

# DEVELOPING A CAUSALITY ANALYSIS FRAMEWORK FOR UNICEF PROGRAMMING IN THREE SELECTED AREAS

- ADOLESCENT GIRLS AND MATERNAL MORTALITY
- ADOLESCENT GIRLS AND HIV/AIDS
- VIOLENCE AGAINST ADOLESCENT GIRLS BY MEN AND BOYS

Book 1

UNICEF- Regional Office for Latin America and the Caribbean

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Adolescent Development, Participation and Gender Equality

**BOOK I:  
DEVELOPING A CAUSALITY ANALYSIS FRAMEWORK FOR UNICEF  
PROGRAMMING IN THREE SELECTED AREAS**

- **Adolescent Girls and Maternal Mortality**
- **Adolescent Girls and HIV/AIDS**
- **Violence against adolescent Girls by Men and Boys**

This document was developed by the consultant Lynette Joseph-Brown. The analysis, recommendations, and opinions expressed in this paper are those of the author, and may not necessarily reflect the views of UNICEF.  
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UNICEF  
Morse Avenue, Bldg. 131  
Ciudad del Saber  
P.O.Box 0843-03045 Balboa, Ancon  
Panama City, Republic of Panama  
Tel: (507) 301-7400  
Fax: (507) 317-0258  
E-mail: [tacro@uniceflac.org](mailto:tacro@uniceflac.org)  
Web: <http://www.uniceflac.org>

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# TABLE OF CONTENTS

Executive Summary.....5

Introduction: Developing a Causality Analysis framework for UNICEF programming in three selected Areas.....7

1. What is causality analysis?.....10

2. How to conduct causal analysis?.....12

3. Causality Analysis in selected programme areas.....15

    3.1. Introduction.....16

    3.2. Maternal Mortality in Adolescent Girls.....16

    3.3. HIV/AIDS and Adolescent Girls - a Causality Analysis.....22

    3.4. Violent Behaviours against Adolescent girls Men and Boys - a Causality Analysis.....28

4. Conclusion.....36

5. Annex 1: Broad Guidelines for conducting causal analysis.....39

6. Annex 2: Causal analysis: Contraction of HIV/AIDS by adolescent girls (a graphic example).....43

7. Bibliography.....45

# EXECUTIVE SUMMARY

**UNICEF's mission** is to provide positive outcomes for all children, from birth to adolescence. In the case of adolescents, the mandate of this organization is to ensure that this group, 10-18 years old, are provided with the opportunity to fully develop their individual capacities in safe and enabling environments that empower them to participate in and contribute to their societies.

In this paper, a causality analysis is conducted in three areas of focus for UNICEF Regional Office for Latin America and the Caribbean. These are Adolescent girls and maternal mortality; adolescent girls and HIV/AIDS; and Violence against adolescent girls by men and boys. This task allows the organization to provide a framework that offers simple guidelines that can be used by programme officers to conduct causality analysis in different programme areas. It defines causality analysis and points to the different perspectives inherent in a statistical versus a qualitative approach, both of which have their advocates in the established literature.

**This paper also allows for a full gender analysis to be conducted, given the nature of the areas of focus. This it does, outlining the importance and impact of gender socialization on gender relations and gender identity formation, with strong advocacy for the need to sensitize program and policy formulators and train them in gender analysis in order to strengthen the efficacy of policy and programs.**

More specifically, adolescent girls were found to be among the most vulnerable in the population to the effects of poverty and general socioeconomic decline in all countries. They experienced physical and psychological negative outcomes in their lives, and especially, but not only, to their reproductive health. In Latin America and the Caribbean, sexual abuse was often at the centre of the social problems experienced by adolescent girls. Factors such as physical abuse, leading to loss of self esteem; poverty and need; dysfunctional families; neglect and emotional and psychological abuse very often led to sexual abuse and/or high risk sexual behaviour. On the other hand, it was found that sexual abuse and exploitation also led to a host of other problems including loss of self-esteem; drug and substance abuse; and negative relationships, among others.

The horrors of human trafficking in Latin America were also examined, leading to recommendations for greater vigilance and surveillance through regional and international collaboration in order to develop improved strategies for the protection of women and young girls. The paper concludes that causality analysis allows for the bringing together of all relevant factors in order to enhance the understanding the causes and effects of undesirable social outcomes. It therefore allows for the development of counteractive interventions through programming and policies to break the negative cycle of social outcomes and the creation of more positive outcomes.

In the context of this consultancy, it is also a prerequisite for the development of a gender sensitive monitoring and evaluation system that can be used in UNICEF Programming activities.

There are two annexes to this paper arising out of the analysis. Annex 1 provides a broad step by step guide to conducting a causality analysis, using one programme area - HIV/AIDS as an example. Annex 2 provides a graphic representation of causal analysis using one possible scenario in each of the three programme areas.

# INTRODUCTION

DEVELOPING A CAUSALITY ANALYSIS FRAMEWORK FOR UNICEF  
PROGRAMMING IN THREE SELECTED AREAS

UNICEF's mandate from the United Nations General Assembly is to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. In this regard, the organization is guided by a number of conventions and perspectives, each contributing a unique and important viewpoint to the work of this organization.

The two main Conventions that guide UNICEF are the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of all forms of Discrimination against Women (CEDAW). UNICEF's Programme objectives and activities are also guided by i) The life Cycle Approach that provides the framework for its programming activities; ii) the Medium Term Strategic Plan (MTSP); and iii) 'A World Fit for Children', the flagship document that articulates, in a very detailed manner, UNICEF's agenda for the world's children, for the next decade.

**The Life Cycle Approach** provides a simple framework within which UNICEF's Programming Objectives can be identified, monitored and evaluated. Within the context of the mission of the organization, the concept of the life cycle requires that UNICEF provides three outcomes for all children, from birth to adolescence. These are:

- **A good start to life**, including nurturing, care and a safe environment that enables them to survive, and be physically healthy, mentally alert, emotionally secure, socially competent and able to learn;
- Assurance that **all children** have access to and complete a **good quality basic education**; and
- **For adolescents**, the opportunity to develop fully, their individual capacities in safe and **enabling environments** that empower them to participate in and contribute to their societies.

The stage of the life cycle that speaks to the adolescent group 10-18 years of age is seen as the final stage in the life cycle of the child, and is an area of special focus within the work programme of UNICEF. Among the reasons for the special attention that has been paid to this group are:

- **Population growth** - The adolescent population is growing rapidly, and is projected to increase significantly in industrialized countries by the year 2010:
- **Increase in social problems** - The social problems encountered by adolescents in association with a rapidly rising population suggest a bleak future for the next generation of adults, their children, as well as the future elderly population, if an effort is not made to understand and deal with the causes and social context of these problems:
- **Preparation for responsible adulthood** - The priority placed on child survival and development during the early stages of life, and on access to basic education during the middle stages, must be followed by sustained support for adolescents in order to ensure gradual and appropriate entrance into the adult world and the labour market, since gains made through positive influence in childhood can be reduced and/or eradicated by negative and harmful experiences during adolescence.

UNICEF, in general, and UNICEF Regional Office for Latin America and the Caribbean in particular, have been concerned to promote excellence in programming by addressing a number of weaknesses identified in various reviews and evaluations. The **Triennial Comprehensive Policy Review of Operational Activities of the United Nations System** (Report of the Secretary General A/56/320 of 23 August 2001), for example, emphasized the need to move away from project level towards strategic and policy-oriented monitoring and evaluation. This report included among other things, the need for efforts related to capacity-building; and learning lessons from evaluation systems.

UNICEF's **Medium Term Strategic Plan (MTSP) 2002-2005** also called for evaluations that generally focused more on the strengthening of policies and projects at *the country programme level, while various Board Documents<sup>1</sup>* also pointed to the evaluation function in the context of the MTSP and confirmed the organization's commitment to strengthen Country Program Evaluations, since it was noted that there was a greater tendency to conduct evaluations at a project level, rather than at the Country Programme level, thus missing the opportunity to address concerns and focus on challenges in a more strategic manner and which could affect outcomes at a broader policy level. In this regard, several initiatives have been taken within UNICEF to address concerns related to the strengthening of country programme monitoring and evaluation within a human rights framework, and to increase the capacity of staff members to include gender analysis into this activity.

An examination of the programme of UNICEF Regional Office for Latin America and the Caribbean reveals a major focus on issues of adolescents' rights and participation. In its **"Thematic Strategic Note on Gender Equality in Latin America and the Caribbean"** (OEA/Ser.L/II.2.32, CIM/doc.34/04), it was noted that although Latin American and the Caribbean region had made great strides in addressing gender disparities, there were areas of concern that remained. These included the unexplained lower enrolment rates of boys than girls; the persistent discrimination against girls in some indigenous and rural populations; disparities in the labour market, where girls are channelled into lower-paying female-dominated occupations; and the high incidence of domestic violence against women and girls.

The document also pointed to the way in which gender inequities and norms related to sexuality, compounded health problems for adolescent girls in particular. In this regard, the complications of adolescent pregnancy with its linkages to maternal mortality rates, the effects of risky sexual behaviours such as sexually transmitted diseases and HIV/AIDS, and physical and sexual abuse against girls, are among the areas of focus in UNICEF Regional Office for Latin America and the Caribbean's programming.

As part of this general objective of providing a framework for the development of gender indicators that can be used for monitoring and evaluation of country programme objectives, the specific aim of this document is to undertake an analysis of the relevant issues in these three programme areas, using a **Causality Analysis Framework**.

***"That which produces an effect; that which gives rise to any action, phenomenon, or condition"***.

<sup>1</sup>Board document E/ICEF/2002/10 and Decision 2002/9.

# 1. WHAT IS CAUSALITY ANALYSIS?

The essence of **causal analysis** is the examination of the underlying causes of a condition, problem, or event. Most social scientists accept that the concept of causal relations is essential to the understanding of social systems, even though cause and effect, invariably cannot be observed directly.

There are various approaches to understanding causality, some of which use complex statistical modelling in order to identify causal effects - based on an empiricist, quantitative tradition,<sup>2</sup> and others that place greater emphasis a more qualitative approach; on the understanding provided by theories and grounded in meaning.<sup>3</sup> Notwithstanding the approach that is selected, the main objective of causal analysis, in the context of social development, is to be able to identify the causes of social problems and/or events in order to provide explanations for their occurrences and solutions to those occurrences that are deemed to be problems, thereby preventing the recurrence of the condition.

Social scientists who place greater emphasis on the qualitative approach, question whether the formal, statistical approaches to causal analysis are appropriate for the analysis of complex social systems. According to one perspective, "The problem of causal analysis has always been one of combining observation with theory in order to extract understanding... The challenge recalls philosophical thinkers who suggest that knowing involves more than the technical accomplishments of science **but also the intangible sense of a subject that comes from deep experience with it...**"<sup>4</sup>

This perspective has also led some sociologists to argue that "there are no known universal laws in social science [and as such] social scientific generalizations depend upon actors' reasons, in the context of a 'mesh' of intended and unintended consequences of actions." For this reason Anthony Giddens proposes that "reasons" in social analysis are "causes", thereby arriving at a somewhat different concept of causality than one would find in the traditional empiricist definition.<sup>5</sup>

In this paper, it is the deep experience and theoretical knowledge; the account that is grounded in meaning, that is being called upon, to develop a better understanding of social issues that can inform policy and programs. This particular approach to causal analysis supports the identification of social indicators, which can be used to evaluate programs and policies and monitor the progress and effect of their implementation, in a manner that has meaning to social policy and program formulators, social development analysts, and other stakeholders. **From a programming for social development perspective, causality analysis is important because "rational decision-making requires ... a logical analysis of the causes of a problem"** <sup>6</sup>

<sup>2</sup> Hume, David.

<sup>3</sup> Often credited to Max Weber.

<sup>4</sup> Bachrach, Christine & McNicoll, Geoffrey (2003). Introduction. *Population and Development Review* 29 (3), 443-447.

<sup>5</sup> (Giddens 1984:345).

<sup>6</sup> Jonsson, Urban. *Human Right Approach to Development Programming*. p. 54

## **2. HOW TO CONDUCT CAUSAL ANALYSIS**

The book Human Rights Approach to Development Programming provides a framework for putting a human rights perspective to programming into operation. In this expansive framework, building people's capacity to realize their human rights through reflexivity is essential to the Human Rights Approach to Programming (HRAP). The process of strengthening people's capacity to achieve their human rights includes the need to assess, analyse, act, re-assess, re-analyse and improve actions. Causality analysis is an important tool in this process since it informs action and forms the basis for rational decision-making.

Conceptually, the causes of inadequate social outcomes can be arranged in a hierarchy that demonstrates the linkages among immediate, underlying and basic causes. This helps to generate meaning within a socio-cultural context and provide explanation about the processes that connect cause and effect.

The immediate; underlying and basic causes are further characterized as **first, second and third levels of causality** respectively. Behind these notions is the understanding that an effect may have many causes, just as one cause may have many effects. "The rule of only one cause for one effect holds good only in elementary cases with causes and effects that cannot be further analysed. In real life there are no phenomena that have only one cause and have not been affected by secondary causes."<sup>7</sup>

The task in causal analysis is therefore to identify, first of all, those causes or interactions that are critical to the outcome; without which the outcome is not likely to happen. This is called the **immediate** or **first level causality** under the UNICEF framework, and is similar to the concept of 'sufficient cause' in the literature of causal analysis<sup>8</sup>, which speaks to events or circumstances that can, by themselves, produce an effect. For example, lack of food can lead to malnutrition, and poor health conditions. Therefore, in order to prevent malnutrition and ensure good health, we need to ensure the availability of food.

Bechtel warns though, that "*Few factors we identify as causes are really sufficient to bring about their effect. They suffice only in the context of background conditions that are assumed to be in place.*"<sup>9</sup> Therefore, the provision of food will not prevent malnutrition and bad health, if other factors are not addressed. These include, ensuring, at the very least, that the food is nutritious and not junk food, which is in fact bad for health; and that the population has proper access to health services.

The **underlying** or **second level causality** within the UNICEF frameworks is similar to the more widely know concept of **necessary cause**, which speaks to conditions, which though by themselves will not produce an effect, **must be present for the effect to occur**. Having sex during adolescence, for example, is necessary for teenage pregnancy. Therefore, not having sex during adolescence will prevent teenage pregnancy.

<sup>7</sup> Spirkin A. Dialectical Materialism: Principles of Causality <http://www.marxists.org/reference/archive/spirkin/works/dialectical-materialism/ch02-s06.html>

<sup>8</sup> For a simple explanation see <http://mechanism.ucsd.edu/~bill/teaching/phil12/lectures/Causalexplanation.pdf>

<sup>9</sup> Bechtel William. Professor of Philosophy in the Department of Philosophy and the Science Studies Program at the University of California, San Diego. **Lecture on Causal Explanation.** <http://mechanism.ucsd.edu/~bill/teaching/phil12/lectures/Causalexplanation.pdf>

Second level causality, under the UNICEF framework also includes, what is widely known as **contributory cause**, which is a factor that lead to the occurrence of the event or increases the likelihood of the event occurring, but is neither necessary nor sufficient. Unemployment, therefore, can lead to loss of self esteem in men and an increase in aggressive behaviour towards women; overcrowding in houses can lead to promiscuity among children. Eliminating contributory factors reduces the likelihood of the occurrence of an event.

**Basic or structural causes**, in the UNICEF framework, are the factors or events that are further back in the chain of causation. It provides a context within which to understand the operations and interactions of the first and second level causes in the causality framework. Under the UNICEF framework, these factors have been identified as social relations, social organization and social processes, including the availability and control of human, economic and environmental resources. In a sense, it looks at the way that society is made up, historically, culturally, economically, politically and socially to explain outcomes. For example, high levels of conviction for crime among a particular ethnic group, may, at the immediate level be due to higher levels of a certain type of crime; and at the underlying levels be due to poverty, unemployment, and low levels of self-esteem. However basic causes may include historical social relations, current political structures, and the economic resources available to the society.

These causes provide the general context for explaining the interaction of cause and effect. From a human rights perspective, the underlying causes also point to the role of the duty bearers<sup>10</sup> in providing the foundation and environment within which more specific factors can be put in place for affecting the rights of the claim holders. Duty bearers have an obligation to respect, protect and fulfil the rights of claim holders. It also speaks of the need for long term vision and planning in order to ensure that events do not negatively impact on the rights of claim holders.

<sup>10</sup> See Jonsson, Urban. Human Rights Approach to Programming for expanded definitions of duty bearers and claim holders. p. 21 and p. 23.

# **3. CAUSALITY ANALYSIS IN SELECTED PROGRAMMING AREAS**

### 3.1. INTRODUCTION

In the UNICEF Medium Term Strategic Plan (MTSP), 2006-2009 the following areas have been proposed as the areas of focus for the next three years.

1. Young Child Survival and Development
2. Basic Education and Gender Equality
3. HIV/AIDS and Children
4. Child Protection
5. Policy Analysis, Advocacy & Partnerships

These areas of focus include two of the areas identified for the conduct of causality analyses in this document. These are HIV/AIDS, and Violence and Abuse under Child Protection. The other area identified in this document but not found explicitly in the MTSP, is maternal mortality - an area associated with Young Child Survival and Development but also with Reproductive Health.

It is important at this point to state that gender analysis begins from the identification of programme areas, through design and implementation to monitoring and evaluation of the elements and activities meant to achieve the programme objectives.

### 3.2. MATERNAL MORTALITY IN ADOLESCENT GIRLS - A CAUSALITY ANALYSIS

The World Health Organization's 10th Revision of the International Classification of Diseases (ICD-10) defines a maternal death as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.<sup>11</sup> Sudden and unexpected complications can occur during pregnancy, childbirth and following delivery. Research has shown however that the availability of high-quality health services has made maternal death a rare occurrence in developed countries, (less than one percent), while 99% of maternal deaths occur in developing countries.

Although estimated maternal deaths in Latin America and the Caribbean are much lower than in Africa (4% as opposed to 95%), they are higher than in other regions of the world and most of these deaths are preventable. Also, within Latin America and the Caribbean, maternal mortality rates vary. (See table 2). Levels of maternal mortality vary between high income and low income countries, and between the rich and the poor within countries.

<sup>11</sup> There are critiques of the definition of maternal mortality, especially of the time span (42 days) within which motherhood is defined, therefore not capturing all maternal deaths.

**TABLE 1: REGIONAL ESTIMATES OF MATERNAL MORTALITY<sup>12</sup>**

Region	Maternal mortality ratio (maternal deaths per 100,000 lives)	Number of maternal deaths	Lifetime risk of maternal death, 1 in:
WORLD TOTAL	400	529,000	74
DEVELOPED REGIONS*	20	2,500	2,800
DEVELOPING REGIONS	440	527,000	61
-Africa	830	251,000	20
-Asia	330	253,000	94
-Latin America and the Caribbean	190	22,000	160
-Oceania	240	530	83

\* Includes, in addition to Europe, Canada, the United States of America, Japan, Australia and New Zealand, which are excluded from the regional totals.

<sup>12</sup>[http://www.who.int/reproductive-health/publications/maternal\\_mortality\\_2000/executive\\_summary.html](http://www.who.int/reproductive-health/publications/maternal_mortality_2000/executive_summary.html)

WHO, UNICEF and UNFPA have developed an approach to estimating maternal mortality that seeks both to generate estimates for countries with no data and to correct available data for underreporting and misclassification. This basic approach, with some variations, was used to develop estimates for maternal mortality in 1990 and 1995 and has been used again for generating these estimates for the year 2000.

The purpose of these estimates is to draw attention to the existence and likely dimensions of the problem of maternal mortality. The margins of uncertainty are however, very large, and the estimates should therefore not be used to monitor trends in the short term. Cross country comparisons should also be done very cautiously since different strategies have been used to derive the estimates for different countries.

**TABLE 2: MATERNAL MORTALITY DATA BY SELECTED COUNTRIES OF LATIN AMERICA AND THE CARIBBEAN**

Country	Model	Maternal mortality ratio (maternal deaths per 100,000 lives)	Number of maternal deaths	Lifetime risk of maternal death, 1 in:
<b>Latin America</b>				
Argentina	A	82	590	410
Bolivia	F	420	1,100	47
Brazil	C	260	8,700	140
Chile	A	31	90	1,100
Costa Rica	A	43	40	690
Cuba	D	33	45	1,600
Dominican Republic	F	150	300	200
Ecuador	B	130	400	210
El Salvador	F	150	250	180
Guatemala	C	240	970	74
Honduras	D	110	220	190
Panama	A	160	100	210
Paraguay	B	170	280	120
Peru	C	410	2,500	73
Puerto Rico	A	25	15	1,800
Uruguay	A	27	15	1,300
Venezuela	A	96	550	300
<b>Caribbean</b>				
Bahamas	F	60	4	580
Barbados	A	95	3	590
Belize	D	140	10	190
Guyana	B	170	30	200
Haiti	C	680	1,700	29
Jamaica	D	87	45	380
Suriname	D	110	10	340
Trinidad & Tobago	A	160	30	330

Legend of 'Model': A - Maternal mortality data derived from vital registration: Countries and territories with good death registration and good attribution of cause of death; B - Complete vital registration\* with uncertain or poor attribution of cause of death; C - Direct sisterhood estimates; D - RAMOS; E - Other survey or census estimate; F - No national data on maternal mortality.

Andrew Morrison, the World Bank's gender coordinator for the Latin America and Caribbean region reported that "The high maternal mortality rates in Latin America are partly due to a lack of access to services, partly due to poverty and partly due to women's lack of decision-making power in families."<sup>13</sup> Maternal deaths have also been reported as being among women's principal healthcare problems, especially in Bolivia, Peru, Ecuador, El Salvador and the Dominican Republic. More specifically, infections, blood loss and unsafe abortion account for the majority of deaths.<sup>14</sup>

Adolescents have been targeted as an important group in the goal to reduce maternal mortality globally. In 2002, the United Nations Special Session on Children declared that reducing maternal and neonatal morbidity and mortality among adolescent expectant mothers is a high priority. This is not surprising since access to services and knowledge of the availability of services are key to good maternal health, and there are cultural and socioeconomic risk factors facing adolescents, which need to be addressed in order to reduce maternal mortality.

Since pregnancy itself is not a disease, external factors are responsible for high levels of maternal mortality. As stated earlier in this paper, a causality analysis is an attempt to understand cause and effect of social problems and events within specific contexts. The analysis is usually grounded in meaning and in the experiences of program officers, social researchers, social analysts and policy formulators.

A brief analysis of data on maternal mortality shows 33% of women in Latin America and the Caribbean deliver their first child before the age of 20 years. Also, adolescents aged 15-19 years old are two times more likely to die during childbirth than women in their twenties, while girls who are 14 years and younger are five times more likely to die in childbirth than women in their twenties.

Pregnant adolescents are especially vulnerable to the complications of pregnancy due to the fact that their pelvic labour, and tearing of the vaginal walls, leading to infection, and haemorrhage. Obstructed or prolonged labour is one of the more serious complications that can cause mortality or potentially long-term injuries, including obstetric fistulae. These and other complications of pregnancy such as pregnancy-induced hypertension and eclampsia call for the attendance of skilled medical personnel and access to proper obstetric services. Pregnancy-induced hypertension may lead to more serious conditions such as pre-eclampsia or eclampsia, the latter of which can cause fatal maternal brain haemorrhage, and failure of the heart, kidneys, and liver if untreated.

Attendance at antenatal clinics results in exposure of adolescents to family planning information and services. Also, access to family planning services targeted to adolescents, within the requisite environment of privacy and confidentiality can lead to a reduction in teenage pregnancy and consequent decrease in maternal mortality.

<sup>13</sup> World Bank. *Promise and Peril in Latin America*. News and Broadcast. February 2005.

<http://web.worldbank.org/WBSITE/EXTENAL/NEWS/0,,contentMDK:20362923~menuPK:34457~pagePK:34370~piPK:34424~theSitePK:4607,00.html>

<sup>14</sup> UN, OECD, IMF, WB. *A Better World for All: Progress towards the International Development Goals*. 2002.

<http://www.paris21.org/betterworld/maternal.htm>

Malnourishment increases the likelihood of failure to recover from illness and disease and is very important for positive outcomes during pregnancy. Severe anaemia is one of the causes of maternal mortality. Although anaemia may be due to a variety of factors, including malaria and parasitic infections, nutritional deficiency is one of the more common causes. Adolescents are at increased risk of iron deficiency because they are still growing and at the onset of menstruation. Pregnancy further increases their need for iron, folic acid, and other nutritional requirements.

Poverty, particularly extreme poverty or indigence as it is also known, is linked to food insufficiency and malnutrition among children and adolescents. In situations where gender socialization indicates that males are superior and that it is important that they receive the greater share of food, women and girls are more likely to be undernourished. Unemployment also contributes to poverty, and data from Latin America and the Caribbean indicate that young women are the most likely group within the labour force to be unemployed.

Cultural factors, such as the stigmatization of pregnant teens, together with inadequate knowledge of the biological processes related to the reproductive system on the part of adolescents result in a lack of awareness of danger signs during adolescent pregnancy. In this context, failure to attend prenatal clinics, as often happens among teens due to lack of privacy, lack of empathy from medical personnel, and the potential for shame and embarrassment, leaves pregnant adolescents exposed to conditions that can lead to injury and even death due to complications that remain unattended.

Educational opportunities, stable family structure and employment opportunities all decrease the likelihood of pregnancy among adolescents. Studies have shown that divorces and break-up of families leave young people feeling anchorless and with a great need for love. This often results in early sexual relationships that lead to pregnancy. Sexual abuse also often leads to promiscuity and high-risk sexual behaviour among adolescents.

A causality analysis of maternal mortality among adolescents would therefore include the following:

**At the immediate level:**

Complications arising from pregnancy, due to pre-existing conditions that are relevant to medical outcomes; haemorrhages, eclampsia and other obstetric emergencies that were unattended or inadequately attended; poor health and nutritional status of adolescents; and slipshod attempts to terminate the pregnancy.

**At the underlying level:**

**Access to health services and to programmes that deal specifically with sexual and reproductive**

**health:** These include decisions of men whether to seek such care; support for sharing domestic duties and caring for children; distance to health services; economic resources.

#### **Impediments to good quality services to adolescents:**

Unqualified staff; discriminatory attitudes of health care workers related to reproductive health rights, including humiliation and maltreatment of adolescents; shortage of equipment and supplies; uncompromising attitude towards, and lack of understanding of the culture of indigenous peoples (including the language, cultural practices and traditional knowledge, devaluing the traditional indigenous knowledge); failure to focus on the special and specific needs of adolescents (adolescent friendly environment); underweight (chronic malnutrition, leads to problems in labour); anaemia - (adding to the risk of haemorrhage); frequent pregnancies and at an early age; violence; too much work and/or heavy lifting; inadequate prenatal attention; lack of information - including inadequate sex education, which provides knowledge of the biological function and processes related to the reproductive system, which could help to prevent unwanted pregnancies; failure of adolescents to make use of existing services sometimes caused by embarrassment. Inadequate access to proper medical care; sexual behaviour of adolescents; access to contraceptives by adolescents; policies related to the education of pregnant adolescents and teen mothers; lack of privacy for adolescents seeking advice relating to their reproductive health and sexuality.

#### **At the basic/structural level:**

Non existent or inadequate laws to protect adolescents, including those related to work and universal access to health and other social services; low quality of public services; low levels of public support for policies and programmes related to adolescents and adolescent health; limited access by women and their families to education and knowledge; limited access to basic services; lack of economic autonomy for women; poverty; lack of social recognition and responsibility for the care of pregnant women unreasonably high expectations regarding the performance of pregnant women at work; privileged position of men in the household with respect to the distribution of food, often leading to poor nutrition among women; gender socialization informed by patriarchal values; cultural and religious beliefs, especially as it pertains to sexual practices and family planning interventions.

#### **Recommendations to reduce maternal mortality among adolescents:**

These are some of the issues that led the World Health Organization (WHO) Department of Child and Adolescent Health and Development to develop recommendations for actions to meet the United Nations Millennium Development Goals of reducing maternal mortality and morbidity among adolescents. These recommendations included:

- Making existing safe motherhood activities more responsive and accessible to pregnant adolescents, including services for pregnancy prevention, pregnancy, emergency obstetric care, newborns
- Providing information about rights and choices for adolescents, including sexuality education
- Providing social support for pregnant adolescents, especially the very young adolescents
- Advocating for and, if possible, ensuring the enactment of policies and actions for:
  - universal education, including retaining/returning to school by pregnant adolescents
  - sexuality education to help prevent unintended pregnancy
  - access to information and services for adolescents consistent with the evolving capacity of the adolescent
- Subsidizing for care for pregnant adolescents, especially the very young.<sup>15</sup>

### 3.3. HIV/AIDS AND ADOLESCENT GIRLS - A CAUSALITY ANALYSIS

The Caribbean has the second highest rates of HIV infection in the world, with an adult prevalence rate of 2.3%, second only to sub-Saharan African whose adult prevalence rate is 7.4%. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that there are 440,000 adults and children living with HIV/AIDS in the Caribbean at the end of 2004.<sup>16</sup> The primary mode of transmission of HIV/AIDS in the Caribbean is sexual with heterosexual transmission accounting for a significant proportion of transmission in the Caribbean at the end of 2002. (see table below).

<sup>15</sup> Reynolds, Heidi and Wright, Kerry in collaboration with Olukoya, Adepeju and Neelofur-Khan, Dina. Maternal Health Care among Adolescents. in YouthNet #11.

<sup>16</sup> UNAIDS. Regional HIV and AIDS statistics and features, end of 2004. [http://www.thebody.com/unaidswad2004/Epi\\_2004.ppt](http://www.thebody.com/unaidswad2004/Epi_2004.ppt) December 2003.

**TABLE 3 : PERCENT DISTRIBUTION OF TOTAL CUMULATIVE AIDS CASES BY A KNOWN EXPOSURE CATEGORY\*.**

Region	Modes of transmission (%)					
	Heterosexual	Homosexual/ Bisexual	Intravenous Drug Use	Perinatal	Other	Unknown Category*
<b>Latin America</b>						
- Andean Area	49.4	46.4	0.2	2.7	1.3	19.0
- Southern Cone	24.9	32.9	34.3	6.1	1.8	4.0
- Brazil	35.9	35.0	23.7	3.6	1.8	23.6
-Central America	78.9	13.5	0.9	5.3	1.4	4.2
-Mexico	31.7	55.8	0.9	2.0	9.6	33.0
- Latin Caribbean	76.8	12.4	3.2	1.8	5.8	33.9
<b>Caribbean</b>	79.3	12.6	0.7	7.0	0.4	21.0

Source: Taken from PAHO/WHO. *Surveillance in the Americas: Biannual Report*. June 2002. pp 7-13.

**Andean Area** = Bolivia; Colombia; Ecuador; Peru; Venezuela; **Southern Cone** = Argentina, Chile, Paraguay; Uruguay; **Central America** = Belize, Costa Rica; El Salvador; Guatemala; Honduras; Nicaragua; Panama; **Caribbean** = English and Dutch Caribbean and Overseas French Departments.

\* The percentage of cases that are classified as 'unknown category' is not a part of the population in the table above.

The social stigma associated with homosexuality also means that there will continue to be underreporting of AIDS cases among this group. The category 'unknown category of transmission' is fairly high, and higher among males than females. This may be an indication of non-disclosure for fear of stigmatization, especially among men who have sex with men (MSMs). Other modes of transmission include intravenous drug use and transfusion of blood and blood products, although these continue to be low in most countries of the Caribbean.

The epidemic in Latin America is less uniform, with variations in prevalence and transmission. The Latin American countries with the highest HIV infections rates are on the Caribbean side of the continent. In Guyana, 2.5 percent of the adult population is living with HIV/AIDS. And in Honduras, Guatemala, and Belize, HIV prevalence rates among adults in the general population range between 1 and 2.4 percent. However, in Mexico, Argentina, and Colombia, prevalence rates are less than 1 percent.<sup>17</sup> Homosexual transmissions of HIV/AIDS account for a larger percentage of HIV/AIDS transmissions than in Caribbean countries.

Research shows that AIDS is affecting women most severely in places where heterosexual sex is a dominant mode of HIV transmission, as is the case in sub-Saharan Africa and the Caribbean. Statistics show that the rate of increase of HIV/AIDS in the Caribbean is now fastest among women. The rate at which HIV/AIDS infection of females have been rising is illustrated by data which shows a ratio of 4 males to 1 female with AIDS in 1985, while in 2002,

<sup>17</sup> The American Foundation for AIDS Research (amFAR). Special Report: AIDS in the Caribbean and Latin America. Overview of the epidemic in the Caribbean and Latin America. <http://www.amfar.org/cgi-bin/iowa/programs/globali/record.html?record=128>

<sup>18</sup> The Caribbean task force on HIV/AIDS. August 2000. The Caribbean Regional Strategic Plan of Action for HIV/AIDS (Draft).

<sup>19</sup> Status and Trends 1982-2002: Analysis of the Caribbean HIV/AIDS Epidemic, CAREC 2004.

<sup>20</sup> The Caribbean Regional Strategic Plan of Action for HIV/AIDS (Draft).

<sup>21</sup> PAHO, Adolescent Health Survey, 1998.

the male to female ratio was approximately 2 to 1; and in Haiti and the Dominican Republic 1:1.<sup>18</sup> The most recent national estimates also showed that HIV prevalence among pregnant women have reached or exceeded 2% in eight countries, namely, the Bahamas, Belize, the Dominican Republic, Guyana, Haiti, St Lucia, Suriname, and Trinidad and Tobago.<sup>19</sup> This increases vertical transmission of HIV/AIDS from mother to child, and is one of the ways in which HIV/AIDS among adolescents is manifested.

One of the most important areas of emphasis for prevention efforts must be young people. HIV/AIDS disproportionately affects the younger segments of the population. Seventy percent of AIDS cases in the Caribbean, for example, are diagnosed in the 15 to 44 age group. Fifty percent are in the 25 to 34 age group, which means that, given the time the disease takes to progress from HIV infection to a fully diagnosed AIDS case, a lot of these infections took place in their teens and early 20's.<sup>20</sup> Exposure to sexual activities at an early age can lead to a high likelihood of contracting HIV infection. In a survey conducted among adolescent youth in four English-speaking Caribbean countries, more than 40% of those who were sexually active said that they began having sex before the age of 10. This, of course is sexual abuse. An additional 20% said they were sexually initiated at the age of 11 or 12.<sup>21</sup>

Although clearly a health problem, HIV/AIDS also has sociocultural and economic dimensions, both in terms of cause as well as effects. An important factor in the contraction and spread of this disease is the nature of gender relations in Latin America and the Caribbean. Failure to acknowledge this as a root factor in efforts to eliminate the contraction and reduce the spread of HIV/AIDS will result in failure to achieve the objectives of halting the contraction and spread of this scourge.

Gender socialization rooted in patriarchal values, leads to identity formation in which men are dominant, adventurous, sexually robust and active, and risk-taking. Women, on the other hand are characterized as submissive, obedient, chaste, faithful, and sexually conservative. This is especially expected in young girls. This leads to male-female relationships characterized by male dominance and female submissiveness, and where society frowns upon behaviour by women and girls which deviates from the cultural norm but values, praises and is uncritical of the behaviour of men and boys when they engage in multiple partnerships, high-risk sexual behaviour and violence towards women as a means of ensuring their submission. Women in relationships in which patriarchal values are strong, also unquestioningly submit to these values, even at the risk of their health and lives.

As a result of these traditional, patriarchal values in Latin American and Caribbean societies, women and girls often feel powerless to refuse sex or to insist on condom use. They are often circumscribed by values in which women are not socialized to say no to men, especially their husbands, and where they are unable to negotiate the conditions under which they are willing to have sex, such as with the use of condoms. Intergenerational relationships, in which young girls are involved in relationships with older men, is also a societal norm and reinforce unequal power relationships and the dominance of the male over the female.

<sup>22</sup> AIDS Epidemic Update.

Studies have shown that young girls in unstable or dysfunctional family structures may also be coerced into unprotected sex or raped by male relatives or non-relatives who live in or visit the home. Violence against women both in and out of the home setting is also conducive to sexual abuse of young girls. For many girls, violence or coercion marks their first experience of sex. According to surveys, in rural **Peru** 24% of young women said their first sex had been forced, while in **Jamaica** a significant percentage of girls (12% in a 2001 study) who had sex before they were 20 years of age had been raped.<sup>22</sup>

Another outcome of unstable family setting is the alienation of the adolescent, accompanied by feelings of low self-esteem and inability to control their lives. This may lead to experimentation with drugs, including alcohol, and high-risk sexual behaviour. Intravenous drug use is one of the modes of transmission of HIV/AIDS, while the use of drugs and alcohol results in the release of inhibitions and the engagement in high-risk sexual behaviour. Data seem to suggest that the use of intravenous drugs is positively correlated with higher levels of income.

Poverty is also an important factor leading to high risk sexual behaviour among young women. It manifests itself in acquiescence in steady relationships, transactional sex and commercial sex work. In this regard, teen mothers faced with the responsibility of taking care of children and with no support or means of earning or obtaining income find themselves in a position where they acquiesce to the wishes of partners in sexual relationships in order to acquire the necessary resources. These women also remain silent in the face of unfaithful partners in order not to cause offence and the possible withdrawal of resources. Anecdotal reports from field workers have also uncovered situations where persons deliberately seek to infect themselves with HIV/AIDS in order to gain access to social services targeted towards infected persons.

Some women become engaged in commercial sex work and sometimes become in high-risk sexual behaviour in order to earn higher incomes. In interviews with commercial sex workers, poverty, the need for financial independence and the inability to feed their children are often given as reasons for commercial sex work. In this trade, younger women, including adolescents are also desired more and are often paid more money for their services than older women, based on the notion that they are more likely to be disease-free. This serves as a motivation for the entry of adolescents into this field or sometimes causes families to force young female household members into commercial sexual exploitation in order to obtain income.

Migration is also one of the bridges of HIV/AIDS transmission. Migrants may include sex workers, tourists, business travellers, petty traders and casual labourers. These persons bring diseases, including HIV/AIDS to uninfected persons in their host communities, or become infected by persons in their host communities. In these short-term relationships transactional sex is often used as a means of exchange for income or gifts. Sex is also traded in the tourist industry for promises of opportunities to migrate from what is seen as oppressive socioeconomic conditions.

<sup>23</sup> amFAR. Special Report: AIDS in the Caribbean and Latin America, Overview of the epidemic in the Caribbean and Latin America. <http://www.amfar.org/cgi-bin/iowa/programs/globali/record.html?record=128>

<sup>24</sup> Brown, A., et al. 2001. Sexual Relations among Young People in Developing Countries: Evidence from WHO Case Studies (WHO/RHR/01.8). Occasional Paper. Geneva: Family and Community Health, Department of Reproductive Health and Research, WHO.

With economies that are highly dependent on the tourism industry, many Caribbean countries have been reluctant to implement HIV/AIDS public information campaigns for fear of driving away tourists.<sup>23</sup> Young girls, drawn by the glamour and glitz seen on television, and desirous of possessing material goods or aspiring to be models, also enter into relationships with wealthy, older men or are lured into situations in which they are photographed for pornographic purposes. This often leads to multiple sexual partners and other high risk sexual activities that can lead to the contraction and spread of HIV/AIDS.

Women are also biologically more vulnerable to sexually transmitted infections, and young girls are even more so, due to still growing and sensitive reproductive tracts, the tissues of which can tear easily, allowing easy access to infection.<sup>24</sup> Sexually transmitted infections are a conduit for the transmission of HIV/AIDS. Male-to-female HIV transmission is estimated to be more than 200% likely than female-to-male transmission. Tuberculosis also predisposes the infected person to the contraction of HIV/AIDS.

A Brazilian study also claims that another reason for high- risk behaviour is adolescents' lack of hope for the future. Adolescents sometimes have multiple partners over a period and often without protection. Having unsafe sex can result in unwanted pregnancies which many adolescent girls have to face alone.

In some of the regions worst-affected by AIDS, more than half of girls aged 15 to 19 have either never heard about AIDS or have at least one major misconception about how HIV is transmitted. In addition, while condoms have been proven effective in HIV prevention, their correct and consistent use rests with the male partner, making it more difficult for women to negotiate safer sex. In some societies, gender socialization, specifically 'machismo', results in the refusal of most males to use the condom, since this is felt to reduce sexual satisfaction. Research shows that most sexually transmitted HIV infections in females occur either inside marriage or in relationships that women believe to be monogamous.

Religious beliefs, and the rules and regulations of the church also influence the attitudes and behaviour of adolescents, and the general population. The Roman Catholic Church has long been against the use of contraceptives, including condoms. Latin America's predominantly Catholic population has therefore generally remained both uninformed on safe sex practices and resistant to the use of condoms, leading to low condom usage, with the exception of Brazil.<sup>25</sup>

Given the focus of prevention efforts to halt the contraction and spread of HIV/AIDS on **A**bstinence, **B**eing faithful and **C**ondom use, it is clear that failure to recognize and deal with the effects of gender socialization on relationships between men and women will impact negatively on the achievement of these objectives.

<sup>25</sup> Some countries, such as Brazil, have been able to move beyond this opposition and implement effective condom promotion campaigns. (quoted in amFAR, Special Report.)

A causality analysis of HIV/AIDS among adolescent girls therefore includes the following:

**At the immediate level:** Vertical transmission (mother to child); Unprotected sex with an HIV carrier; use of injection needles or other instruments contaminated with the body fluid of an HIV carrier; transfusion of blood contaminated with HIV.

**At the underlying level:** Poor pre-natal care; limited access to post exposure prophylaxis; lack of access to treatment; limited access to confidential HIV testing; stigmatization of known HIV carriers; refusal to use condoms; lack of access to male and female condoms; poor quality of condoms; incorrect size of condoms; anti-condom stance of religious bodies; lack of gender awareness among policy and program formulators; lack of knowledge of how HIV/AIDS is transmitted; lack of sex education among adolescents; violence against women, including domestic violence and sexual abuse of women and children; presence of sexually transmitted infections and tuberculosis; engaging in unprotected serial and multiple concurrent sexual relationships; unprotected anal sex; commercial sex work; sex tourism; early age of initiation into sexual activities; alienation of adolescents from their family; drug and alcohol use, especially intravenous drug use; violation of hospital protocols and procedures, including failure to test blood and screen blood donors; self-infection to obtain access to social services.

**At the basic/structural level:** Patriarchal gender relations; gender socialization informed by patriarchal values; religious beliefs and practices that eschew condom use; taboos surrounding sexuality; poverty; discrimination and social exclusion of groups based on race, class, sexual practices and health status; failure to develop and enforce laws to protect adolescents; economic policies that lack gender sensitivity; unemployment and underemployment of vulnerable groups in society; poor health surveillance and health management techniques; unstable family structures; deteriorating economies, caused by rising debt ratios; immigration; inadequate access to social services; high levels of crime and violence in the society.

**Recommendations to halt the contraction and spread of HIV/AIDS among adolescents:** The Caribbean Regional Strategic Plan of Action for HIV/AIDS proposed a number of recommendations to halt the contraction and spread of HIV/AIDS. The existing recommendations have broad relevance and been adapted where necessary to focus attention on the situation of adolescents.

**Priority Area 1: Advocacy, policy development and legislation**

- To promote the incorporation of human rights and non-discrimination practices as it affects adolescents into policy and legislation, in accordance with international guidelines, best practice and commitments
- To strengthen and enforce existing legislation on statutory rape, sexual abuse and violence against women, in order to create a deterrent effect
- To mobilize regional opinion leaders and promote awareness at the multisectoral level on

HIV/human rights issues as it affects adolescents

- To increase the participation of Adolescents with HIV/AIDS in policy dialogue in a manner that protects their privacy but makes it possible to hear their needs
- To expand analysis of the impact of the epidemic on adolescents
- To develop policy programs that give economic and financial support to teenage mothers, and provide opportunities for them to continue their education

#### **Priority Area 2: Care and Support for People Living with HIV/AIDS**

- To promote the active formation and participation of networks of people living with HIV/AIDS in programme and policy design, implementation and evaluation, taking into account the special needs of adolescents living with AIDS
- To strengthen and extend counselling and diagnostic facilities targeted towards adolescents

#### **Priority Area 3: Prevention of HIV Transmission, with a focus on young people**

- To ensure recognition of gender issues within all prevention campaigns
- To ensure general access to reliable and accurate information about HIV/AIDS
- To ensure that prevention messages are integrated into as many general advocacy opportunities as possible
- To improve and support the implementation of Health and Family Life Education Programmes
- To integrate HIV and STI issues into adolescent programmes including reproductive health programmes
- To ensure the availability and accessibility of condoms to youth
- To advocate for the provision of youth-oriented health services and facilities
- To promote and support innovative peer counselling models for youth, parents and teachers
- To ensure the access of out of school youth to HIV/AIDS prevention and services
- To increase quality and coverage of HIV/AIDS issues directed towards youth in the media

### **3.4. VIOLENT BEHAVIOURS TOWARDS ADOLESCENT GIRLS BY MEN AND BOYS - A CAUSALITY ANALYSIS**

The United Nations Declaration on the Elimination of Violence against Women (1993) defines violence against women as *"any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."* <sup>26</sup>

Violence against women and girls exist in every country, including Latin America and the Caribbean. These countries differ in the type of violence and the extent of violence, but in all of these countries,

<sup>26</sup>Declaration on the Elimination of Violence against Women. General Assembly Resolution 48/104 of 20 December 1993.

<sup>27</sup>Ibid.

violence against women and girls constitute a serious social problem that physically and psychologically injure and destroy the very essence of that which enables human beings to develop their full potential, specifically their self-esteem and feelings of self-worth.

Many of the abuses that take place are conducted in the context of social norms and tradition, while others, flourish because policy makers have not acted decisively enough to develop and enforce legislation to deter the abusers. At the base of this inaction is the conscious and sub-conscious acceptance of the social norms and values regarding gender and gender relations.

**Violence is gender specific.** Men and boys are likely to be involved in fighting, through wars and gang violence, in which they are both the aggressors as well as the victims. Women and girls are however, most often, the victims of violence, both in and out of the home.

The Declaration defines violence against women as encompassing, but not limited to, three areas. These are, violence occurring in the family; within the general community; and violence perpetrated or condoned by the State. In the preamble, the declaration recognizes this violence as a manifestation of *"historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women..."*<sup>27</sup>

#### Examples of Domestic violence:

**Physical abuse:** such as slapping, beating, arm twisting, stabbing, strangling, burning, choking, kicking, threats with an object or weapon, and murder. It also includes traditional practices harmful to women such as female genital mutilation and wife inheritance (the practice of passing a widow, and her property, to her dead husband's brother).

**Sexual abuse:** such as coerced sex through threats, intimidation or physical force, forcing unwanted sexual acts or forcing sex with others.

**Psychological abuse:** which includes behaviour that is intended to intimidate and persecute, and takes the form of threats of abandonment or abuse, confinement to the home, surveillance, threats to take away custody of the children, destruction of objects, isolation, verbal aggression and constant humiliation.

**Economic abuse:** includes acts such as the denial of funds, refusal to contribute financially, denial of food and basic needs, and controlling access to health care, employment, etc.

### Violence occurring in the family

Violence within the family is known as domestic violence, and this can take the form, for adolescents, of physical and psychological abuse, including neglect, emotional and verbal abuse; threats of sexual assault and rape and incest. Violence in the domestic sphere is usually perpetrated by males who are, or who have been, in positions of trust and intimacy and power - husbands, boyfriends, fathers, fathers-in-law, stepfathers, brothers, uncles, sons, grandfathers or other relatives. According to the Caribbean Adolescent Health Survey, by the age of 16 to 18, one

<sup>28</sup>Pan American Health Organization. Caribbean Adolescent Health Survey: Antigua, Dominica, Grenada, Jamaica. Barbados: PAHO; 1998.

in five young people had been physically abused.<sup>28</sup>

Physical violence is perhaps the most common form of violence against adolescent girls, perpetrated by older males and females, and sometimes even by male relatives of ages similar to the adolescent girl, as a means of punishment for deviating from social norms or for disobedience. Although in the Caribbean, beatings are likely to be discontinued around the ages of 14 to 16, it is not unknown for older adolescent girls to be beaten for actions considered shameful to the family, for disobedience, or for failure to undertake or complete domestic chores, which are seen as being rightfully the domain of young girls and women. Adolescent boys are less likely to be beaten for these or any reason, once they attain a certain age. Underlying this physical abuse are patriarchal values in society that uphold the right to control women's bodies; that support the notion of female submissiveness and the "natural superiority" of the male.

Although considered taboo in most countries of Latin America and the Caribbean, incest and other forms of sexual abuse of children and adolescents remain rampant within the family. This form of abuse is not often reported for a number of reasons. Many adolescents understand the repercussions of reporting sexual abuse to authorities, and often choose to remain silent rather than expose the perpetrator and bring shame and hurt to the family, or lose the financial support that comes with their presence in the household.

Adolescent girls also run the risk of being disbelieved or ignored by their mother if they choose this as the first avenue of disclosure of abuse. Research shows that women very often prefer to sacrifice their girls to the sexual predator in exchange for the financial security that he brings to the household, which may include several other children. Although biological fathers have been known to sexually abuse their daughters, the perpetrators of sexual abuse within the homes are more often step fathers and other trusted males who frequent the home.

Studies have shown that from 40 to 60 per cent of known sexual assaults within the family are committed against girls aged 15 years and younger, regardless of region or culture. A study in the Netherlands also showed that 45 per cent of the victims of sexual violence within the domestic sphere are under the age of 18. Of these, girls are far more likely to be victims of incest than boys.<sup>29</sup>

Research has shown that persons in authority, especially the police and teachers ignore cases of abuse, both physical and sexual abuse, because of cultural norms, in which physical abuse is tolerated and, in the case of sexual abuse, due to an unwillingness to become involved. Teachers have recounted cases of taking the chance of reporting suspected cases to police, only to be exposed to threats and physical abuse by the perpetrator who remained at large due to insufficient evidence, or because children, under pressure by their families, recanted their stories.<sup>30</sup>

<sup>29</sup>The World's Women 1995: Trends and Statistics. United Nations, 1995 and the Netherlands Department of Justice, 1997.

<sup>30</sup>Workshop held for teachers and police by Coalition for Women Against Violence in Trinidad, St. Augustine, circa 2002. Also discussed in UNECLAC. (2001) An evaluative study of the implementation of domestic violence legislation: Antigua and Barbuda, St. Kitts/Nevis, Saint Lucia and Saint Vincent and the Grenadines. LC/CAR/G.659

<sup>31</sup>Obtained in interviews with adolescents in High Schools in Guyana, while working on the GEAP mid-term evaluation.

Poverty has led to situations in which destitute families, send their girls to work in wealthier households as domestic workers. Very often, these young girls in the households are sexually exploited and physically abused, but are forced by their families to remain in the situation in order to maintain the means of financial support for their households. Families have also been known to force young girls into prostitution in order to provide an income for the household. Most recently, in Trinidad, a young girl was forced by her mother into prostitution with the men in the village.

Date rape is also associated with domestic violence, where adolescents who may or may not have been involved in heavy petting with boyfriends are forced to have sex, even after saying no. Teenage girls in high schools have also been coerced into having sex with male peers by male school teachers or have been gang raped by boys in their school, having been set up by someone they believed to be their boyfriend to meet after school in a lonely spot.<sup>31</sup>

Domestic violence is often seen by the society and authorities as a private matter in which males have the right to demand respect and submission through physical abuse. In this context, the unprotected, young female is silenced. There have been cases, also, when adolescents have been both physically and sexually abused by the police while seeking their protection and while under their care.<sup>32</sup>

Some of the problems associated with domestic violence against adolescent girls include poverty, poor parenting skills, unemployment of the dominant male within the family; dysfunctional relationships between dominant male and female within the family; dysfunctional individuals within families; substance abuse.<sup>33</sup> Added to this would be the likelihood of the perpetrator not being held accountable for his actions due to poor protective legislation and enforcement of the laws by the State, as well as inadequate systems for the support and protection of adolescent girls and their families in the context of abuse.

### Violence within the community

Violence in the community can take the form of violent acts by individuals or groups within the community against females, sexual harassment in the workplace, and organized criminal activity directed at the exploitation of females for the purpose of financial gain, including forced prostitution and trafficking in women.

A study conducted in Jamaica links the rate of murder with the rate of other violent crimes, including rapes and violent acts against women.<sup>34</sup> The societal context, therefore, in which crimes of passion and hate are rampant, creates the environment for violence against girls by men. In patriarchal societies like those in Latin America and the Caribbean, socioeconomic conditions can lead to feelings of emasculation of men who find themselves unemployed and without income. This can lead to compensatory violence by men<sup>35</sup>, with this violence directed at the more vulnerable adolescent female.

<sup>32</sup>United Nations Development Program (UNDP). Regional Project RLA/97/014. National Reports on the Situation of Gender Violence Against Women. National Report of Jamaica. (See reference note #10).

<sup>33</sup> Sharpe and Bishop, 1993.

<sup>34</sup> Harriott, Anthony. "The Changing Organisation of Criminals in Jamaica", in *Caribbean Quarterly*, Vol. 42, Nos. 2&3, 1996.

<sup>35</sup> Bailey, W., Branche C., and McGarrity, G.. *Family and the Quality of Gender Relations in Jamaica*. Kingston, Jamaica Institute of Social and Economic Research (ISER), The University of the West Indies (UWI), Mona, 1998.

Gang violence, civil wars, or urban violence based on political alliances and drug trade, often lead to violence against young girls, indirectly, when caught in the crossfire of violence between rival groups, or directly in cases where they are killed, maimed, or sexually assaulted as an act of revenge against the men in a rival group. Underlying this act is the view of females as property of a man - either as sister, daughter, girlfriend, mother or wife, and to besmirch or attack this property is one way of attacking him.

Young girls are vulnerable to violence in the community based also on their biological and physical make-up, in which men and boys, under the influence of drugs and alcohol, and/or uncontrolled carnal desire and mental illness, prey on young girls away from the public eye and through threats and direct physical assault. The most frequent form of violence directed towards adolescent girls by men who are strangers is sexual assault and rape during which they are often injured or murdered. The rape and murder of young girls, in communities, on their way from school or home has occurred in a number of countries. Young girls from low income families and living in communities without adequate infrastructure in terms of well lit roads and transportation are most vulnerable.

Sexual harassment in the workplace is also directed towards young girls, who because of lack of work experience and fewer qualifications are coerced into having sex with older males in management in order to keep their jobs. Young girls, especially from rural areas, but also from other areas, who work as domestic helpers in households often face situations in which they are coerced to have sex in order to keep their jobs. There are well-known situations where young girls have been coerced to provide sexual services to the man of the house, in situations where the wife has died or is ill. This is sometimes done with the complicity of the girl's family in exchange for money from the girls' employer.

Within Latin America and the Caribbean, Latina and indigenous women and children face such a severe human rights crisis involving sexual exploitation, including widespread sexual slave trafficking, that the United Nations, UNICEF, UNIFEM, the Organization of American States (OAS) and international labour and health organizations are devoting millions of dollars in funds to research these critical issues and develop plans allowing effective action to be implemented in support of millions of current and potential future victims of criminal sexual exploitation.

Although research has so far been unable to tell of the extent of the problem in Latin America and the Caribbean, trafficking in humans, particularly women and girls is becoming a significant problem. Trafficking may include domestic servitude, prostitution, pornography, forced labour, debt bondage, illegal adoption, forced marriages, and begging.<sup>36</sup>

Human trafficking is the third most lucrative business in the world, close behind the arms trade and the trade in narcotics. An estimated 100,000 women and children are trafficked for sexual exploitation annually in the Americas.<sup>37</sup> Research suggests that a large number of sexually

<sup>36</sup> Workshop on Anti-trafficking Initiatives in Asia, Latin America, the Caribbean and the United States. Organized by the Japan Program and Region 1 of the Inter-American Development Bank, Washington, D.C. June 18, 2003.

<sup>37</sup> Ramirez Rodriguez, Zoraida, Linares Gonzalez, Xiomara. Latina Women and Children at Risk. Venezuela: Migration and Trafficking in Women. [http://www.libertadlatina.org/Lat\\_VENEZUELA\\_MIGRATION\\_AND\\_TRAFFICKING\\_IN\\_WOMEN\\_2002.HTM](http://www.libertadlatina.org/Lat_VENEZUELA_MIGRATION_AND_TRAFFICKING_IN_WOMEN_2002.HTM).

<sup>38</sup> ECPAT International Newsletters. Issue No. 36, Vol. 1, September 2001.

[http://www.ecpat.net/eng/Ecpat\\_inter/IRC/articles.asp?articleID=195&NewsID=24](http://www.ecpat.net/eng/Ecpat_inter/IRC/articles.asp?articleID=195&NewsID=24). Also Inter Press Service, April 5, 2002, San Jose, Costa Rica. [http://www.libertadlatina.org/LA\\_Central\\_America\\_Sex\\_Rings\\_Infiltrated.htm](http://www.libertadlatina.org/LA_Central_America_Sex_Rings_Infiltrated.htm)

exploited women from Latin America come from the Dominican Republic. Impoverished children, including adolescent girls, are the most vulnerable population throughout Latin America and the Caribbean. They are often tricked or forced into the commercial sex trade.

Activists who infiltrated child trafficking, prostitution and pornography networks in Central America and Mexico reported on the growing commercial sexual exploitation of children in the region. In a report by Casa Alianza, the Latin American branch of the New York-based child-advocacy organization 'Covenant House', research showed an escalation of violations of the rights of children and adolescents in Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Mexico. It took a multi-disciplinary team of 56 experts, 10 months to prepare the organization's first "region-wide investigation of child trafficking, prostitution, pornography and sex tourism in Mexico and Central America."<sup>38</sup>

The reasons for the increase in trafficking are many. In general, traffickers feed on poverty, despair, war, crisis, and ignorance. Many young girls are lured into the hands of traffickers by promises of jobs. Traffickers also target poor, vulnerable communities arriving, for example, during a drought or before the harvest, when food is scarce, and persuading poor families to sell their daughters for small amounts of money.<sup>39</sup>

In addition to this, the globalization of the world economy has increased the movement of people across borders. Desire for better socioeconomic conditions and deteriorating economies in their home countries have caused many women to migrate, along with their children, in search of jobs and more lucrative income-earning opportunities.

However the efforts of the immigration authorities to stem the tide of illegal immigrants have resulted in underground efforts to obtain ways and means of entering the wealthier countries. Traffickers have used this knowledge to ensnare illegal victims and their children into prostitution, and forced labour. See box 2 for a description of methods used by traffickers to snare their victims and some of the effects.

#### Box 2 - Trafficking in humans: How it is done

Traffickers frequently will move victims who may be blindfolded or otherwise prevented from seeing where they are and where they are going from safe house to safe house, from city to city, or increasingly, from country to country. Once victims of trafficking arrive in so-called "receiving countries," they often are kept in squalid conditions in a state of virtual house arrest. In the victims' world, violence, drugs, and threats about the authorities form part of the brutal daily routine. So too are long hours of forced servitude whether in a brothel as a prostitute, at gunpoint as a child soldier, or at a sewing machine as a sweatshop worker. What little compensation comes the victim's way is usually a tiny percentage of actual earnings, with the balance claimed by the trafficker to "cover" so-called costs such as room, board, and clothing, or to "repay" the original "loan." In cases involving prostitution and pornography, victims are forced to continue working regardless of disease, meaning that many work throughout pregnancies and despite having contracted sexually transmitted diseases, including HIV. In fact, the HIV crisis has only fuelled the expansion of sex trafficking, with pimps seeking increasingly younger girls and boys in order to market them to customers as "clean." Health care is non-existent or provided only by fellow victims, leaving most victims at high risk of further health complications, and ensuring that many children born to trafficking victims while in captivity will themselves be trafficked, usually through adoption rings, ensuring that the vicious cycle will continue.

*Harold Hongju Koh, Assistant Secretary of State for Democracy, Human Rights, and Labor. The Global Problem of Trafficking in Persons: Breaking the Vicious Cycle on "Trafficking of Women and Children in the International Sex Trade". Testimony before the House Committee on International Relations Washington, DC, September 14, 1999.*

<sup>39</sup> UNFPA. State of World Population 2000.

<sup>40</sup> Congressional Research Service Report 98-649 C. May 10, 2000 Trafficking in Women and Children: The U.S. and International Response. [http://www.oggham.com/cambodia/archives/official\\_statements/000619.html](http://www.oggham.com/cambodia/archives/official_statements/000619.html)

Studies point to the disinterest and in some cases even complicity of governments in the trafficking problem. In the developed countries, many law-enforcement agencies and governments are accused of ignoring the plight of trafficking victims and down-playing the scope of the trafficking problem. Many countries also have no specific laws directed at the problem of trafficking in humans.<sup>40</sup>

A causality analysis of violence against adolescent girls by men and boys, which identifies causes **at the immediate level**, is most difficult if not impossible to conduct. What is a sufficient cause for violence against adolescent girls? What factors can we identify, which by themselves are bound to result in violence against young girls? There are none that this paper can identify. This social problem however, abounds with causes at the underlying and basic levels. They include the following:

**At the underlying level:** Patriarchal gender relations; gender identities rooted in patriarchal values that undervalue females; high levels of poverty; high levels of crime in a society; the existence of gang violence in communities; Child Labour; inadequate and insufficient laws that protect women and children against violence and exploitation; inadequate social systems for protecting children who are abused in the home; absence of protocols for dealing with domestic violence by the police; dysfunctional families; drug and substance abuse; immigration laws that are inflexible and punitive; laws aimed at prostitution that punishes the prostitute more than it does the organizers of the activity; insufficient employment opportunities for youth, especially females; inadequate protection of migrant workers, especially women and their children; a lack of appropriate legislation to deal with human trafficking; absence of systems to detect and report trafficking cases; absence of regional cooperation to track down and investigate traffickers.

**At the basic/structural level:** Economic policies that lack gender sensitivity; unemployment and underemployment of vulnerable groups in society; deteriorating economies, caused by rising debt ratios and the negative impacts of liberalization in a globalized economy; discrimination of persons based on ethnicity; social exclusion of persons based on ethnicity and socioeconomic status; lack of gender sensitivity by policy makers and government officials at the highest levels.

### **Recommendations to eliminate all forms of violence against adolescents**

- Establish fair and effective legal procedures for girls who have been subjected to violence which include, among others, protective measures, a timely hearing and effective access to such procedures<sup>41</sup>
- Provide appropriate specialized services for adolescent girls who have been subjected to violence, through public and private sector agencies, including shelters, health care, counselling services for all family members, where appropriate, and proper protection if the adolescent has to be removed from her family<sup>42</sup>

<sup>41</sup>Obtained from UNECLAC. (2001)An evaluative study of the implementation of domestic violence legislation: Antigua and Barbuda, St. Kitts/Nevis, Saint Lucia and Saint Vincent and the Grenadines. LC/CAR/G.659 p.4

<sup>42</sup>ibid.

- Expand opportunities for training, education, and employment at the appropriate stage of growth, for all girls regardless of socioeconomic status or ethnicity
- Encourage the development of Protocols for dealing effectively and sensitively with domestic violence by Police in all countries
- Develop effective surveillance systems at the national, regional and international levels to detect violence against women and children at all levels, including human trafficking
- Support public awareness campaigns surrounding all forms of violence against women and girls, educating the public about what is illegal and criminal in spite of apparent conformity with traditional values and social norms
- With specific focus on human trafficking, a number of recommendations were made at a workshop on anti-trafficking initiatives in Asia, Latin America, the Caribbean and the United States, organized by the Japan Program and Region 1 of the Inter-American Development Bank, Washington, D.C. in June 2003.

Among the recommendations were the following:

- Assist in anti-trafficking legislation: drafting and harmonizing specific anti-trafficking legislation since existing laws are inadequate in prosecuting trafficking in persons
- Training to: service providers, policy makers, legislators, judges and law enforcement, on best methods to identify victims of trafficking and to meet their special needs
- Training on safe and managed migration - promote safe migration through bilateral or multilateral agreements, carefully check travel documents, assure that children are truly with legal custodians
- Create a code of conduct for the business sector with incentives for good business and, inversely, economic sanctions and criminal punishment (liability of legal person) for inappropriate business activity
- Develop anti-trafficking issues in training and curricula at law schools, police academies and gender unit police, judiciary, migration authorities, consulates, NGOs, etc.
- Incorporate anti-trafficking strategies in poverty reduction projects, citizens security projects, gender development, tourism sector projects, public policies and legal reform.

# 4. CONCLUSION

**Causality Analysis is a useful tool for programming activities directed at identifying and understanding the interaction of relevant factors responsible for social problems that affect the target population. It is a prerequisite for monitoring and evaluation efforts that seek to determine the efficacy of implemented programs, as well as for the modification and improvement of ongoing efforts by UNICEF to reduce and eliminate negative outcomes for children and adolescents.**

The causality analyses of adolescent girls and maternal mortality, HIV/AIDS and violence presented in this paper, provide a simple framework of immediate, underlying and structural causes for the existence of social problems that seriously affect young girls in Latin America and the Caribbean. It follows to a large extent, the framework utilized by UNICEF, in the book by Urban Jonsson on the Human Rights Approach to Programming.

As with methodologies of this kind, there is no denying that the factors presented often interact with each other to produce a complex sequence of cause and effect. However, the selection of factors and the causal analyses in these three areas are grounded in research and theory, and is the beginning of a process, which then allows for the development or selection of indicators for monitoring and evaluation.

**In all three causal analyses, gender socialization and its effect on the formation of gender identities and gender relations is critical to the analysis and understanding of the social problems. This indicates the importance of gender awareness and sensitivity among program officers and policy makers and the need for program officers to be able to conduct gender analysis. The analyses also pointed to the effects of poverty on social outcomes for young girls and their families, and the importance of ensuring that this scourge is eliminated from humanity. Poverty, not only leads to negative and desperate choices on the part of its victims, but creates opportunities for exploitation by oppressive individuals, groups and systems.**

Causal analyses of maternal mortality and HIV/AIDS point to important areas of overlap, primarily the negative effects of early sexual initiation and sexual abuse of children and adolescents to social outcomes in the areas of focus. Analysis in these two areas also point to the importance of understanding and dealing with the effects of unequal power relations between men and women for any success in the prevention and elimination of the social problems under examination. By the time the horrors of violence against adolescent girls are analyzed, it becomes clear that gender, in the context of insensitivity, lack of awareness and absence of policies to deal with gender inequality in all of its manifestations, can be perceived as a distinct disadvantage for adolescent girls.

This must not be allowed. UNICEF can use the causality framework, not only to ensure the establishment of guidelines that can lead to identification of indicators for monitoring and evaluation of programme areas, but also to ensure that policy makers and programme personnel at all levels understand, at a gut level, the unsustainability of a world in which girls are sexually

abused, exploited and violated, leading to infections, long term mental and physical maiming and death. In this regard, a causality analysis framework helps to make the case for analysis from a gender perspective, and therefore the need for gender sensitization and training in gender analysis for policy makers and program officers.

Based on the causal explanations for the social problems that have been analyzed, the recommendations that follow can be seen as intervening or counteracting causes, which if introduced, should prevent the completion of the negative cause and effect sequences that were identified. Programme officers should be able to build on the recommendations that have been suggested, and which are based on consensus among people who have taken the time to discuss the issues in detail. They must incorporate their own experiences and ideas in order to develop programming which delivers positive outcomes for adolescent girls in Latin America and the Caribbean.

# 5. ANNEX 1

BROAD GUIDELINES FOR CONDUCTING CAUSAL ANALYSES

**5.1. Identify the problem and explain the purpose for focusing on the problem.** The questions that need to be asked are:

- What is the core problem to be addressed?
- What are the consequences to women, children and men, if this problem is not solved?

**5.2. Explain the broad socio-economic context at the national and community levels in which this is taking place. This may include the following:**

- Geographic location
- Age, ethnic and other demographic characteristics of the population
- Broad economic features of the environment within which the problem is being analyzed

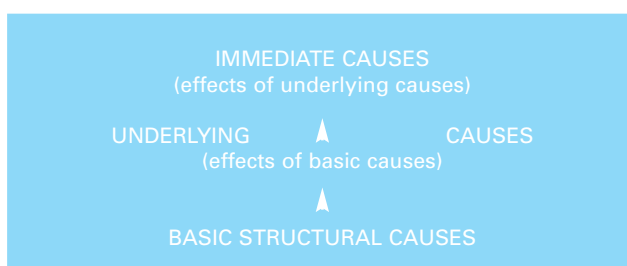
**5.3. Conduct a gender analysis of the stakeholders?**

- What are the roles of women and men in the problem identified?
- What is the differential impact of the problem on women and men?
- What are the factors, pertinent to being male or female, that are responsible for the problem or its exacerbation?
- How can the problem be solved? What is to be done by the duty bearers at all levels of society to eliminate the problem

**5.4. List all of the negative factors about the situation being analysed. Brainstorm!**

Incest; early sexual initiation; gender socialization; gender relations; poverty; health and nutritional status; teenage pregnancy; intergenerational relations; tourism; sex work; failure to use condoms; drugs; alcohol; transactional sex; absence of sex education; inadequate health systems; tuberculosis; sexually transmitted diseases; etc.

**5.5. Identify and distribute cause and effect, using the definitions of immediate, underlying and basic causes.** In causal analysis, the direction of causality moves in the following direction:



This is a simplified explanation of the reality, and serves only as a foundation for fuller discussion and understanding in a participatory setting. In reality, cause and effect often operates as a two-way process, and are also interlinked with each other. It should be noted too, that underlying causes are often the effects of basic structural causes, just as immediate causes are the effects of underlying causes.

**5.6. Operationalization:** In transferring this to the programmatic area of adolescent girls and HIV/AIDS, one core problem has been selected for illustration. This problem, identified, at the immediate level, is **the transfer of HIV/AIDS through sexual contact**. The following must be noted that causes are interlinked with each other in a complex manner. For example, lack of sex education can lead to early age of initiation into sexual activities. However, each of these on their own can be the cause of unprotected sex with an HIV carrier.

It is recommended that as a part of the training process, staff members be allowed to fully discuss the inter linkages and cause and effects as they operate in their particular environment. Outside of the training environment, it is also best that the connection of cause and effect be undertaken in collaboration with stakeholders, especially beneficiaries of the intervention.

**At the immediate level:**

- Unprotected sex with an HIV carrier

**At the underlying level:**

- Lack of sex education among adolescents
- Early age of initiation into sexual activities
- Lack of knowledge of how HIV/AIDS is transmitted
- Patriarchal gender relations
- Gender identities rooted in patriarchal values
- Lack of gender awareness among policy and program formulators
- Poverty; Anti-condom stance of the church
- Violence against women, including sexual abuse of women and children
- Domestic violence
- Presence of sexually transmitted infections and tuberculosis
- Engaging in serial and concurrent sexual relationships
- alienation of adolescents from their family
- Intravenous drug use
- Stigmatization of known HIV carriers
- Migratory workers

**At the basic/structural level:**

- Gender socialization informed by patriarchal values
- Religious beliefs and practices that eschew condom use
- Discrimination and social exclusion of groups based on sexual practices and health status
- Failure to develop and enforce laws to protect adolescents
- Economic policies that lack gender sensitivity
- Unemployment and underemployment of vulnerable groups in society
- Poor health surveillance and health management techniques
- Unstable family structures
- Deteriorating economies, rising debt ratios

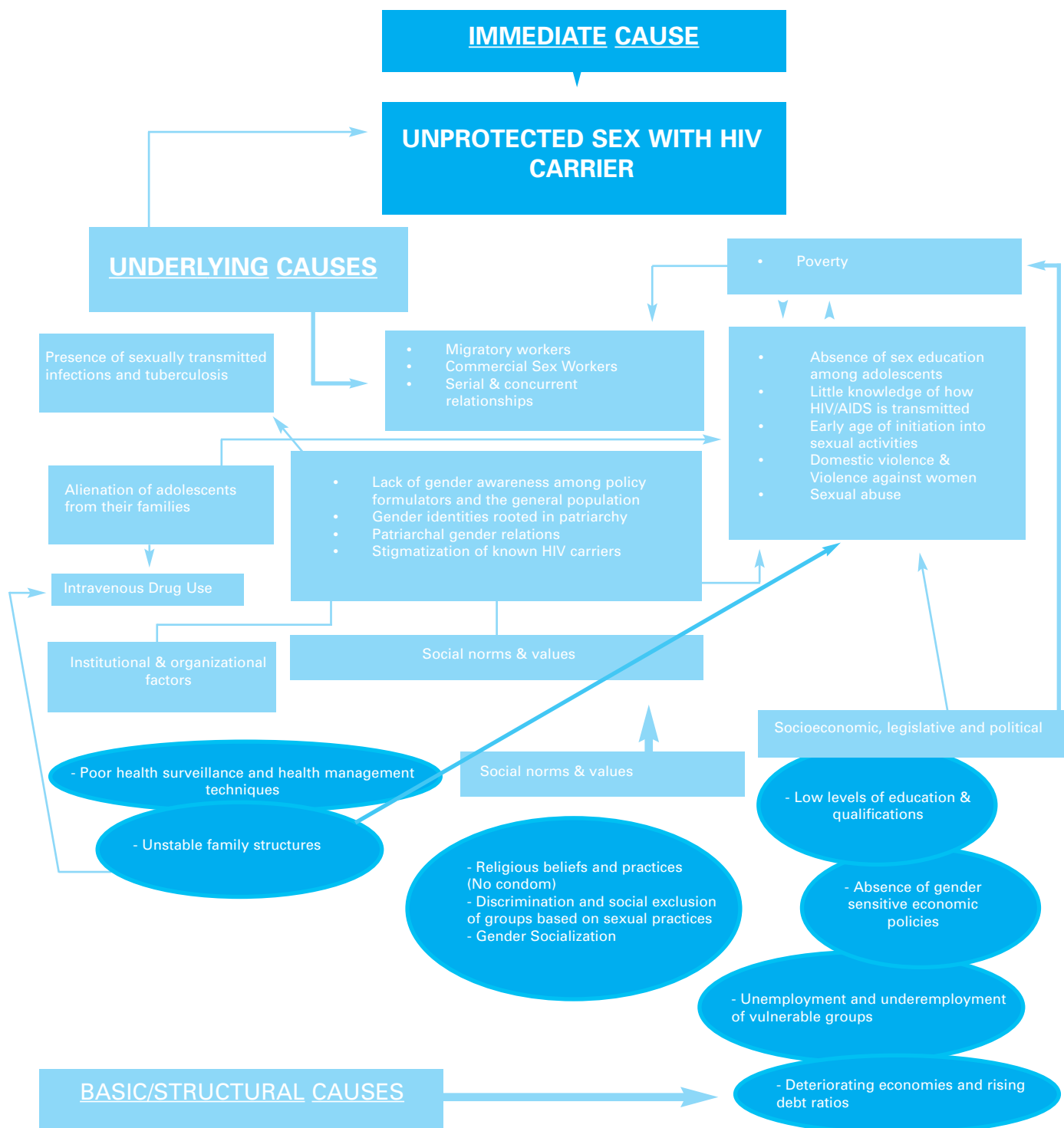
**5.7. Identify recommendations arising out of previous studies and analyses.** The aim of the causal analysis is to be able to assess core problems in order to create a hierarchy of goals and objectives, necessary for the design and implementation of development interventions. Recommendations associated with the social problem under analyses will therefore contribute to the identification of such goals and objectives. For example:

**Priority Area 3: Prevention of HIV Transmission, with a focus on young people**

- To ensure recognition of gender issues within all prevention campaigns
- To ensure general access to reliable and accurate information about HIV/AIDS
- To ensure that prevention messages are integrated into as many general advocacy opportunities as possible
- To improve and support the implementation of Health and Family Life Education Programmes
- To integrate HIV and STI issues into adolescent programmes including reproductive health programmes
- To ensure the availability and accessibility of condoms to youth
- To advocate for the provision of youth-oriented health services and facilities
- To promote and support innovative peer counselling models for youth, parents and teachers
- To ensure the access of out of school youth to HIV/AIDS prevention and services
- To increase quality and coverage of HIV/AIDS issues directed towards youth in the media.

# 6. ANNEX 2

CAUSALITY ANALYSIS: CONTRACTION OF HIV/AIDS BY  
ADOLESCENT GIRLS - (A GRAPHIC EXAMPLE)



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