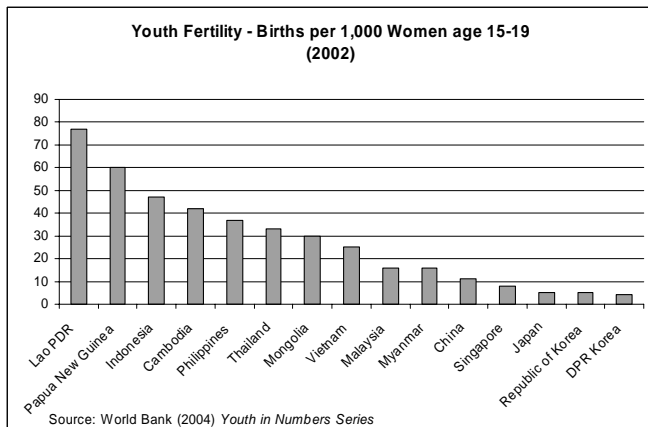
²³ UNICEF. The State of Health Behaviour and Lifestyle of Pacific Youth: Vanuatu, 2001. UNICEF. The State of Health Behaviour and Lifestyle of Pacific Youth: Pohnpei State, Federated States of Micronesia, November 2001. UNICEF. The State of Health Behaviour and Lifestyle of Pacific Youth: Kingdom of Tonga, 2000.

²⁴ Nutrition for health and development: A global agenda for combating malnutrition. Progress report. Geneva. WHO, 2000.

²⁵ Efron S. Women's eating disorders go global. 1997.

²⁶ Ruth Oniang'o and Edith Mukudi, "Nutrition and Gender" (January 2002), accessed online at www.ifpri.org/pubs/books/intnut/intnut_07.pdf, on June 11, 2003.

²⁷ The World Bank. East Asia and the Pacific Children & Youth. Youth in Numbers Series. Children and Youth – Human Development Hub, November 2004.



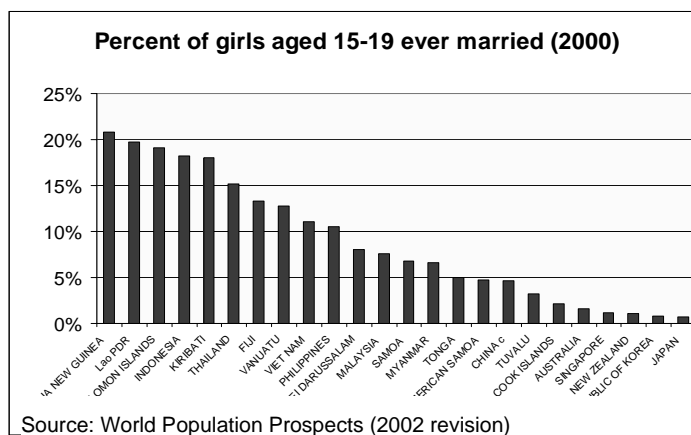
Gender: In the Philippines, Thailand and Viet Nam, both young men and young women are more likely to consider premarital sex to be more acceptable for males than for females. Young men tend to begin having sex at least two to three years before young women, in some cases within the context of sexual initiation patterns.²⁸ The first pattern takes place at an early age (15 years or younger), motivated by curiosity, reported “physical need” or peer pressure. It usually occurs in a hotel or brothel with a sex worker. The second pattern is when young men’s first sexual experience takes place with a friend or casual acquaintance, often spontaneously and without contraception. In 2003, less than 50 per cent of sexually active young males in Thailand and

Indonesia used a condom during sexual initiation with sex workers.

Sexually transmitted diseases and HIV/AIDS: In most countries, the great majority of adolescents remain poorly informed about sexuality and reproduction. Often policy makers, public opinion leaders and parents believe that withholding information about sexuality and reproduction from young people will dissuade them from becoming sexually active. In fact, good quality sex education does not lead to earlier or increased sexual activity among adolescents. Adolescents need life skills in order to face the challenges of adulthood. During personal development, an adolescent’s competence develops whenever there are opportunities to practice certain skills by understanding and using social conventions to refuse sex or negotiate safer sex practices. While most young people have heard about sexually transmitted infections (STIs), including HIV/AIDS, few know enough to protect themselves against infection. Surveys from some countries in the region indicate that many adolescents have misconceptions about how HIV is transmitted.

Sexually transmitted infections increase the likelihood of HIV transmission considerably, as well as having other reproductive health consequences such as chronic pain, infertility or life-threatening ectopic pregnancies. Data on STIs in developing countries are scarce, particularly for young people. A substantial minority of young people, more men than women, have experienced symptoms of STI according to studies from the Philippines and Thailand.²⁹

Unwanted and unsafe pregnancies:³⁰ Most adolescents (boys and girls, married and unmarried) become sexually active before the age of 20. They generally lack access to sexual and reproductive health services and prevention commodities, to care of sexually transmitted diseases, or to pregnancy care. For many young people, the opening times or location of services make them inaccessible, or the care is too expensive. Many health care facilities require the consent of parents or (male)



²⁸ UNFPA (2003) *State of World Population: Investing in Adolescents' Health and Rights*.

²⁹ Brown A., et al. *Sexual Relations among Young People in Developing Countries: Evidence from WHO Case Studies* (WHO/RHR/01.8) Occasional Paper. Department of Reproductive Health and Research. Family and Community Health. WHO. Geneva, 2001.

³⁰ For more information see UNICEF strategies to reduce maternal deaths and to reduce maternal and child undernutrition (Bangkok, 2003).

spouses, or may be forbidden by law to provide services to adolescents. In addition, the judgmental attitudes of many health care professionals discourage adolescents from seeking advice and treatment related to sexual and reproductive health.

For millions of adolescents, sex is linked with coercion, violence and abuse (sometimes even by family members or adults with privileged relations) so that pregnancy may be unavoidable. Many adolescents are victims of exploitative sex because of lack of livelihood skills and opportunities. Some adolescents, especially girls, exchange sex for money for school fees, to help their families, or for their own survival. In many societies in the region, women are conditioned to be submissive to men, and they find it difficult or impossible to refuse early marriage, to space births, or to refuse to have unprotected sex with an unfaithful spouse or partner. The social environment is critical to healthy adolescent development. There are key aspects of this environment, which can prevent adolescents from engaging in unsafe/unwanted sexual behaviour.

Need for better data: There are increased concerns about the absence of systematic tracking of HIV vulnerability among young people. Such tracking allows national AIDS programmes to design appropriate targeting of prevention efforts in order to halt the spread of STIs and HIV. There is wide agreement that behaviour change towards the use of condoms among young people (aged 15–24 years), who have non-regular sexual partners, is a major strategy for reducing HIV risk. Yet there are insufficient mechanisms for identifying who these young people are and how to reach them through knowledge, life skills-based interventions and specific coaching of condom use. There is also little consensus on what constitute risk groups besides intravenous drug users, commercial sex workers and men having sex with men. Our understanding of young people's risk behaviours is limited and little systematic monitoring has been done on the coverage of knowledge and life skills-based prevention efforts among young men and women between ages 15-24.

3. Drug and substance use

Substance use among adolescents is recognized as a worldwide public health problem.³¹ Over the past decade, many social, economic and political factors have contributed to the global spread of substance use.³² Improvements in technology, transportation and communication have contributed to making illicit substances more widely available. Use of heroin and opium occurs throughout the region.³³ However methamphetamines appear to be the drug of choice among adolescents. Methamphetamine use increased rapidly in Thailand, the Philippines, Japan, Cambodia, the Lao PDR, China and Indonesia after the economic crash of 1997. Ecstasy has been gaining popularity across the region, as part of the burgeoning dance party scene found in many cities. Illicit ingestion of pharmaceuticals is popular as are cough mixtures containing codeine. The use of solvents and glue is common (particularly among street children) in the Lao PDR, Cambodia, Indonesia, Mongolia, Viet Nam, the Philippines and Thailand. Cannabis consumption is also commonly found throughout the region.³⁴

Adolescents in East Asia and the Pacific have identified the role of the media as a promoter of a drug using lifestyle.³⁵ The use of tobacco, alcohol and other drugs impacts the lives of many adolescents across the region. Most of the young people attending drug rehabilitation at Yayasan KITA, a non-governmental organization in Indonesia, were no strangers to drugs by the age of 15 years. The youngest reported case of smoking was 4 years old, and alcohol by the age of 8 years old. By the age of 15-16 years, many had already begun using heroin, or had their first experience with heroin through injection.³⁶ Substance use is recognized as a major

³¹ Belfer, ML., *International Child and Adolescent Mental Health Review*. Department of Mental Health and Substance Dependence, WHO. Geneva 2003.

³² WHO, Department of Mental Health and Substance Abuse and Dependence, Non-Communicable Diseases and Mental Health Cluster. *Guide to Drug Abuse Epidemiology*. Geneva 2000.

³³ Reid G. and Costigan G. *Revisiting 'The Hidden Epidemic': A Situation Assessment of Drug Use in Asia in the Context of HIV/AIDS*. Centre for Harm Reduction. Macfarlane Burnet Institute for Medical Research & Public Health. 2002.

³⁴ Ibid.

³⁵ UNICEF. *Summary Document of Young People's Participation at the 14th International Conference on the Reduction of Drug Related Harm, Chiangmai, Thailand*, UNICEF, April 2003

³⁶ Ibid.

contributing factor to injuries, suicides, violence, unwanted pregnancies and sexually transmitted diseases (including HIV/AIDS) among young people in many countries.³⁷

Risk factors: Adolescents tend to be risk takers, as they feel invulnerable and experience stress associated with their transitions. Thus, adolescence is a time when most substance use is initiated. Substance use is one of many interrelated risk behaviours, including unprotected sexual intercourse, eating disorders, delinquency and conduct disorders that have similar causes. Whereas experimentation and infrequent drug use tend to be more related to peer and social factors, substance abuse or dependence tends to be more associated with biological and psychological factors.³⁸

Research consistently indicates that family factors and peer associations are the most important contributors to substance use in adolescence. Inadequate social support, stressful life events, societal pressures and physical or sexual abuse are being associated with heavy substance use by adolescents, especially young women. Adolescent substance users often have co-existing problems – with family, school or job; medical or emotional issues; social relationships; or leisure – which may have arisen before or as a result of substance abuse.³⁹

With regard to reasons for stopping drug use, adolescents and young people in the region have cited personal, family, peer and environmental factors. Many former drug users have stated that the single most important reason for stopping drug use was the result of personal maturation that led to an understanding of the harms associated with drugs. Others credited family support as the critical element in helping them to end drug use. Still others pointed to the influence of peers who did not use drugs and encouraged the drug users to stop. Finally, environmental factors were identified ranging from decline in availability due to lack of supply or high prices and, in a number of cases, the presence of programmes that provided treatment.⁴⁰

Need for better data: While drug use is a known worldwide problem, what is less well known, due to difficulties in collecting data, are the rates of use by young people. Available data is not often disaggregated by age. In some countries, substances (e.g. inhalants) are not recognized as substances of abuse, or boundaries between use and abuse are not clear.⁴¹

4. Safety, injury and suicide

a) Injuries

Preliminary data show that approximately 1.4 million children and adolescents die each year in East Asia and the Pacific and of these nearly half are a result of injuries. Child and adolescent deaths are only the tip of the iceberg. Research shows that for every injured child who dies, there are perhaps twenty more who are disabled, many permanently. This has a devastating emotional and financial impact on the children, their families and society at large.⁴² The leading causes of injury differ by age group. The main cause of death in 10-14 year olds is road traffic accidents, mainly as pedestrians and bicyclists. Transport-related injury, mainly road accidents (RTA), becomes a leading cause of death in late childhood and adolescence, as vehicle occupants or drivers, and continues to increase into adulthood. There are distinct gender differences. Females have higher rates of burns and other injuries associated with domestic duties, while males have higher rates of injuries associated with machines and occupational injuries.

Injuries paradoxically do not happen by accident. They are predictable in much the same way as infectious diseases. Experience from industrialized countries has shown that injuries are largely preventable with

³⁷ WHO (2003) *Prevention and Care of Illness - Adolescents*. www.who.int/child-adolescenthealth/PREVENTION/adolescents_substance.htm

³⁸ Spooner, C., E Hall and M. Lynskey. *Structural Determinants of Youth Drug Use*. National Drug and Alcohol Research Centre, UNSW. Australian National Council on Drugs, 2001.

³⁹ Roberts, G., and A. Ogborne. *Best Practice: Substance Abuse Treatment and Rehabilitation*. Health Canada, Ottawa 1999.

⁴⁰ UNICEF. *Summary Document of Young People's Participation at the 14th International Conference on the Reduction of Drug Related Harm, Chiangmai, Thailand, UNICEF, April 2003*

⁴¹ WHO has updated guidelines to improve the collection of drug use data worldwide www.who.int/substance_abuse/PDFfiles/EPI_GUIDE_A.pdf

⁴² The Alliance for Safe Children and UNICEF East Asia and Pacific Regional Office, *Towards a World Safe for Children*, UNICEF/TASC Conference on Child Injury, Bangkok, Thailand April 21-22, 2004.

relatively simple interventions. Education, environment modification, regulation and enforcement are widely recognized as effective strategies for reducing injury death rates. An effective behaviour development and change communication programme can raise people's awareness of risk, make them personally responsible for their own safety, and persuade them to take action to reduce the risk of injury to themselves and others. Addressing adolescent injury provides an opportunity to integrate resources and activities into safe motherhood, early childhood care, girls' education, HIV/AIDS and other adolescent programmes.

b) Suicide

Adolescents are faced with many challenges: establishing an identity, learning to function independently, growing intellectually and physically, choosing a career and developing love relationships. All of this is a difficult task even in supportive and stable environments. In a period when family instability and mobility are on the rise, and other traditional forces of cohesiveness, such as villages, neighbourhoods, churches and temples are losing their hold, many adolescents find they cannot cope with life.

Globally each year, at least 4 million adolescents attempt suicide and at least 100,000 die by suicide.⁴³ The rate of suicide varies greatly from country to country. Researchers indicate that many factors can be responsible for this variation, including socio-economic stability, ease of access to firearms and toxic substances, and alcohol consumption.⁴⁴ Increased competition for grades, for places in schools and universities, and for jobs may create too much stress for some adolescents. Family attitudes play a crucial role. Parents may make impossible demands on adolescents, reject them for failing to live up to their expectations, or instil feelings of worthlessness in their children. A study in Fiji found that the most common reasons for suicide among adolescents were poverty, financial difficulties and domestic abuse.⁴⁵

Suicide is a tragic, potentially preventable public health problem. Among countries surveyed in Asia, intentional injury is a significant cause of death in adolescents aged 15-17.⁴⁶ High rates of suicides in the region are reported from Japan, the Republic of Korea and Pacific island nations.⁴⁷ In a report compiled by the Hotline Foundation in Thailand, 24 per cent of persons accessing telephone counselling services who reported attempted suicide from 1996-2004 were aged 18-24. Another 19 per cent were aged 17 or below.⁴⁸

The way in which the media report suicide has an enormous impact on the general public. Idealistic or romantic portrayals of suicide can contribute to "copycat" suicides.⁴⁹ In forming a supportive environment for young people, efforts should be made to inform local media about teen suicide in the community. This includes educating reporters about the causes, warning signs and prevention programmes.

There are several known risk factors for suicide. Low levels of serotonin, a chemical found in the brain, have been found in patients with depression, impulsive disorders, a history of violent suicide attempts, and also in post mortem brains of suicide victims.⁵⁰ Most adolescents who attempt suicide have mental health problems, especially depression. Suicide is also often related to substance use.⁵¹ Many of the symptoms of suicidal feelings are similar to those of depression and are treatable mental disorders. There is no definitive way to predict suicide or suicidal behaviour. Researchers have identified factors that place individuals at higher risk for suicide, but very few persons with these risk factors will actually kill themselves. Early diagnosis and treatment of depression, accurate evaluation of suicidal thinking and limiting young people's access to lethal agents (e.g. firearms and toxic substances) are some of the steps that can be taken to prevent suicide.

⁴³ WHO, Adolescent Health Development Programme, Family and Reproductive Health. "The Second Decade: Improving Adolescent Health and Development." Geneva 1998.

⁴⁴ WHO. The World Health Report 2001. Mental Health: New Understanding. New Hope. Geneva 2001.

⁴⁵ Study on the Impacts of the Political Crisis on Children and Families in Fiji, Save the Children, Fiji, 2001.

⁴⁶ The Alliance for Safe Children and UNICEF East Asia and Pacific Regional Office, *Towards a World Safe for Children*, UNICEF/TASC Conference on Child Injury, Bangkok, Thailand April 21-22, 2004.

⁴⁷ State of Pacific Youth Report 1998: 28.

⁴⁸ Intarajit, O. and Karinchai, N. *I don't want to die yet! Attempted Suicide and Suicidal Behavior among Thai Adolescents: a Hotline Psychological Study*. Hotline Foundation, Bangkok 2004.

⁴⁹ Centers for Disease Control and Prevention, National Institute of Mental Health, The Substance Abuse and Mental Health Services Administration, Office of the Surgeon General, American Foundation for Suicide Prevention, American Association of Suicidology, and the Annenberg Public Policy Center. "Reporting on Suicide: Recommendation for the Media."

⁵⁰ The National Institute of Mental Health. Reprinted in part from "In Harm's Way: Suicide in America" (2001). Rockville MD.

⁵¹ WHO. The World Health Report 2001. Mental Health: New Understanding. New Hope. Geneva 2001.

Need for better data: There is a lack of representative data for injuries, non-intentional and intentional, in most countries outside the developed world. Available data are usually unreliable and most data in developing countries come from hospital-based reporting, counting injury deaths at a hospital which does not reflect deaths at the community level. Country reviews have noted a lack of representative community-based data and point out the need to conduct population-based surveys to assess the true magnitude of the problem and of risk factors.⁵²

5. Youth violence⁵³

Violence by young people is one of the most visible forms of violence in society. Despite the high profile youth violence receives in the media, there is a lack of systematic data on incidences and distribution of youth violence in the region. Compared with other regions, rates of youth violence are relatively low in East Asia and the Pacific, at least on an aggregate level. Countries with high rates of youth violence include Papua New Guinea and the Solomon Islands. Rates of violence committed by young men increase in times of armed conflict and civil unrest (e.g. in Timor-Leste, Maluku in Indonesia, Mindanao in the Philippines). However, even countries with relatively low rates of youth violence have to deal with this issue. Examples include the violent clashes between students from different vocational schools in Thailand, football hooliganism in Viet Nam or gang violence in the Philippines.

Youth violence harms not only its victims but also their families, friends and communities. A large proportion of violent crimes are committed by young men (15-29 years) and most of the victims of violent crimes are also young males. Youth violence cannot be viewed in isolation from other problem behaviours. Violent young people are also often engaging in alcohol and substance abuse, drop out of school, drive recklessly (young racers in Viet Nam), and practice unprotected sex. The combined effects result in high rates of STIs and increased risk of HIV infection.

Youth violence is caused by a combination of individual risk factors, family, peer and community influences, and societal, economic, political and cultural factors.

Individual factors: The principal personality and behavioural factors linked with youth violence include hyperactivity, impulsiveness, poor behavioural control, attention problems, aggressive behaviour and low educational achievement.

Family influences: The home environment is fundamental to the development of violent behaviour in young people. Some of the main family factors associated with adolescent violence are: poor supervision and neglect of children by parents; abuse and violence; corporal punishment to discipline children; parental conflict in early childhood; experiencing parental separation or divorce at a young age; presence of a non-biological parent; low level of family cohesion; a low level of attachment between parents and children; a mother who had her first child at an early age; parental mental health and substance abuse; low parental education; and low socio-economic status of the family.

Peer influences: Prejudice, perception of fear and associating with delinquent peers is linked to violence in young people.

Community influences: Gangs and a local supply of guns and drugs are a potent mixture, increasing the likelihood of youth violence and crime. Low levels of social cohesion within a community have been linked to higher rates of youth violence.

Social, political and cultural factors: The quality of a country's governance, its laws and the extent to which they are enforced, as well as policies for social protection, have an important effect on violence. Income inequalities, rapid demographic changes in the youth population and urbanization have all been

⁵² The Alliance for Safe Children and UNICEF East Asia and Pacific Regional Office, *Towards a World Safe for Children*, UNICEF/TASC Conference on Child Injury, Bangkok, Thailand April 21-22, 2004.

⁵³ Much of this section is based on WHO (2002) *World Report on Violence and Health*.

linked with youth violence. Cultures that lack non-violent mechanisms for resolving conflicts appear to have higher rates of youth violence.

Preventing youth violence

Rather than focusing merely on the suppression of youth violence, interventions should concentrate more on prevention and address the underlying causes of violence. Positive factors and interventions that affect youth violence include the following.

Individual adolescents

- Incentives for youth at high risk of violence to complete secondary schooling
- Social development and education programmes that build social skills, life skills, self-esteem, spiritual beliefs, and non-violent conflict resolution and peace education
- Vocational training
- Individual counselling
- Programmes providing information about drug abuse
- Probation or parole programmes that include meetings with prison inmates describing the brutality of prison life
- Residential programmes in psychiatric or correctional institutions

Relationships with family

- Positive family factors include family cohesion and connectedness of adolescents to family and parents, discipline at home, family resources and egalitarian gender roles
- Possible interventions include mentoring programmes, family therapy, and temporary foster care programmes for serious and chronic delinquents

Peers, role models, social networks

- Connected with positive role models, peers and social networks
- Peer mediation or counselling
- Low risk friends

Community and neighbourhood

- Positive community factors include that adolescents are connected to school, social and religious entities, well-functioning community infrastructure, safety and security
- Possible interventions include creating safe routes for youths on their way to and from school or other community activities, extracurricular activities, gang prevention programmes, community policing and reducing the availability of alcohol

Services and systems

- Reforming the education system and maximizing the protective effects of schools, improving school settings, including teaching practices, school policies and security
- Upgrading the public health care system, training health care workers to identify and refer youth at high risk for violence, improving emergency response, trauma care and access to health services
- Institutionalizing national-level mentoring systems for at-risk youth
- Reforming and strengthening legal, judicial, and policing systems
- Using the media and social marketing for public information campaigns to change norms and values
- Reducing income inequality and poverty
- Reducing violence in the media

6. Recommendations

Adolescents who live in a social environment which provides meaningful relationships, encourages self-expression, and also provides structure and boundaries, are less likely to initiate sex at a young age, less likely to experience depression and less likely to use substances. On the other hand, adolescents who live in a family where there is conflict are more likely to experience depression and use substances. Adolescents who have a positive relationship with teachers, and who have positive attitudes toward school are less likely to initiate

sexual activity early, less likely to use substances, and less likely to experience depression. Adolescents who have spiritual beliefs are less likely to initiate sexual intercourse too early, less likely to experience depression and less likely to abuse substances. Adolescents who engage in other risk behaviours (such as substance use) are more likely to initiate sexual activity early. Adolescents who have positive relationships with adults in the community are less likely to experience depression.⁵⁴

A positive social environment fosters personal development and encourages young people to adopt healthy behaviours. Policies and the media can strengthen and communicate positive norms for both adult and adolescent behaviours, such as those related to equality and gender equity. Adolescents can be entrusted to gradually take on adult responsibilities through participating in decisions that affect their lives and by making contributions to their families and communities. Meeting basic needs for safety, belonging and self-esteem as well as mastering key skills for living improves the overall development of adolescents. This will enable adolescents to avoid health risks, and provide motivation to practice healthy behaviours. Programme efforts need to take into account that adolescents are not all alike and that interventions and the way they are delivered will vary according to differing needs and circumstances.

UNICEF, WHO and UNFPA have adopted measures to support actions to stimulate and strengthen national laws, policies and programming for adolescent health. The time has come for countries in the East Asia and Pacific region to make a concerted effort to plan, monitor and strengthen their activities for adolescent health.

IV. Conclusion

1. Specific needs of adolescents: Effective adolescent policies need to recognise adolescents as a distinct population group with particular needs and capacities that are different from those of younger children and from those of adults. Particular attention has to be paid to disadvantaged and marginalised adolescents.

2. A positive approach: Youth policies and programmes need to take a positive approach towards adolescents and to harness their energies as a positive force for change in their own development, survival and protection and in the development of their communities. Experience has shown that negative and punitive approaches to adolescent risk behaviour rarely work. Instead, there is a need to reduce risk factors and vulnerability and to strengthen protective and positive factors affecting adolescents and their behaviour, dealing with underlying and structural determinants, not just the symptoms and manifestations.

3. Better understanding and analysis: Effective approaches have to address the real issues adolescents are facing. They have to be based on detailed research, thorough analysis and good quality data. There is a need for greater recognition and better understanding of the psychosocial factors in adolescent development. This must include a meaningful dialogue with adolescents on questions affecting their lives and open debate on sensitive areas, such as sexual and reproductive health. Large amounts of public resources are wasted on youth programmes that do not work, that address the wrong problem or are poorly designed. There is a need to evaluate existing programmes and policies to identify why they are not working in order to learn from experience and to identify the strengths and weaknesses of existing approaches.

4. Data about adolescents: As this paper has emphasised repeatedly, there is a general lack of data about adolescents, their situation, opinions and behaviours. There is an urgent need for a wide range of data, disaggregated by sex and age from countries across the East Asia and Pacific region in order to based programmes and policies for adolescent on a solid basis of knowledge. There is a need to assess the impact of existing policies on adolescents.

5. Intersectoral approaches: Many of the existing programmes for adolescents are taking a vertical approach addressing isolated symptoms. Experience has shown that narrowly focused programmes often

⁵⁴ WHO. Department of Child and Adolescent Health and Development. Family and Community Health. *Broadening the Horizon: Balancing Protection and Risk for Adolescents*. Geneva, 2002.

do not work. There is a need for more intersectoral approaches to address issues affecting adolescents, such as unemployment, protection and health. A cross-sectoral approach to complex problems can help identify innovative solutions.

6. National and sub-national context: Youth policies and adolescent programming approaches have to respond to the specific conditions and circumstances faced by young people in each country, in some cases in parts of countries, given the diverse nature of socio-economic and cultural conditions in larger (and even smaller) countries. Simplistic and universal strategies are unlikely to work.

7. Common issues for adolescent-friendly policies: Lack of capabilities, vulnerability and risk produce negative outcomes for adolescents. Capacities, skills, information, empowerment and protection produce positive outcomes. The following list provides a brief summary of some common concerns for adolescent-friendly programmes and policies.

8. Empowerment of adolescents as a force and resource for their own survival, development and protection

- Education and life skills
- Livelihood skills and opportunities
- Legal status of adolescents
- Access to information and knowledge about sexuality, HIV/AIDS, rights, protection, education and livelihood opportunities
- Adolescents express themselves and are being listened to
- Participation of adolescents in society
- Adolescent-led associations

9. Services and resources

- Adolescent-friendly services that provide access to adequate information, are confidential and affordable, involve adolescents in service planning and provision, and build trust between adolescents and service providers (e.g. health, reproductive health, counselling, protection and support during crises, reducing injuries, violence and substance use)
- Broader and more equitable education opportunities and a positive school environment
- Livelihood opportunities; active labour market measures for older adolescents and youth
- Access to protective resources, such as condoms, helmets, needles (needle exchange programmes rather than criminalization of drug users)

10. Supportive environment: Young people need positive support from families, communities, service providers and peers to live in a safe and supportive environment which reduces risky behaviour and supports adolescent development. Such an environment consists of:

- Positive community values and spiritual beliefs
- Positive relationships with adults and peers in the community
- Non-violent conflict resolution approaches
- Structure and boundaries for behaviours
- Encouragement of self-expression and opportunities for participation with their contributions being valued
- Minimal risk of injury, exploitation or disease
- Social support structures

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Note on the Authors

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