

PART II
LITERATURE REVIEW OF
THE SITUATION OF
ADOLESCENTS IN EIGHT
COUNTRIES IN LATIN
AMERICA AND THE
CARIBBEAN:
TRENDS AND RECOMMENDATIONS

UNICEF - Regional Office for Latin America and the Caribbean

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PART II
LITERATURE REVIEW OF SITUATION OF ADOLESCENTS IN 8 COUNTRIES
IN LATIN AMERICA AND THE CARIBBEAN
TRENDS AND RECOMMENDATIONS

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EXECUTIVE SUMMARY

1. INTRODUCTION

This situation analysis consisted of three studies carried out from April to August of 2004:

1. A regional situation analysis using only publicly available literature and data, focusing on selected development and health topics.
2. Analysis of surveys from the UNICEF regional conference on child participation in 2003.
3. A legal and policy review based on evidence from the human rights treaty bodies and national legal databases on eight countries in the region.¹

There are important issues in adolescent development and health that were not part of this situation analysis: adolescents with disabilities, mental health, effects of migration, and adolescents in emergency situations.

2. FINDINGS

The Latin America and the Caribbean region has the highest gross national income (GNI) per capita of all developing country regions, and many favorable demographic indicators. However, it is also the most unequal region in the world. The region includes two very poor countries (Haiti and Nicaragua), and country indicators mask wide disparities in social indicators by income, ethnicity, gender and geographic location. The Economic Commission on Latin America and the Caribbean (ECLAC) has estimated that 50% of adolescents aged 13-19 are poor.² Understanding poverty as underlying many risks is essential when trying to address the situation of adolescents in this region. Ethnic minorities - mainly indigenous and afro-descendent people - suffer from social exclusion and discrimination, so that they are disproportionately represented in the ranks of the extreme poor.² The lack of resources and the severe inequalities within these countries result in low levels of social spending on adolescent health and development; this is a serious threat to the implementation and enforcement of adolescents' human rights.

- **Gender Disparities:** The region has made great strides in addressing gender disparities, although areas of concern remain. Secondary enrolment rates of both sexes, but especially of girls, have risen significantly, and in most countries, girls have higher enrolment rates than boys and more than 80% coverage, but discrimination against girls persists among some indigenous and rural populations. The greatest disparities are evident in the labor market, where girls are channelled into lower-paying female-dominated occupations. New laws and programs against domestic violence help protect women of all ages, but actual behavior lags behind legal progress. Gender inequities and norms related to sexuality compound adolescent health problems. Adolescent pregnancy, the effects of risky sexual behaviors, and physical and sexual abuse disproportionately affect girls. School drop out, crime and violence, and alcohol abuse affect boys disproportionately more than girls.
- **Education:** While according to global figures primary and secondary enrolment rates are high in most countries in the region, approximately 53% of adolescents are not in school. High numbers of adolescents are still in primary school. In most countries, boys have a higher dropout and retention rate than girls. Problems of

poor quality of instruction, low academic performance, top-down pedagogy, failure to link to the labor market, and inadequate infrastructure - including lack of computer technology - plague many public schools. Many countries pose legal and cost barriers to education such as school fees, entrance exams, and barring pregnant girls from school.

- **Child Labor:** The estimated 17.4 million child workers (under 14) in the region comprise 16% of the child population. Family poverty is the driving force in child labor; most children are sent to work by their parents. Programs providing family subsidies in exchange for keeping children in schools, and programs improving the quality, relevance, and cultural acceptability (in indigenous communities) of schooling have proved effective in reducing the incidence of child labor and increasing school enrolment. Successful programs to eliminate child labor and hazardous work have required advocacy and the involvement of employers and families.
- **Recreation and Use of Leisure Time:** Regional research suggests that participation in recreational activities increases with socio-economic status, with sharper rises in sports for boys than for girls, and for younger adolescents. Youth unemployment rates are high, and are closely related to leisure time; four Caribbean countries have some of the highest rates of youth unemployment in the world. However, there is little regional data available on what young people do in their free time.
- **Adolescents involved in Violence in Communities:** The region is the most violent in the world, with much violence related to the proliferation of gangs and/or the drug trade. Violence is the leading cause of death among males aged 15-24 in the Caribbean. Involvement in the drug trade and petty crime, poverty, and access to small arms are risk factors for violence, while protective factors include positive relationships with school, access to livelihoods, and close connections to family and/or community organizations. Some gang are not violent, and successful initiatives exist to reduce gang violence. In Central America, several laws or proposed laws would criminalize gang membership, whether or not any crime has been committed, constituting a human rights violation.
- **Adolescents in Detention and Juvenile Justice Systems:** Numerous issues include laws that allow adolescents under 18 to be tried as adults in eight countries. There are widespread reports of failure to implement existing laws and regulations, including: repeated failures to provide adolescents with legal representation and with fair hearings; failure to explore alternatives to detention; backlogs in the juvenile justice system leading to overly long stays in detention; use of detention in cases of need of protection so that abused children are detained with those involved in crime; cases of brutality and torture of adolescent detainees; adolescents being detained in adult prisons; deprivation or limitation of adolescents' rights to education, training for livelihoods, access to medical care, religious services, opportunities for exercise and recreation. Food and sanitary facilities are often inadequate.
- **Child and Adolescent Abuse and Exploitation:** The Inter-American Development Bank (IDB) estimates the number of young people suffering severe abuse in the region, including abandonment, at 6 million, but reliable age-disaggregated information for ages 10-14 and

15-19 is hard to find. Most countries have adequate laws against child abuse, but inadequate enforcement, with cultural norms that accept physical abuse. Adolescent boys are most at risk for beatings in home and at school, while adolescent girls are most at risk for sexual harassment and abuse from adult men in the family, school, or work place. Adolescents face several types of exploitation. They may be recruited into hazardous jobs, fall prey to crime-related syndicates, including drug trafficking, and be trafficked into forced labor, armed conflict, or commercial sex work, including child pornography. Sexual exploitation is associated with "sex tourism" in several countries, and street children are involved in most countries. Street children are particularly vulnerable to abuse and exploitation, and have been victims of homicidal "social cleansing" in several countries. Non-governmental combatant forces in Colombia and the drug trade in several countries exploit adolescents as soldiers and combatants, with some progress in eliminating the practice.

- **Substance Abuse:** Adolescent substance abuse is a significant problem in the region. Boys are more likely than girls to use all substances, and to use them in risky ways. Alcohol is the most widely consumed substance by young people, with high levels of use around 40% among secondary school students. Tobacco is often the first substance used by children, with prevalence levels above 20% in several countries. Marijuana (cannabis) is the most widely used illicit substance, and the proportion of youth reporting having ever tried cannabis ranges from 1.7% in Peru to 28.3% in Jamaica. Use of inhalants is rising in Latin America, especially among street children, indigenous youth and other marginalized groups of adolescents. An approach that builds developmental assets through community-strengthening programs is most effective in preventing substance abuse.
- **Sexual and reproductive health including HIV/AIDS:** Approximately 50% of adolescents under the age of 17 are sexually active in the region, although for girls, most of this activity is within marriage. Early marriage before age 18 is a significant issue in several countries, especially among rural and indigenous adolescents, hindering girls' development and putting them at risk for early childbearing and STIs. Overall, fertility rates for adolescent females aged 15-19 years have decreased in the region, which is attributed to the increases in education levels, but they remain high in the lowest income countries, and in rural, low-income areas in all countries. Regions wide, an average of 38% of women become pregnant before the age of 20. Adolescent women report much higher unmet need for contraception than adults. Maternal mortality remains one of the leading causes of death for adolescents in this region. An estimated 560,000 youth (15-24) are living with HIV/AIDS in Latin America and the Caribbean; 69% of these are males, 31% are females. About half of all new infections in the region are among 15-24 year olds, with this proportion rising to 60% in the Caribbean, where rates of HIV in some countries are second only to those in Africa and where the rise in infections among adolescent women is alarming, due largely to inter-generational sex. Heterosexual sex is the primary mode of transmission of HIV in the Caribbean. In Latin America, the role of heterosexual sex in new infections is rising along with rates among young women, but prevalence is lower than in the Caribbean; the epidemic is more concentrated among highly vulnerable groups, including commercial sex workers, young men who have sex with men, and intravenous drug users.

3. RECOMMENDATIONS

The overarching principles that inform the recommendations are:

1. **Adolescent participation at all stages** of the program and policy decision cycle;
2. **A positive youth development framework** that builds on adolescents' strengths, enhances protective factors that prevent multiple risks, uses multisectoral approaches, and involves parents and communities in support of youth health, development, and participation;
3. **Rights-based approaches based in CRC and CEDAW principles** with primary consideration to the best interests of the child, protecting the survival, health, and development of children, ensuring non-discrimination in all policies and programs. Attention to the law and policy context is key to rights-based approaches.
4. **Evidence-informed programming**, based on:
 - a. Disaggregated data that allows discernment of the diversity within and disparities among adolescent populations;
 - b. Evidence from the field of adolescent development and health on effective approaches;
 - c. Evidence from monitoring and evaluation data.

4. LEGAL REFORM RECOMMENDATIONS, BASED ON THE LEGAL AND POLICY REVIEW OF TRENDS IN EIGHT COUNTRIES

1. **Raise marriage ages to 18 in several countries**, and establish equal ages for both sexes.
2. **Increase legal mechanisms for adolescent participation** with resources and training to implement them.
3. **Establish free and mandatory education**, at least up to the age of 14.
4. **Address dating violence in domestic violence laws**, and eliminate conflicts between laws for the protection of children and Children and Adolescent Codes.
5. Adapt and reform existing **anti-discrimination and inclusion legislation** to take into account the special needs of adolescents belonging to ethnic and racial minorities.
6. Remove anachronisms in criminal law on sexual crimes, such as elements related to the victim's sexual innocence.

5. ADOLESCENT PARTICIPATION RECOMMENDATIONS

This review made the following recommendations to improve adolescent participation in UNICEF projects:

1. Devote **more attention to ensuring sustainability and institutionalization** of participation mechanisms in the design phase of all adolescent development projects.
2. Include **training of adults** to increase their acceptance, and **training of adolescents** for effective participation.
3. **Give more attention to evaluation of outcomes and of process** in order to advocate more effectively for adolescent participation mechanisms and to improve their functioning.
4. Experiment with strategies to **involve segments of the adolescent population who are generally under-represented** in participation mechanisms; girls, rural youth, younger adolescents (10-14), indigenous and afro-descendent youth, disabled youth, out-of-school youth, and vulnerable groups such as street children.

6. RESEARCH GAPS

In general, the gaps are considerable, and this list is only a partial recounting of the most salient:

1. On many issues, publications on existing research do not show disaggregated data by highly relevant variables such as age, sex, in-school status, marital status, urban/rural, race/ethnicity, and household characteristics (i.e. living with parents or not).
2. Most adolescent programs are not adequately evaluated, even for the basic short-term outcomes expected, much less for impact on health and development outcomes.
3. Information on the coverage and quality of programs serving adolescents is scarce.
4. Few studies incorporate the point of view of adolescents.
5. Gaps in specific topics in this situation analysis are detailed in the recommendations section of this report, but they also include issues not addressed in this study, such as mental health, adolescents with disabilities, and adolescents involved in migration and emergency situations.

7. FOUR MAJOR ADOLESCENT DEVELOPMENT STRATEGIES:

Recommendations for Policies and Programs based on Protective Factors

One overarching recommendation is that all programs invest in **better evaluation of results**, to invest scarce resources in programs that have been proven to be cost-effective.

Another general recommendation for **prevention programs** related to substance abuse, violence, and reproductive and sexual health problems, is that they **begin at ages 10-14**, before these problems manifest themselves, and incorporate pertinent gender issues into the program.

The literature on protective factors and the situation analysis lead to a recommendation of **four major strategies** for the regional UNICEF program on adolescent development and participation:

- **Access to quality education** that includes:
 - participatory teaching methods and school governance
 - up-to-date standards of performance, including computer literacy
 - sexual and reproductive health and anti-substance abuse education
 - addressing sources of gender discrimination in the school
 - positive involvement of families
 - a variety of educational options for adolescents who have left school or are working
- **Access to opportunities for safe livelihoods**, using vehicles of experiential learning, arts, and community service; giving adolescents hope for the future and experiences of having their contributions valued.
- **Promotion of safe, non-violent environments** in the home, school, streets, workplaces, and places of detention.

- **Linking programs on health issues with opportunities for education and livelihoods**, stimulating multi-sectoral cooperation among State, donor, and civil society agencies, with a special focus on prevention of unwanted pregnancies, HIV/AIDS, physical and sexual violence, and substance abuse.
 - **Decentralized, private, and confidential service models** are the most appropriate for this age group, especially with regard to health issues arising from socially-disapproved behaviors such as substance abuse or premarital sexual activity.

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Bonnie Shepard, January 2005.

INTRODUCTION

The purpose of this situation analysis, based on a literature review, is to "conduct a comprehensive situation assessment of risks and protective factors affecting the health and development of adolescent girls and boys in LAC and the conditions affecting their participation, concentrating on a sample of eight countries in the region - two from each sub-region." This document is drawn from literature on regional overviews, as well as studies from the eight countries: Argentina, Brazil, Colombia, Dominican Republic, Honduras, Mexico, Peru, and English-speaking Caribbean, mainly Trinidad. However, especially for topics with little information, the review also includes some data or program examples from other countries in Latin America and the Caribbean (LAC). The review also conducted additional searches for data on indigenous and afro-descendent youth.

The health and development issues covered in this review include: education, child labor, recreation, adolescents in detention, physical and sexual violence, child abuse and exploitation, substance abuse, gender issues affecting both boys and girls, and sexual and reproductive health - including maternal mortality, unwanted pregnancy, and HIV/AIDS.

There were several challenges in writing a review of these broad topics. First, because of the wide within-country disparities, the lack of disaggregation of national statistics on these topics conceals important inequities within each country. Second, the country-level data is often not comparable, which complicates interpretation of regional trends. The review found an abundance of data for some countries - such as Mexico and Brazil - and a dearth in others. Also, some issues such as sexual and reproductive health have been well-documented and studied, while other important issues such as recreation and mental health have almost no evidence-based research to guide programs and policies. Finally, with the exception of recent documentation by UNICEF of initiatives and programs in child and adolescent participation, the review found no regional overviews of trends on existing programs and services for adolescents. The lack of rigorous evaluations of programs for adolescents is notable, making the mention of programs somewhat tentative, since hard data on health and development outcomes are most often absent. More rigorous program evaluations that assess and compare programs for their positive impact on adolescents' health and development outcomes are needed.

The situation analysis must be situated within overall development trends for the Region that has a decisive effect on the well-being of the population, including adolescents. The World Bank Millennium Development Goals website provides an excellent synthesis:³

The Latin America and the Caribbean region has the highest gross national income (GNI) per capita of all developing country regions. The region has the potential to reach many of the MDGs. It is the only developing region where girls have a higher literacy rate than boys. The region also has the highest life expectancy at birth, 71 years. Yet there are still significant gender differences in labor market opportunities. Although it is a comparatively wealthy region, it is also the most unequal region in the world. Inequalities are high both across and within countries. The region includes two very poor countries (Haiti and Nicaragua), and regional averages for country indicators mask wide disparities in social indicators by income, ethnicity, gender and geographic location.

The lack of resources for social spending is due both to the poverty of the majority of the population and to the relatively small government budgets and/or high indebtedness of many of

these states. There are large poor and marginalized sections of the population with unmet health, education and justice needs, and the state often does not provide the services and legal protection indicated in national legislation. When it does, the available services are often inadequate due to lack of resources and to the insufficient training of the available human resources. This lack of resources constitutes a serious threat to the implementation and enforcement of adolescents' human rights.

1. ADOLESCENT DEVELOPMENT AND HEALTH: PROTECTIVE AND RISK FACTORS

A very high proportion of adolescents are healthy and developing into adulthood without any serious problems. In most cases, adolescence is a learning period in which individuals overcome the difficulties associated with this life stage and become healthy adults who contribute to their society in a positive way.

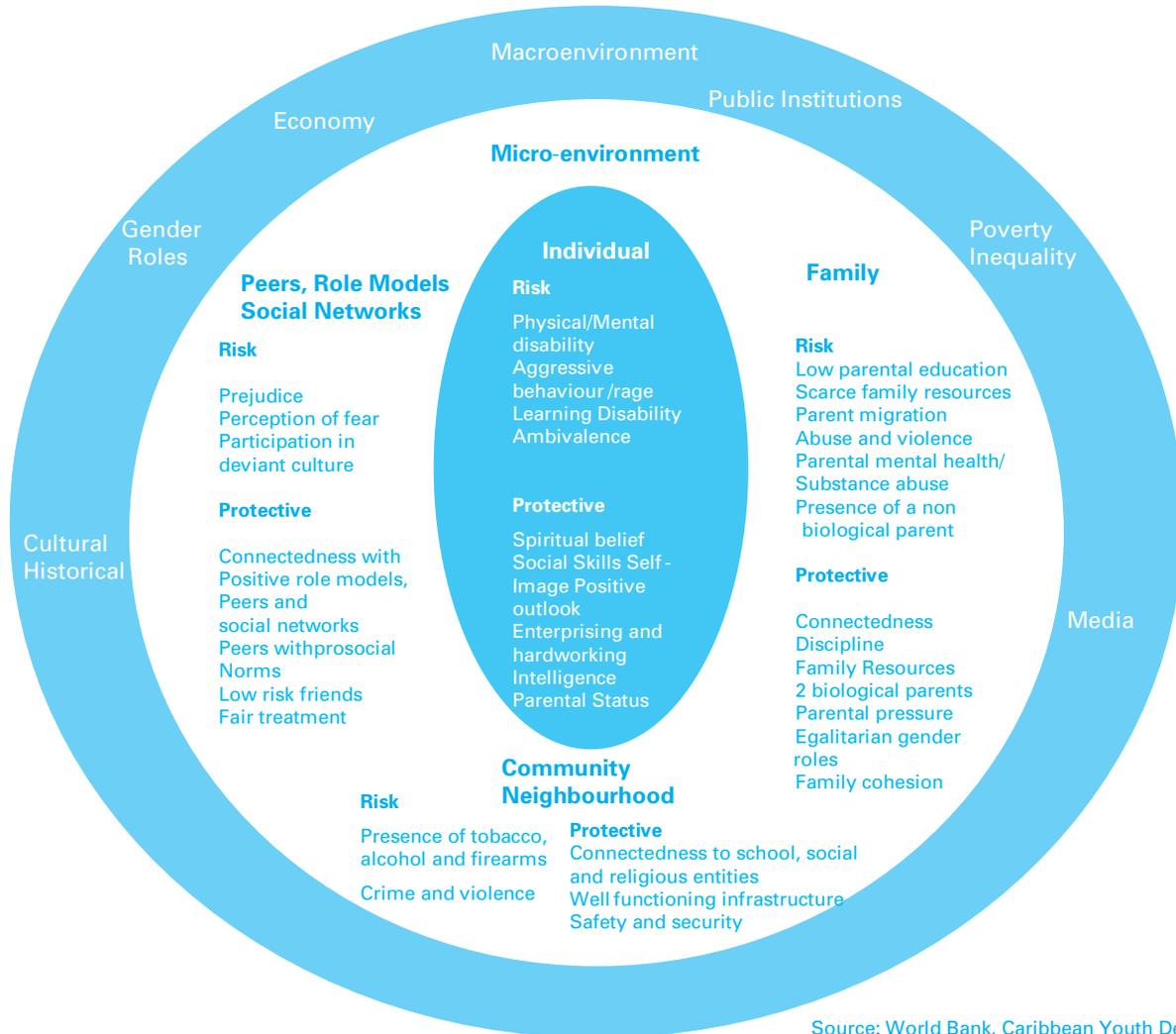
Of concern, however, are adolescents who are unable to overcome the challenges of this life stage in their context. Some develop behavior that puts them at risk, while others find themselves in situations that greatly increase their vulnerability. Issues such as substance abuse, violence, child labor, sexually transmitted infections, unwanted pregnancies, and lack of access to education and meaningful participation continue to be serious problems for many young people worldwide. These threaten adolescents' enjoyment of their right to survival, health, and development, and therefore must be addressed. There is considerable overlap in the concepts of health and development. Most accept WHO's definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." However, there are multiple definitions of adolescent development, most of which underscore the crucial importance of opportunities for participation. One common definition follows:

"...the ongoing growth process in which all youth are engaged in attempting to (1) meet their basic personal and social needs to be safe, feel cared for, be valued, be useful, and be spiritually grounded, and (2) to build skills and competencies that allow them to function and contribute in their daily lives."
(Pittman, 1993, p. 8)

Another resource on youth development amplifies on this definition of development: "To become healthy and productive adults, youth must develop the attitudes, behaviors, competencies and skills that allow them to succeed as parents, citizens and workers. Youth who do not have opportunities to develop these attributes and test them in a supportive environment are at risk of a variety of negative behaviors and poor outcomes."⁴ The Search Institute has developed a widely-used list of the most important developmental assets for adolescents.⁵

WHO and UNICEF (2001) gathered worldwide evidence on risk and protective factors related to early sexual initiation, depression, alcohol and drug abuse. Underlying many, but not all, of the risks to adolescent health and development is poverty. In addition, the most recent evidence collected by WHO through literature review⁶ and expert meetings from many continents, suggested the key protective and risk factors for young people. However, it stands to reason that other specific risk and protective factors would also pertain in each setting.

RISK AND PROTECTIVE FACTORS IN CHILHOOD AND ADOLESCENCE



Source: World Bank, Caribbean Youth Development

Key Resources for this Topic

Search Institute: <http://www.search-institute.org>. The site has a variety of resources for assets-based approaches to child development.

WHO, Department of Child and Adolescent Health and Development, 2003. "Broadening the Horizon: Balancing Protection and Risk for Adolescents". PDF file at website: <http://www.who.int/child-adolescent-health>

WHO and UNICEF, 2001. "Programming for Adolescent Health and Development: 'What should we measure and how?'" Report of the third meeting, Washington, DC, June 12-16, 2000. Geneva: WHO Child and Adolescent Health and Development, Family and Community Health.

Protective Factors (mainly adapted from WHO 2003)⁷

- A positive and supportive relationship with parents or a close adult/guardian.
- For protection against substance abuse, parental structure and boundaries.
- A positive school environment and relationships with teachers.
- Having spiritual beliefs and regular religious attendance.
- Social norms among family and peers that promote health and development.
- Opportunities for community service and civic participation.
- Having hope for the future, with linkages to opportunities for livelihoods.

Risk Factors

- Having friends who are sexually active or who use substances.
- (For sexual initiation) engaging in other risky behaviors (such as substance abuse).
- Conflicts or divorce within the family.
- History of being a victim of sexual or physical abuse.

WHO's analysis supports Kirby's⁸ emphasis on the powerful combined impact on young people of 'connectedness', as well as healthy social norms among the groups and individuals that young people are connected to. For example, a young woman's close connections with a peer group that supports gender equitable norms or with a mother who models female empowerment should be a protective factor for healthy development, for continuing her education, and against being a victim of sexual or physical violence.

This and other research indicates that high-risk youth behaviors grow from a common soil and are interrelated. Those young people practicing unsafe sex, for example, are often the same that perform poorly at school or are involved in substance abuse⁹. WHO estimates that 70% of premature deaths among adults are caused by behavioral patterns developed in adolescence such as smoking, violence, and risky sexual behavior.¹⁰

The research on risk and protective factors leads to the conclusion that programs that promote positive social norms in the families, communities, and peer groups of young people should exercise a more powerful effect than programs that just concentrate on individuals.

However, individually attained skills and attitudes such as self-esteem, self-efficacy, belief in the future, resilience,¹¹ a clear and positive identity, and various kinds of competencies (emotional intellectual, moral) are also important determinants in the well being and development of adolescents and are considered protective factors in helping young people overcome challenging situations.¹²

Therefore, life skills programs are an important tool in the array of programs promoting adolescent health and development, but should be complemented by programs that positively affect the economic, social and political context in which adolescents are developing.

2. OVERVIEW OF THE ADOLESCENT POPULATION IN LATIN AMERICA AND THE CARIBBEAN

There are more than 500 million people in Latin America and the Caribbean, of whom approximately 60% are under 30. Young people (10-24) comprise 30% of the population with adolescents (10-19) representing 20% of the population. This is evenly split between males and females¹³.

The Economic Commission on Latin America and the Caribbean (ECLAC) has estimated that nearly 60% of children under the age of twelve in this region and 50% of adolescents aged 13-19 are poor¹⁴. Understanding poverty as underlying many risks is essential when trying to address the situation of children and adolescents in this region. Ethnic minorities - mainly indigenous and afro-descendent people - suffer from social exclusion and discrimination, so that they are disproportionately represented in the ranks of the extreme poor.

It is, of course, impossible to talk simply of adolescents: this group is characterized by the enormous social, ethnic, cultural and economic diversity of the societies to which they belong¹⁵. From a rights-based perspective, it is especially important to address the rights and needs of vulnerable populations, such as working young people, those no longer attending school, refugees or displaced, those living in conflict zones, disabled, incarcerated and institutionalized adolescents, and those suffering physical or sexual abuse in families, schools, or other venues. Some of these adolescents live on the streets and are beyond the reach of mainstream services.

3. LATIN AMERICA

Most regional studies - when citing overall statistical data - do not break down the data in sub-regions, so that a comparison of Latin American data with Caribbean data is usually not possible. The chapter on Latin America in a 2003 UNICEF report entitled *The World Revolution* summarizes key challenges Latin American youth face. The study reports that 83 million Latin American children, or 59% of children under age 12, live in poverty. The report, however, does not differentiate between youth and adolescents or focus on children over age 12. According to the report, high poverty rates force both urban and rural youth into the labor market at young ages.

Thousands of Latin American youth are now at high risk for other social problems such as family disintegration, HIV/AIDS, drug abuse and street violence. The authors attribute these social problems to the deterioration of social and cultural rights during the last decade, and call for greater government and civic involvement in promotion of youth well-being.¹⁶

Another 2001 UNICEF study entitled *Adolescents in Latin America and the Caribbean* outlines key policy guidelines for youth needs. This document acknowledges the importance of youth opinion and youth participation in constructing public policies. This document calls for a rights-based approach to public policy based on six key priorities: 1) autonomous adolescent participation, 2) universal secondary education, 3) strong families, 4) criminal justice systems, 5) sexual and reproductive rights and 6) creative and artistic expression. The document also outlines key indicators for assessing youth welfare. Examples of indicators included in the document are the age structure of the population, minimum legal age for marriage, youth STD and AIDS prevalence, primary education enrolment rates, legal provisions for youth that violate laws, amongst several others.¹⁷ The Inter-American Development Bank also recently accepted proposals for a study on adolescent and youth behavior in Latin America.¹⁸

4. THE CARIBBEAN

According to the most recent study of adolescent health in the Caribbean, in-school adolescents' self-reported health measures are positive. Most of these adolescents rated their health highly: 80.2% consider themselves healthy, 65.9% say that they have not had sexual intercourse, 89.4% claim not to consume alcohol or other drugs, and over 90% get along with their teachers and feel that their parents and family members care about them¹⁹. These self-reports need to be supplemented by other studies of out-of-school youth and that include measures besides self-reports to have a reliable picture of adolescent health in the Caribbean.

Risk factors associated with poor health include feelings of rage,²⁰ abuse (physical or sexual) and parental problems (mental health or violence) while protective factors include parent/family connectedness, connectedness with other supportive adults or community institutions, and trying hard at school²¹.

Primary causes of adolescent morbidity and mortality in the Caribbean recently shifted from acute illness and infectious diseases to social morbidities caused or exacerbated by individual risk behavior and environmental factors. Health systems inadequately address behavior-related health problems: although most adolescents report sufficient access to health services, only 36.2% report medical check-ups in the last two years. Youth also report their mistrust of adults (including parents, teachers and health workers) as potential confidantes regarding personal matters.²²

It is important to note the adverse effect that the current economic climate is having on child and adolescent development in the region. In the light of the current situation, many countries have chosen to adopt policies favouring rapid economic growth over the basic needs and rights of the poor, and issues relating to equity. As a result, many prior achievements are being reversed and disparities in the region are increasing, resulting in increased violence (including sexual violence and intra-family violence), increased school drop-out, increased child labor, and decreased quality of health and education services²³.

TABLE 1

COUNTRY	INDIGENOUS POPULATION	% OF TOTAL POPULATION
Bolivia	4,900,000	71
Guatemala	5,300,000	66
Peru	9,300,000	47
Ecuador	4,100,000	43
Mexico	12,000,000	14
Colombia	600,000	2
Jamaica	48,000	2
Trinidad and Tobago	200	2
Brazil	300,000	0.2

5. AFRO DESCENDENTS AND INDIGENOUS YOUTH

Together, communities of indigenous and Afro-descendants constitute more than 25% of the population of the Americas. Afro-descendants constitute more than 45% of the populations in Brazil (nearly 75 million Afro-descendants), the English & French speaking Caribbean, Colombia, Dominican Republic, Haiti and Venezuela²⁴. As with adolescents in general, the diversity within these sub-populations must not be overlooked. In general, the situation of Afro-descendants as a separate ethnic group has been less studied than that of indigenous groups, and consequently, the literature does not reveal trends on many issues.

After Asia, Latin America is the region of the world with the largest indigenous population; estimates of its size range from 32 to 50 million. The table below shows indigenous people as share of national populations, 1990²⁵ : Given the consensus among the scientific community that phenotypic variations between human beings do not account for differences in abilities and intelligence, policy makers must acknowledge and explore how socio-economic, political and cultural discrimination has shaped and continues to shape the social and economic exclusion that is evident from available data.

Indeed, in most countries in the region, ethnic minorities are extremely vulnerable and socially excluded. Indigenous populations are among those most likely to be classified as poor in Latin America (income of less than \$2 per day). A study conducted in 2001²⁶ showed that 80% of Peru's indigenous population was poor compared to 50% of the non-indigenous population; in Mexico the corresponding proportions are more than 80% of the indigenous population and only 18% of the general population being classified as poor. The 1996 national household survey in Brazil found that the lowest quintile of income was broken down as follows: 27.88% indigenous descent, 52.5% African descent, and 13.37% European descent.

Independent of income, ethnic minorities have less access to health services and worse health indicators than the rest of the population²⁷. As a result, indigenous and Afro-descendent youth

have fewer opportunities in society. PAHO has identified four primary areas where ethnic origin significantly affects health inequity: differentials in health status and life expectancy at birth; differential access to health care, disease prevention and health promotion services; differentials in the attention received from health care providers; and differentials in the quality of services.

Evidence from a Brazilian 1998 household survey suggests that the impact of ethnicity extends beyond income levels and mere access. The white population in the highest income quintile visit private physicians to seek care and treatment, whereas Afro-descendants in the same income quintile make more use of emergency services. This suggests differential attitudes toward care-seeking, health promotion and health prevention²⁸.

The total fertility rate (TFR) among indigenous populations is frequently higher than the national average. For example, in Ecuador, the national TFR for the period 1994-99 was 3.3 children per woman whereas in the high sierra (where the population is predominately indigenous) the TFR was 5.6²⁹.

Many of the difficulties faced by indigenous youth can be traced back to early childhood deprivation: high levels of malnutrition, lack of access to clean water or basic health services, and respiratory infections³⁰. "All too frequently indigenous children live in extreme poverty, do not attend school, demonstrate higher levels of morbidity and mortality than their non-indigenous peers and are vulnerable to violence, abuse and exploitation"³¹. In addition to social and economic exclusion, cultural exclusion introduces serious limitations, such as language, which often impedes access to services such as health and education.

In indigenous cultures there is often no concept of adolescence, rather children become adults through community-endorsed ritual. These may lead to early marriage and pregnancy for girls and to boys assuming adult responsibilities before their capacities are fully developed³².

In recognition of these important differences in human development indices of ethnic groups, the World Bank and the Inter-American Development Bank (IDB) are supporting efforts to upgrade demographic and socioeconomic economic information systems with a view to producing disaggregated information. PAHO is also supporting similar activities, including monitoring the health of Afro-descendant communities³³. Furthermore, the World Bank is running an Indigenous People and Sustainable Development Program, whose aim is to promote the participation and inclusion of the LAC region's indigenous peoples in a sustainable development process.

Cognizant of the extreme vulnerability of indigenous groups, the UN is currently drafting a declaration on the rights of indigenous peoples. In 2001, the UN Commission on Human Rights decided to appoint a Special Rapporteur on the situation of human rights and fundamental freedoms of indigenous people³⁴. The UN Permanent Forum on Indigenous Issues has expressed deep concern at the problems and discrimination faced by indigenous children and youth, and has noted the need for new indicators to be developed that will specifically target some of the main risk factors, which are highlighted in this document³⁵.

Other groups that can be considered at similar risk include certain groups of migrants and their descendents, such as the Rom. The social and political participation of all of these groups is very limited³⁶.

While Afro-descendants in the English- and French-speaking Caribbean hold a majority of public offices in most countries, this is not true of Afro-descendants and indigenous people in the Americas. On a positive note, increasing numbers of indigenous people are being voted into public office. This is especially true in Bolivia and Ecuador. Additionally, the first meeting of the Afro-descendent Legislators of the Americas and the Caribbean took place in November 2003. This Afro-descendent legislator movement, which began in Brazil and expanded to other countries, advocates for public policies that promote Afro-descendent interests in the Americas.³⁷

The well-being and healthy development of indigenous and Afro-descendent peoples are inextricably linked with the unhindered pursuit of their culture, beliefs and spirituality. The recognition of minority languages, including Creoles, the development of high-quality bilingual education programs, and official recognition of the religions of ethnic minorities are policies that would enhance the health and development of all indigenous and Afro-descendent people, including children and adolescents.

6. GENDER

Adverse outcomes in terms of adolescent health and development are affected by gender. Overall in Latin America and the Caribbean, the health burden for men in 1993 was 26% higher than for women. Much of this appears to be association with gender socialisation: traffic accidents (where bravado and alcohol use are often involved), injuries (often sustained in the workplace or from male-on-male violence), homicides (mostly from male-on-male violence) and cardiovascular diseases (associated partly with stress and lifestyle factors). Evidence from Mexico shows that mortality rates for males and females are about equal until age 14, when the male rate becomes greater. The three main causes of death for young men in Mexico are accidents, homicide and cirrhosis, all of which are related to societal expectations of masculinity³⁸. In Peru, although marriage is the only 'official' rite of passage among males, equally important events include the first time a boy is drunk, his first fistfight and his first visit to a brothel³⁹. These patterns of risk for young men are visible throughout Latin America.

In a similar fashion, girls' gender roles place them at risk, but their risks are more related to sexual and reproductive health than in the case of boys, such as too-early pregnancies with associated mortality and morbidity. They are biologically more susceptible to contracting STIs, including HIV infections. In the prevailing patriarchal culture, adolescent girls are often unable to negotiate safe sex, are more apt to suffer sexual violence and coercion, are more apt to have an older, sexually experienced partner, and lack access to information, skills, social support, and services that would enable them to avoid unwanted pregnancies, STIs and HIV infection.

The following review addresses topics related to adolescent health, development, and participation. It includes chapters on education, child labor, recreation, gender equity, youth in detention, substance abuse, violence and abuse, and sexual and reproductive health. The study highlights countries and sub-populations where a given issue is of greater concern, and gives examples of programs implemented in the region to address each issue. In the end, strategic decisions for UNICEF will depend on the trends noted in this review, on the specifics of country situations, and on UNICEF's comparative advantage given other efforts to promote health and development of adolescents in the region.

TABLE 2: MINIMUM AGES*

	MARRIAGE WITH PARENTAL CONSENT (BOYS/ GIRLS)	CONSENT TO SEXUAL ACTIVITY (BOYS/ GIRLS IF DIFFERENT)	ESTUPRO ¹ (BOYS/ GIRLS IF DIFFERENT)	AGE TO WORK (FULL-TIME)	AGE TO BE TRIED AS AN ADULT FOR CRIMES	CONSCRIPTION © OR RECRUITMENT ® INTO ARMED FORCES	MANDATORY EDUCATION
Argentina	18/16	13	16	14	16	18 ®	14
Antigua	18	16	N/A	14	16	--	16
Bahamas	15	16		16	18		16
Barbados	16	16	N/A	"unclear"	16	--	16
Belize	14	16 girls		14	18		14
Bolivia	16/14	14	18	14	18	--	--
Brazil	16	14	18	12	18	17 ® 19 ©	Primary
Chile	14/12	12	18	14	18	18 ©	Primary
Colombia	14**	14	No	12	18	18 ©	15
Costa Rica	--	15	18	15	18	N/A	Secondary
Dominica	16	16		12	18		16
Dominican Republic	16/15	No.	18, only if pregnant	14	18	18 ®	Eight years (14)
Ecuador	No limit if there is parental consent	14	18	14	18	--	--
El Salvador	Puberty, procreation.	14	18	12	18	18/16 ®	--
Grenada		16		14			14
Guatemala	16	12	18	15	18		12
Guyana	16 unless pregnant	12 (girl) Buggery always a crime	13 (girl) Buggery always a crime	14	17	18 ©	15
Haiti	18 except pregnant	No.	No.	15	16	--	--

¹*Estupro* is the crime of having consensual sex with a minor old enough to consent, but whose consent is nullified by special circumstances that vary from country to country but that are either the abuse of authority or dependence, or lies and deceit, or taking advantage of the person's lack of sexual experience and trust, or the promise of marriage. *Estupro* is a crime in the Latin American civil law legal tradition, but not in the English common law tradition where the equivalent is statutory rape and there are no special requirements, only the age of consent.

	MARRIAGE WITH PARENTAL CONSENT (BOYS/ GIRLS)	CONSENT TO SEXUAL ACTIVITY (BOYS/ GIRLS IF DIFFERENT)	<i>ESTUPRO</i> ² (BOYS/ GIRLS IF DIFFERENT)	AGE TO WORK (FULL-TIME)	AGE TO BE TRIED AS AN ADULT FOR CRIMES	CONSCRIPTION © OR RECRUITMENT ® INTO ARMED FORCES	MANDATORY EDUCATION
Honduras	18/16	14	18	14	18	18	15
Jamaica	16	16 (girl) Buggery is a crime	N/A	15	18	--	14
Mexico	16	12	18	14	Not found	18/16	Secondary
Nicaragua	15/14	14	16	14	15? new code	--	--
Panama	16/14	14	18	15	18	18 ©	Basic
Paraguay	16	14	16	13	14	18	9 years basic ed.
Peru	16	14	18	12	18	18	Secondary
St. Kitts & Nevis	16	16		16	18		16
St. Vincent & Grenadines	15/16	14/15		14	16		
Surinam	15-18/13-15***	Range 13-18		14	16 or 18****		12
Trinidad & Tobago	14/12***	16/14	16	14	14	18	12
Venezuela	16/14	12	16	14	18	18	14 (nine years)

*For the countries that are not in bold, much of the information for this table is taken from the country reports to the Committee on the Rights of the Child in the period from 1998 to 2003.³ The data in italics was found in national penal and civil codes. For many of the smaller Caribbean countries, the data comes from the draft regional report on the 15th anniversary of the Convention on the Rights of the Child, to be published by The Americas and Caribbean Regional Office of UNICEF for Latin America and the Caribbean.

** By decision of the Colombia Constitutional Court which declares the 12 minimum age for girls unconstitutional.

*** Common Law; personal laws establish different minimums for Muslims and Hindus.

**** 16 for serious crimes.

²*Estupro* is the crime of having consensual sex with a minor old enough to consent, but whose consent is nullified by special circumstances that vary from country to country but that are either the abuse of authority or dependence, or lies and deceit, or taking advantage of the person's lack of sexual experience and trust, or the promise of marriage. *Estupro* is a crime in the Latin American civil law legal tradition, but not in the English common law tradition where the equivalent is statutory rape and there are no special requirements, only the age of consent.

³Reports to the CRC: Antigua and Barbuda 2003 (CRC/C/28/Add.22); Barbados 1999 (CRC/C/15/Add.103); Bolivia 1999 (CRC/C/SR.486); Chile 1999 (CRC/C/65/Add.13/ Costa Rica 1998 (CRC/C/65/Add.7); El Salvador 2003 (CRC/C/65/Add.25); Guatemala 2001 (CRC/C/65/Add.10); Guyana 2003 (CRC/C/8/Add.47); Jamaica 2003 (CRC/C/S.R/880., CRC/C/15 Add.210); Nicaragua 1998 (CRC/C/65/Add.4); Panama 2003 (CRC/C/70/Add.20); Paraguay 1998 (CRC/C/65/Add.2); Venezuela 1999 (CRC/C/3/Add.54).

1. CHAPTER ONE:

**GENDER DISPARITIES RELATED TO ADOLESCENT
HEALTH AND DEVELOPMENT**

This chapter highlights the importance of gender in adolescent health and development. The goal of women's empowerment and gender equity is central in most UN agencies, in the international human rights system, and in the Millennium Development Goals. UNICEF's rights-based approach is based on both the Convention on the Rights of the Child (CRC), and on the Convention to Eliminate All Forms of Discrimination Against Women. In the companion policy review to this situation analysis, by Julieta LeMaitre, the comments of both treaty bodies to countries in the region, and especially to eight countries, are analyzed, including the intersection between gender issues and adolescent health and development.

There is a wealth of literature in the Latin American and Caribbean Region on gender issues, and this chapter cannot pretend to summarize it all. However, most of the literature is not specific to adolescents, with the exception of some of the sexual and reproductive health literature, most of which is covered in the chapter on sexual and reproductive health. The data on gender in general, including data on gender gaps among indigenous men and women, can be assumed to be relevant to adolescents, but it is often unclear in the literature whether or not the situation of adolescents is better or worse than that of adults. For Latin American and Caribbean Afro-descendent adolescents, a recent World Bank study on gender issues in the region simply concluded that lack of data precludes an analysis of these gaps.⁴⁰

Gender issues are discussed throughout this situation analysis in each chapter, where disaggregated data are available. This chapter 1) briefly discusses progress and remaining issues with regard to gender equity in the region, based mainly on the World Bank study cited above; 2) highlights disparities in adolescent health and development outcomes related to gender, and 3) emphasizes the importance of gender-specific interventions to improve adolescent development in the region.

In Latin America and the Caribbean, as in the rest of the world, gender inequalities begin early in the life cycle, continue into adolescence, and remain throughout adulthood. Both boys and girls are encouraged to adopt socially acceptable gender roles, which put both girls and boys at risk in different ways. For girls, informal and formal discrimination mechanisms - often reinforced by families, communities, schools and the media - limit educational, employment, and social opportunities.⁴¹ Girls are often provided with fewer economic resources than boys, with greater barriers to access to certain types of employment, professions, educational opportunities, and recreational opportunities such as sports. Girls' barriers to access often stem from parental desire to protect them from sexual risks, and/or from girls bearing a disproportionate burden of domestic work and childcare.⁴² Girls are more apt to be unable to access education and employment when they marry early, or when they get pregnant.

Young men in this region, on the other hand, suffer mortality and morbidity rates linked to traffic accidents, homicide, assaults, and suicide that range from two to seven times higher than those of young women. Low-income male adolescents are more apt to suffer retention in schools, or to drop out of school, often due to pressures to earn income. With regard to violence, young women are more apt to suffer sexual violence or coercion.⁴³

However, important progress on gender equity has been made in the last 20-23 years in the region, all of which presumably benefits female adolescents.⁴⁴ Stimulated by national women's

organizations and regional networks, by scholars of gender issues, and by the advocacy surrounding the important consensus agreements in the UN system such as the International Conference on Population and Development in 1994 and the Fourth World Conference on Women in 1995, governments in Latin America and the Caribbean have made important strides in abolishing discriminatory legislation and combating gender-based violence. Many have established Ministry-level agencies for women's issues. The governments of the region signed an important regional convention at Belém do Pará in 1994 - Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women. Following on this policy advance, most countries in the region passed legislation protecting women against domestic violence, and sanctioning the perpetrators. However, in spite of these important legal advances, many governments still fail to provide adequate support and redress for gender-based violence.

Other gains in the Region in gender equity are notable. Female participation in the labor force has increased steadily, while gender wage gaps have decreased significantly in countries such as Honduras, Venezuela, Brazil, Colombia, Argentina, and Mexico, although in all countries except Costa Rica, women earn less. Concentration of women in the service industries helps to perpetuate the wage gaps. Secondary enrolment rates of both sexes, but especially of girls, have risen significantly, so that most countries have higher than 80% coverage for girls. As a result, gender gaps in access to education have narrowed in all countries, and for many, women's attainment is higher than men's. (See chapter on education.)

This trend of increasing commitment to women's empowerment in the region has spawned a variety of programs that explicitly address discrimination against girls and young women to challenge the underlying norms, behaviors and values that perpetuate gender inequality. At the same time, there are still many obstacles in the way of gender equity, particularly for low-income, indigenous, Afro-descendent, married, disabled, and rural adolescent girls. Gender discrimination in laws, policies and regulations - and especially in customs and traditions - still reinforce women's inferior socio-economic status. Actual behavior lags behind legal progress, especially in efforts to decrease gender-based violence, both physical and sexual.

1.1. HEALTH AND EDUCATION OUTCOMES AND GENDER EQUITY

In December 2003, the Special Rapporteur to the Human Rights Commission on the Right to Education presented her final report.⁴⁵ The report highlighted unwanted pregnancy as a special obstacle for girls' education, and the lack of access to sex education as an element that maintains gender discrimination in education. Adolescent school dropout is problematic in the region. Boys drop out at higher rates than girls, and boys and girls drop out for different reasons. In most countries in the region, boys tend to drop out due to pressure to support their families economically. Poor school attendance for low-income girls is correlated with gender: girls that drop out of school usually do so because of early pregnancy, to care for family members or to perform other domestic responsibilities.⁴⁶ This problem is particularly acute in rural areas and indigenous communities in Latin America.⁴⁷ In economic crises (as in Argentina),⁴⁸ girls take over domestic tasks, thus enabling their mothers to work.

Gender inequities and norms related to sexuality compound adolescent health problems in Latin America and the Caribbean.⁴⁹ For example, rising STI and AIDS rates among adolescents are

linked to poor access to reproductive health and family planning education and services for adolescents. However, access issues are very different for boys and girls, because girls' sexuality is much more highly stigmatized. While physically girls are at higher risk for contracting STIs and HIV because of their delicate vaginal tissue, in general boys are at high risk of contracting STIs because of gendered sexuality norms that encourage them to seek multiple partners as a sign of manhood. In Bolivia, university students confirmed that having an STI could be seen as a badge of honour both before one's male family members (fathers in particular) and among peers.⁵⁰ A recent World Bank study on adolescent development in the Caribbean finds high rates of sexual abuse and higher rates than in most regions for boys. Adolescent pregnancy, the effects of risky sexual behaviors, and physical and sexual abuse disproportionately affect girls. Girls are particularly vulnerable to sexual harassment in schools and workplaces, leading to dropping out of school and employment discrimination.

Similarly, maternal mortality and morbidity in Latin America and the Caribbean affect adolescent girls through early marriage, early age of sexual debut, too early high-risk pregnancies and unsafe abortions. In addition, girls' ability to negotiate contraception or sexual interaction is often limited by social norms putting males in the dominant role. The inherent risks of too early pregnancies are compounded in rural areas, often due to lack of access to prenatal care, skilled birth attendants, and emergency obstetric care.

Latin American and Caribbean boys, in contrast, face a different set of problems. For example, a World Bank study in the Caribbean finds that school drop out, crime and violence, and alcohol abuse - all affect boys disproportionately more than girls.⁵² As mentioned above, studies suggest that boys are more likely to drop out of school than girls to provide financial support to their families.⁵³ Similarly, crime rates are higher among male youth. Studies in many countries worldwide attribute this difference to "codes of honor" that consider fighting a right of passage to adulthood.⁵⁴

The lower life expectancy for males in the region cannot be fully explained through biological differences. Research suggests the residual gap is related to male behavior, including violence, risk-taking, and alcoholism, which in turn is linked to male gender roles and socialization patterns. In Latin America and the Caribbean, the health burden is 26% higher for males than for females.⁵⁵ While alcoholism affects men of all ages, much of the violence and risk-taking behavior is concentrated among male adolescents and youth. Based on homicide rates, the LAC Region as a whole is the most violent region in the world. At 22.9 per 100,000 people in 1990, homicide rates for the Caribbean are almost double the world average of 10.7 per 100,000.⁵⁶ Young men are disproportionately both the perpetrators and victims of these crimes.

Numerous studies document high rates of gender-based physical and sexual violence (GBV) in many countries in the region, but few of these disaggregate by age. The rates of ever experiencing violence from an intimate partner range from 70% in Haiti, 31% in Lima, 37% in Quito Ecuador, above 25% in Chile, Mexico and Nicaragua, and 20% in Jamaica.⁵⁷ Since adolescent girls often enjoy lower status than adult women within families and in society, one might assume that they are at greater risk of GBV. In Nicaragua, 26% of adolescent girls 15-19 have experienced physical or sexual violence, while in one study in Peru, 40% of young women reported that their first sexual encounter occurred under pressure or coercion.⁵⁸ Cultural norms often support the use of violence against women. For example, one small-scale study among 58 adolescents

(15-19 years) and 32 young men (19-30 years) living in low income neighborhoods in Rio de Janeiro revealed that males are perceived to have the right to use violence against females if the latter do not comply with certain socially expected behaviors.⁵⁹ Caribbean researchers have found a cultural acceptance of violence in general, and speculate on the causes.⁶⁰ Qualitative studies in other countries have found similar acceptance of GBV, which suggests the need for prevention programs to address socio-cultural norms that promote violence.

All of these examples highlight the role of gender in health and education outcomes, and point out the need for differentiated interventions for adolescent boys and girls that address each sex's specific risks.

1.2. PROGRAMS TO PROMOTE GENDER EQUITY

Around the world, programs are working with young people to challenge traditional gender norms and to create new models of healthy relationships and interactions between males and females.⁶¹ When working to promote gender equity, it is important to work with male and female adolescents, both together and separately, since the risks and underlying factors are different for each.

Working on gender issues with women or girls only has been observed in several settings in Latin America to be counterproductive, with males exercising more violence when they feel threatened by women becoming more assertive⁶² or economically independent.⁶³ In Peru, the ReproSalud Project promotes reproductive health and women's empowerment among poor, marginalized women and girls in 2,500 communities in the Andean highlands and Amazon basin. While the project originally did not intend to include men, the women and girl promoters experienced multiple barriers from the men in the community and helped to organize a parallel men's program for both the adult and youth groups involved in the project.⁶⁴

Preventing gender-based violence, for example, cannot just consist of strengthening and supporting the actual and would-be victims; the actual and would-be perpetrators must be engaged, not just by the judicial system (although this is essential) but also through addressing masculine gendered roles that lead to violence among men, and against women, causing harm to both. Dozens of women's organizations in Latin America work with young and older women, who have been abused to help them develop assertive behavior, including the capacity to set limits, defend their rights and strengthen self-esteem. However, without working with the men, the process of change is slower and more conflictive, and further violence might not be prevented.

Sexuality and family life education programs in schools are an ideal opportunity to promote gender equity and reduce gender-related health and development risks for both male and female adolescents, and yet most such programs in Latin America and the Caribbean do not adequately address gender issues.⁶⁵ Yet, paradoxically, there is a wealth of models of sexuality and life skills education programs that do address gender issues, most of which have been piloted on a small to medium-scale. The challenge, as always, has been how to scale these up and make them sustainable.

For example, in the early 1990s, Colombia's National Sex Education Program was a model in this regard, but high turnover in the leadership of the Ministry of Education's department in charge finally led to its demise. In Mexico, the Instituto Mexicano de Investigación de Familia y Población A.C. (IMIFAP) has developed a workshop for adolescents to help prevent violence in dating and friendship relationships. The workshop uses participatory techniques to help young people explore expectations and emotions about love, sex and romance; to distinguish between romantic and controlling behavior; and to understand how traditional gender roles inhibit both male and female behavior. However, evaluation information is not available. The Center for Population and Development Activities (CEDPA) developed the Better Life Options Program, for both boys and girls - a life skills and gender equity program that incorporates reproductive and sexual health issues. Evaluations in other regions have shown the program to be effective; the manuals have been translated into Spanish and adapted culturally. It is a promising model because through separate curricula it explicitly recognizes how gender issues affect boys and girls differently, with appropriate content for each.

In Brazil, the organization PROMUNDO trains young men to work as peer educators in reaching other males with messages against gender-based violence, and has developed a model of the "gender-equitable" man ("GEM scale") that has been widely used and applied in other countries.⁶⁶ The main elements of the scale fall into four categories, as quoted directly from a Promundo document. [Gender equitable men]:

- (1) Are respectful in their relationships with young women and other young men and currently seek relationships based on equality and intimacy rather than sexual conquest. They believe that men and women have equal rights, and that women have as much sexual desire and "right" to sexual agency as do men.
- (2) Would or do seek to be involved fathers, such as believing that they should take financial and at least some care-giving responsibility for their children. They have shown this involvement by providing at least some child care, showing concern for providing financially for the child, and/or take an active role in caring for their child's health.
- (3) Assume some responsibility for reproductive health and disease prevention issues, such as a belief that both members of the couple should share the responsibility, and assisting their partner with the purchase of condoms.
- (4) Are opposed to violence against women in their intimate relationships. This may include young men who reports having been violent toward a female partner in the past, but who currently believe that violence against women is not acceptable behaviour, and who do not condone this behaviour by other men.

Gender issues crosscut all spheres of adolescents' lives, in this region and worldwide. The third Millennium Development Goal (MDG) explicitly focuses on gender equity and women's empowerment, but addressing gender issues is also of prime importance in achieving many other MDGs - such as reducing poverty, incidence of HIV/AIDS, and maternal mortality. In every kind of adolescent program, whether focused on health, development, and/or participation, gender issues must be researched, analyzed, and addressed in order to meet the program's goals. Working towards gender equity in the policy, economic, and socio-cultural environment is critical as well, in order to promote sustainable progress in gender equity for individuals of all ages.

2. CHAPTER TWO:

EDUCATION

Education is, without a doubt, society's main tool for improving its human resources and promoting the wellbeing and integration of adolescents and young people. The Millennium Development Goals give education high priority, in particular completion of primary grades and gender equity in educational enrolment. The Dakar Framework for Action, signed by 164 governments in 2000 at the World Education Forum, likewise commits governments to achieving quality basic education for all by 2015 or earlier, with particular emphasis on girls' education.

A recent study identified five challenges that face the educational system of every country in the region:

- making basic and intermediate education available to everyone
- ensuring adequate quality of education and addressing reasons for dropping out
- learning to teach new skills in the light of rapidly advancing technology
- ensuring that no young people remain "computer illiterate" which precludes them from the labour market
- substantially improving equity between different social groups in education.⁶⁷

The quality problems in Latin America are well-known. Especially in low-income areas and often in public schools in general, teacher training is deficient, schools are ill-equipped with outdated materials, many schools operate with two or three shifts and many adolescents are actually in night schools and work during the day. Repetition rates are high in primary school, leading to high drop-out rates at the secondary level.⁶⁸ A recent general evaluation of Latin America's educational system "A Report Card on Latin American Education" gave the system very poor marks in all areas except enrolments, where levels are rising. The areas of standardized test scores, staying in school, equity (grade of F), national standards, assessment systems, authority at the school level, the professional level of teachers, and level of investment in primary and secondary education all received grades of C or lower.⁶⁹

In general, most experts' impression is that the quality of education in the English-speaking Caribbean is higher than in Latin America, although the Caribbean also suffers from high secondary school dropout rates, especially among boys.

This chapter will concentrate on issues of equity in access, and staying in school of education. While the section on educational quality does not deal with all of these issues, it is important to note that parents and communities are more willing to make sacrifices, if need be, to send their children to school, when they perceive that the education is useful and good quality.

2.1. THE FORMAL EDUCATION SYSTEM: AVAILABILITY, QUALITY, AND EQUITY

2.1.1. Note on Inconsistencies in the data on Access and Enrolment

Depending on the source and on the indicator chosen, the educational statistics vary widely and it is hard to determine trends with any confidence. This chapter should be read with this caveat in mind. For example, in Figure 3.7 below, it is clear that Brazil's low-income adolescents in general do not reach secondary level (grades 7-12), and from Table 5 at the end of this chapter, it is clear that Brazil's grade 5 completion rate is one of the lowest in the region. These seem to correspond with high Brazil's poverty and inequality rates. However, these statistics do not

correspond well with UNESCO statistics in the same table, which show high secondary enrolment ratios for Brazil of 103% for boys and 114% for girls. Brazil's rate in this table also skews the regional average upward because of the size of its population. See also some of the striking differences in Table 5 between the administrative data and household survey data on the % of children completing Grade 5 in each country. Due to various incentives to inflate enrolment data, such as school subsidies linked to enrolment, the household survey data is probably more reliable.

2.1.2. Illiteracy

Perhaps the most basic measure of access to education is the rate of illiteracy. In this region, there have been significant gains in eradicating illiteracy among the younger generations. The illiteracy rate for those aged over 15 has dropped dramatically: from 26% in 1970 to 12% in 2000; the female illiteracy rate decreased from 30% to less than 13% over the same period.⁷⁰ Over the same period, the illiteracy rate of males aged 15-24 fell from 15.8% to 5% while the rate for females aged 15-24 fell from 14.1% to 5.2%⁷¹. It is predicted that these rates will fall to 2.9% and 3.3% respectively by 2015. In most countries, illiteracy is concentrated in rural areas with poor access to schools, whether for geographical or cultural regions (as in indigenous communities).

2.1.3. Primary Education

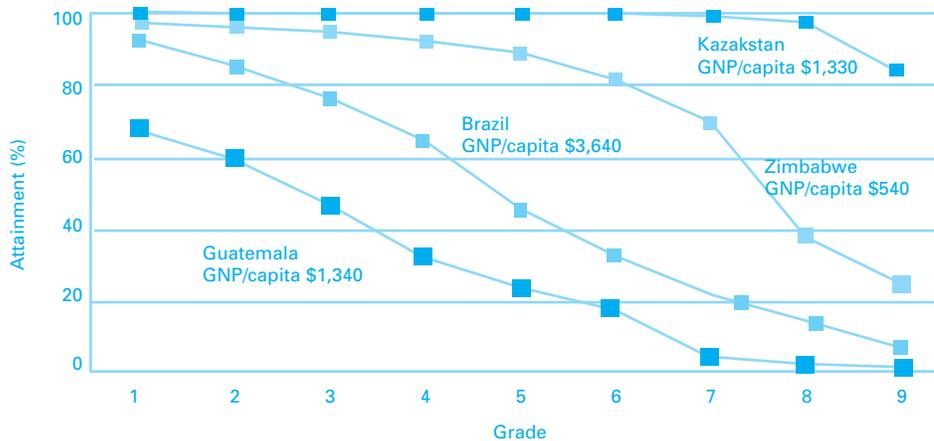
As tracked by UNESCO,⁷² compared to other developing country regions, Latin America and the Caribbean stands out as a leader in efforts to achieve the millennium development goal of universal primary education by 2015. The mean number of years completed in the region is 8.3, the highest of any developing region. One hundred percent of the region's countries have mandatory primary education laws (although the number of years differs) and have invested in increased access, and as a result the average primary completion rate has risen from 69% in 1990 to 83% in 2000. The region is among the three that are predicted to achieve the universal primary education MDG if the current rate of increase continues. Furthermore, the region has virtually eliminated the gender gap in education in most countries, while in others, the gap is narrowing, or the enrolment ratios now show a gap in boys' favor.

This positive picture, however, masks severe inequalities among and within countries, and Latin America and the Caribbean has the most severe income inequalities in the world. Too many low-income urban and rural adolescents lose access to opportunities through low educational levels in the region. In general, girls continue to be disfavored in pockets of rural and/or extreme poverty. In indigenous or Afro-descendent communities, many of whom are rural, the disadvantages of low income are compounded by racial discrimination. The primary completion rates in low-income countries such as Haiti, Dominican Republic and Nicaragua are low, and in other countries where a high mean rate disguises inequalities, the rates of low-income children are low as well.

Worldwide, and in this region, as income increases the level of education among children and adolescents also increases. It is estimated that in the lowest economic quartile there are three times as many young people who leave school early as there are in the highest economic quartile.⁷³ Low socio-economic status often brings a weakening of family and community structures, resulting in a reduced ability to invest in children's education.

However, low educational attainment of low-income children and adolescents is not simply due to economic factors in the children's families and communities. Clearly, political will to invest in human capital is perhaps the most important factor. The graph below from a 1999 World Bank study illustrates this point.⁷⁴

FIGURE 1. EDUCATIONAL ATTAINMENT OF POOR CHILDREN (HIGHEST GRADE ATTAINED BY POOR YOUTH AGES (15-19))



Source: World Bank, 1997b; Filmer, Pritchett, and Tan, 1998.

Policies can substantially change inequality trends over time. The same World Bank study showed that in Nicaragua, the difference between the affluent (upper quartile of the population) and the poor (the lowest quartile) in terms of the median educational grade they attained was increasing. However, in some countries, such as Jamaica, that gap was closing, and there was movement toward greater equity in educational attainment.

A recent IADB study of secondary education compares enrolment ratios in Latin America and the Caribbean with the average for countries with similar per capita incomes. Within the region, differences are mainly a result of the relative economic development in the region, but also the quality and efficiency of primary education. Compared with per capita income, countries enrolling far less than would be expected include Brazil, Venezuela, the Dominican Republic, El Salvador, Bolivia, Guatemala and Haiti. In contrast, Cuba, Uruguay, Argentina, Chile, and Trinidad and Tobago enrol more students than would be expected given their per-capita income.⁷⁵

While the overall trend in enrolment in primary schools in the region is positive, an analysis of individual countries reveals diverse trends⁷⁶: Brazil shows the strongest trend for increasing enrolment over time; Mexico exhibits a decreasing proportion of the appropriate age-group enrolled, and no trend is discernible for other countries such as Colombia and Peru.

According to UNESCO, repetition is responsible for 18% of pupils in the region who do not complete their primary education. In the 2001 school year, one in four primary students in Brazil repeated the year while in Peru 11% of pupils repeated⁷⁷. The financial burden associated with this

problem is significant. The problem of repetition and its effect on adolescents is evidenced by UNESCO figures on secondary-age students in primary school.⁷⁸ In Brazil, fully 42.7% of adolescents of secondary school age (13-17) are still in primary school.

TABLE 3: NET ENROLMENT RATES FOR SECONDARY EDUCATION (1999)

Ratio of students enrolled of typical primary and secondary school age to total population at corresponding age.

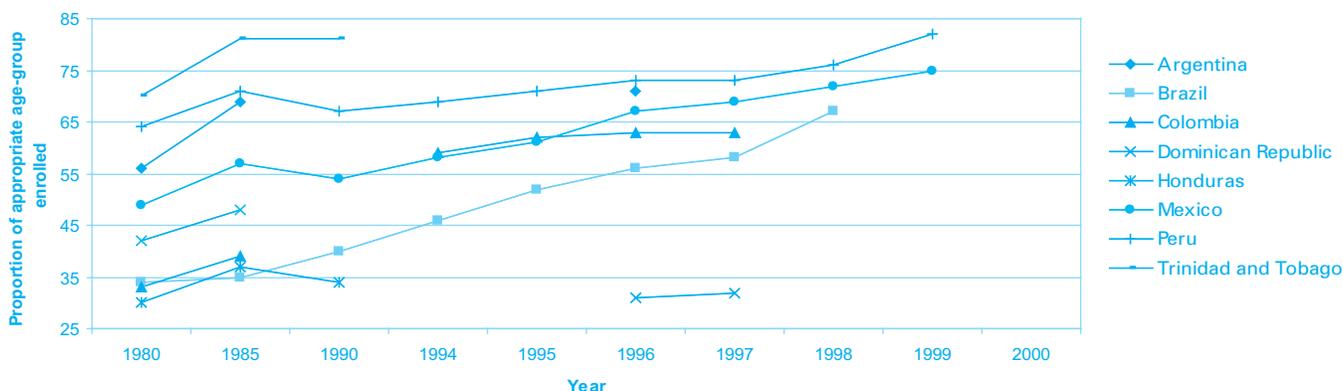
Secondary school-age population			Of which		
Country	Age group	Enrolment rate ³	In primary education	In lower secondary education	In upper secondary education
Argentina ¹	12-17	84.2	10.2	49.3	24.2
Brazil ¹	13-17	85.9	42.9	25.4	17.4
Chile ¹	12-17	87.4	17.5	30.8	39.2
Paraguay ¹	12-17	65.6	23.4	30.5	11.7
Peru ¹	12-16	86.6	25.1	45.2	16.3
Uruguay ¹	12-17	84.5	18.4	44.3	21.1
WEI mean		74.1	17.1	38.8	19.6

2.1.4. Secondary education⁷⁹

In contrast to the situation with primary schooling, the region does not seem to be a leader in access to secondary education. For adolescents in this region, the average picture is not as bright. Although secondary and tertiary enrolment rates have risen dramatically in the last 15 years, rates are much lower than those for primary education. In 1998, the Economic Commission for Latin America and the Caribbean (ECLAC) estimated that only 47% of the region's adolescents are in school, as compared to 57% worldwide.⁸⁰ ECLAC also stated that between 9 and 12 years of education are necessary for a basic standard of living in this region, but estimated that of 9 countries (including Brazil, Honduras and Panama) studied by PAHO; Chile was the only one where children had, on average, nearly this much education.⁸¹

The graph below⁸² illustrates increases in gross enrolment in secondary schools has increased over recent years in several LAC countries, while current gross enrolment rates are in Table 5 at the end of the chapter :

FIGURE 2: GROSS ENROLMENT RATES IN SECOND-LEVEL EDUCATION



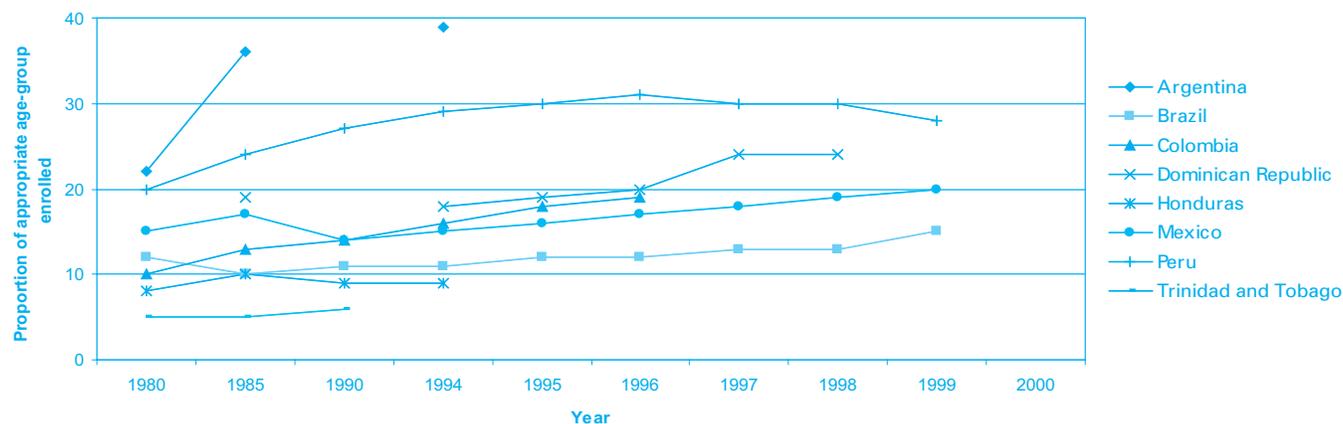
While there is limited data available from countries such as Argentina and Honduras, a clearly positive trend in enrolment is visible in the majority of the countries studied. Countries such as the Dominican Republic, Haiti, Guatemala, Nicaragua, and Honduras with extremely low rates clearly need to put a high priority in increasing secondary enrolment at the same time as they invest in increasing primary enrolment.

Meanwhile, secondary enrolment rates in some countries of the region (such as Costa Rica, the Dominican Republic, and Nicaragua) have not increased for almost 15 years. The slow expansion of secondary enrolment in LAC countries has perpetuated inequalities, impeded economic growth, and constrained the growth of enrolment in higher education.

2.1.5. Tertiary Education

While there is variation in across countries, tertiary education enrolment rates have also increased across the board.⁸³:

FIGURE 3: GROSS ENROLMENT RATES IN THIRD-LEVEL EDUCATION



These proportions are calculated using the total enrolment in tertiary education regardless of age, which is expressed as a percentage of the population in the five-year age group following on from the secondary-school leaving age. Concern remains regarding discrimination against female students in some disciplines such as science and engineering, which in turn often channels women into lower-paying career paths.

2.1.6. Gender Issues and Education

The Latin American and Caribbean Region is the only developing country region that has already met and exceeded the target of achieving gender equality in primary and secondary education by 2005.⁸⁴ In several countries, mainly rural regions within them continue to grapple with the problem of comparatively low female enrolment. The three countries in the region where the gender gap in secondary enrolment rates disfavors girls are those with a high proportion of rural, low-income indigenous populations - Peru, Bolivia, and Guatemala.⁸⁵ However, even in Guatemala, where the gender gap is the highest, the tendency is for it to narrow. (See Table 5 at the end of chapter).

However, there have been notable advances in the education of girls, as evidenced by higher rates of enrolment and completion, especially in terms of tertiary education. This is shown by the ratios of female to male students in the table below⁸⁶ :

	1990	1998
Primary	0.95:1	0.95:1
Secondary	1.06:1	1.06:1
Tertiary	0.94:1	1.02:1

While it is undoubtedly positive that more girls are attending higher education, but the trend in some countries of lower secondary enrolment rates and higher drop out rates among adolescent males is troublesome, and probably related to both the need to work to provide family income, and opportunities to work in some contexts. In most countries in the region, boys enrol less, abandon school more, and have a worse academic performance than girls. In those countries for which data on school performance are available (Brazil, Jamaica, and Mexico) girls tend to out-perform boys.⁸⁷ In 1995, the combined primary, secondary and tertiary enrolment ratio was higher for girls than boys in Brazil, Argentina, Uruguay, Jamaica and Colombia. Across the Caribbean in low-income families, boys tend to drop out school more often than girls do to take on productive jobs.

However, these trends vary by class. Secondary completion rates for boys from the richest 20 percent of households are higher than for girls, while completion rates for girls from poorer households are higher than for boys. This suggests that low-income boys are left behind or are pressed to drop out of school to provide income support to the family, whereas traditional domestic work typically carried out by low-income girls is more compatible with schooling.⁸⁸

Widespread reform is required to address low enrolment and high drop-out rates in schools in the Region, but many success stories exist from which valuable lessons can be drawn. A review of these program models to determine which have been adequately evaluated, which need further evaluation, and which have been identified as ineffective, would be helpful to stimulate effective action in the region.

One area of concern of the human rights treaty bodies for legislation in some countries has been the expulsion of girls from educational institutions for being pregnant. Argentina⁴ and Peru⁵ have specific laws prohibiting this expulsion, while in Colombia, the Constitutional Court has interpreted the Constitution as prohibiting the expulsion of pregnant girls from school.⁶ In this region, as in most of the world, married adolescent girls often lose all opportunities to pursue their education.

2.1.7. Quality of Education and school drop outs

Several elements related to quality of education are key when looking at enrolment levels, completion rates, and students' level of educational performance. The establishment of national standards, adequate infrastructure, the quality of the teacher corps, the connection of the educational system to the labor market- all have a role to play in determining how much families and communities are willing to invest in their child's education, and in whether or not a student's experience with school is positive. Other less easily measurable factors such as adaptation to the culture of the community, and the encouragement of critical thinking and independent learning within the classroom, are key elements of quality of education. A recent study faulted the region's educational systems for out-dated pedagogical methods that do not allow student participation, and for lack of "teaching materials, basic library materials, science and other types of equipment, libraries, computers, copy machines, and other tools which can strengthen the pedagogical process."⁸⁹ In most of the region, comparative data on student achievement is lacking. What little data exists suggests that the English-speaking Caribbean compares favourably to other similar countries worldwide, while Latin American countries student achievement scores are lower than international standards.⁹⁰ Conversely, the school system can have devastating effects on those youth with low academic achievement by not granting them a place in school and, as a corollary, making them feel socially excluded and "worthless."⁹¹ In the Caribbean, many adolescents are literally pushed out of school rather than dropping out. Qualifying exams at 6th grade, or 9th grade, weed out lower-performing students, more or less permanently shutting them out from higher levels of schooling. Those failing secondary entrance exams have few alternatives, leading to a high risk of falling into a cycle of unemployment and delinquency. One writer describes this system in Jamaica: "At the end of Grade 6 primary school, less than half of the age cohort go to academic high schools (selected via examination results) the rest attend lesser quality secondary schools or "all-age schools". The all-age schools end at Grade 9. Unless children in these schools pass an exam that qualifies them for high school admission at Grade 10, they are at the end of their schooling, at approximately age 15."⁹²

While most Latin American countries do not have qualifying exams that weed out students before entering secondary school (except for private schools), schools in many Latin American countries charge fees that pose a barrier for very low-income families - a factor in high drop out rates from both primary and secondary schools. In December 2003, the final report of the Special Rapporteur to the Human Rights Commission on the Right to Education⁷ emphasized two major obstacles to

the fulfilment of the right to education in this Region: first, the existence of fees even for the poorest sectors and even for elementary education, and second, that secondary education is not mandatory. This occurs, for example, in Colombia, where fees are charged in elementary education.⁷ The report also highlighted unwanted pregnancy as a special obstacle for girls' education, and the lack of access to sex education as an element that maintains gender discrimination in education.

"One of the main challenges for making decisive progress towards achievement of the Millennium Development Targets for the year 2015 is therefore to prevent children from dropping out of school before completing the basic cycle and to significantly reduce drop-out in the secondary cycle."⁹³ ECLAC reported that in 2000 in Latin America, about 15 million 15-19 year-olds out of a total of 49.4 million left school before completing 12 years of education. About 70% of these had not advanced beyond primary education. Reasons for desertion include: economic pressures, lack of access, family problems, lack of interest and poor performance. One of the most complete studies shows differences in factors between urban and rural Latin American countries, as shown in the table below:

TABLE 4: REASONS GIVEN BY CHILDREN WHO DO NOT ATTEND SCHOOL FOR WHY THEY DO NOT ATTEND⁹⁴

		ECONOMIC	SUPPLY	PERFORMANCE	OTHER
Bolivia	Rural	51.7	17.2	N.A.	30.0
	Urban	52.1	1.0	N.A.	46.5
Chile	Rural	58.2	3.7	9.5	28.7
	Urban	46.6	1.3	8.2	44.0
Dominican Republic	Rural	21.0	1.6	4.0	73.3
	Urban	26.5	0.9	4.2	68.4
Guatemala	Rural	39.3	4.3	N.A.	56.5
	Urban	53.3	0.2	N.A.	46.6
Nicaragua	Rural	64.7	12.3	N.A.	23.0
	Urban	65.5	1.4	N.A.	33.1
Panama	Rural	60.3	4.1	N.A.	35.6
	Urban	43.6	2.2	N.A.	54.2
El Salvador	Rural	37.5	27.5	17.9	16.9
	Urban	40.4	24.8	16.8	18.0

While supply of education does not appear to be much of a problem in most urban areas, it is certainly an issue in rural areas. (Unfortunately, the category of 'Other' was not broken down in the source information). Other studies have led to the conclusion that access to education for all is still unattainable due to the low coverage of schools, varying quality of education offered, lack of understanding of the various cultural contexts in which schools operate, and the need for children to work to support their families.⁹⁵

Numerous innovative programs in the region have experimented with models to increase the quality of education, thus helping to prevent school leaving.

UNICEF promotes "child-friendly" schools that use a holistic approach to child welfare. Child-friendly schools act protect the health, nutrition and social welfare of enrolled children, and to promote their participation, both in the classroom and in the school's governance. Greater promotion of child-friendly schools in Latin America might help to lower drop out rates among adolescents.⁹⁶

The example of the Escuela Nueva in Colombia has also been widely replicated in the region as a model of how to improve instruction and reduce drop out rates in rural areas. Its models of active learning for teachers and students, self-instruction, peer instruction, and community and student participation in school governance, produced favorable results in increases in student achievement and in completion of fifth grade.⁹⁷

Mexico's "telesecundaria" in rural areas increased enrolment in middle schools after a 1993 reform. The rural teacher relies partly on videos of top teachers in the subject matter, and partly on instructional materials that accompany the programs. The program has been found to be cost-effective.⁹⁸

Another program in Brazil has reduced school dropouts due to economic pressure on the families. In 1994 the governor of the Federal District of Brasilia in Brazil initiated a program that consists of providing a scholarship to poor families whose children are in school. By mid-2002, some 100,000 families have benefited from the scheme. The "Bolsa Escola" (Grants for School Children) program enables mothers to access funds using ATM cards: mothers receive about \$7 a month for each child aged between 6 and 15 that has a school attendance rate of at least 85% (to a maximum of \$21). This removes some of the household pressure of children withdrawing from school in order to contribute to the family's income. This program has benefited more than 100,000 poor families to date; according to the ILO, school attendance rates skyrocketed from 25% to nearly 100% and school performance improved markedly among students from recipient families. Replication of this model is being considered in many countries in and beyond Latin America.⁹⁹

2.1.8. Quality Education for Indigenous youth

There are two broad challenges to providing quality education for indigenous children - a lack of educational resources (including a scarcity of teachers and teaching materials, inadequate facilities and the distance between home and school) and, where these resources exist, their inadequate quality and inappropriate cultural dimension. Important elements in this respect include the expectation of parents, the content of the lessons, the quality of the teaching and, crucially, the language of instruction. Intercultural, bilingual, child-centered approaches that promote community involvement are crucial and lead to increased enrolment, retention and completion rates¹⁰⁰. Cognizant of this, the Catholic Institute for International Relations created the Program for Formation of Bilingual Teachers of the Peruvian Amazon (PMFB). PMFB's aim is to maintain the rich cultural and linguistic diversity in Peru through education that affirms indigenous values, cultures and practices, while also informing students of other cultures and systems with which they might have to interact. In 2002, four years after its inception, PMFB was awarded the Bartolomeo de las Casas prize in recognition of its important contribution to the protection and promotion of indigenous culture through bilingual education.

During the 1990s, the Mexican government implemented the "Programa para Abatir el Rezago Educativ" (PARE), which was designed to improve the quality and efficiency of primary education focusing on indigenous youth in four states with the highest incidence of poverty and low education indicators. The program had three main aims: to reduce the high repetition and drop out rates, to raise the level of cognitive achievement of the children, and to strengthen the management of the primary education system. Most of the total budget was spent on improving the availability and quality of education services for primary school pupils including didactic materials, training of teachers and school infrastructure development. This initiative was proven particularly successful in improving the learning achievement of rural schools; in indigenous schools the achievements were concentrated among the less poor suggesting the further interventions need to be designed to target the poorest indigenous children. The final results for the urban areas were less positive than for the rural areas. As it was implemented this program had substantial effects in rural schools; if it is to be implemented elsewhere it will need to be modified¹⁰¹.

2.2. NON-FORMAL AND VOCATIONAL EDUCATION

Reform of the education system by the state is required in order to meet adolescents' needs; linking education to work experience and preparation for entry into the labor force is crucial (e.g. through mentoring schemes).¹⁰² With the largest generation of young people that has ever existed, Latin America and the Caribbean must take advantage of the potential demographic dividend to accelerate development in the area. The next two decades will be critical for getting people into the workforce, financing better education and saving for the future. Critical at this stage is improved education and a flexible labor market that is capable of absorbing large numbers of young people. Under these conditions, there can be increased earning, economic development and investment in social services. The inefficiency of many educational systems, coupled with their disconnect from the labor market, reduces the education system's ability to promote social development¹⁰³. For many adolescents, informal and technical education outside of the primary and secondary systems can help to fill an important gap.

Various forms of education outside of the formal system have been shown to help adolescents who are employed continue their education and upgrade their skills. Some Latin American countries, such as Peru, have an extensive network of night schools in urban areas, with high attendance from working adolescents, both male and female. Many of the female students are domestic workers. Other countries have important experiments in non-formal adult education; in rural areas, many of the beneficiaries are adolescents or youth (15-24 years). In many countries, technical schools (mainly operating at night and on the weekends) cater to those seeking to improve their incomes by acquiring technical skills.

One example of the key role that informal education can play is in Honduras, where the Government began a program in 1997 to reduce the high levels of illiteracy among those excluded from the main education system. The program (Programa de Alfabetización y Educación Básica de Jóvenes y Adultos de la República de Honduras - PRALEBAH) aims to bring older children and adults back to basic education, to decrease illiteracy, and to open up opportunities for entering the job market. In its first five years PRALEBAH reached over 205,000 people, 80% of whom became literate and almost 60,000 of whom received their certificate in

basic education. In the project areas, illiteracy was reduced by 36%, which contributed to a national decrease in illiteracy of 5%. Furthermore, almost 2,500 were trained for entry into the workforce. This success led the Government of Honduras to incorporate PRALEBAH into its structure to ensure wider reach of the program. In 1999, UNESCO awarded PRALEBAH an honorary mention in the NOMA literacy prize for the program's contribution to literacy and basic education among the most disadvantaged populations of Honduras¹⁰⁴.

A balance must be found between educating adolescents and facilitating their entry into the workforce, with emphasis on the former to ensure long-term success in the latter. There is an important role for purely vocational training, as there is for highly specialized post-secondary training in new technologies. Countries in the region will need to identify and experiment with a variety of models, keeping in mind that vocational training for the less academically inclined is best located outside the formal system in modular training programs more closely linked with industry.¹⁰⁵

2.2.1. The Digital Divide and Education

The term "digital" divide is used to refer both to the gap between industrialized Northern countries and developing countries in the South, and to internal gaps between rich and poor within countries. According to ECLAC, in the year 2002, eight percent of the population of Latin America had Internet access, compared to nine percent worldwide.¹⁰⁶ Latin America and the Caribbean have 8% of the world's population, but only 3.5% of Internet users, and less than 1% of world electronic commerce. However, the number of computers in the region connected to Internet is rising faster than in any other region in the world, with 14 times as many users in 1999 as in 1995.¹⁰⁷

An article by IPS News Service¹⁰⁸ focused on socio-economic class and other factors in the digital divide. "The domestic digital divide has been deepening. It is estimated that 70 percent of the richest 15 percent of the Latin American and Caribbean population will have Internet access by the year 2004, versus a 10 percent estimate for connectivity in the region as a whole," noted ECLAC executive secretary José Antonio Ocampo. The digital divide is also linked to education, "because within any income group, it is people with the highest levels of education that have Internet access. In Trinidad and Tobago, a study showed that over half of all users had completed secondary school." It stands to reason that racial or ethnic origin also plays a role in the digital divide. "In Mexico and Panama, people of unmixed indigenous ancestry are five times less likely to have a computer in their homes, and two times less likely to have a TV set, than the rest of the population." The statistics show that although in the past a majority of users in the region were men, the number of female users is growing quickly, according to ECLAC,¹⁰⁹ which reported that 45.4 percent of users in Argentina are girls and women, 43.1 percent in Brazil, and 40.1 percent in Mexico.

While there are multiple efforts to provide access to computers within the formal school system, the greatest expansion of computer use has been in the informal sector. Any traveller to the region can testify that most small urban centers with electricity have at least one cyber-café, and that most of the users are adolescents. Venezuela, Mexico, São Paulo, Chile (in libraries) and Cuba (in youth clubs), are also providing free access to the internet through digital centers in rural

towns and low-income neighbourhoods.¹¹⁰ Plans in 2003 to do so in Argentina were thwarted by the country's economic crisis.

One article on school-based "telecenters" noted some important problems worldwide with the model. "High costs of maintenance, connectivity, and training burden school personnel and their communities, resulting in computers cannibalized to yield spare parts, increased school enrolment fees, and the decline over time of the quality and availability of school computers."¹¹¹ As a result, the World Bank telecenter project in Latin America decided to work only with schools that already had computer labs.

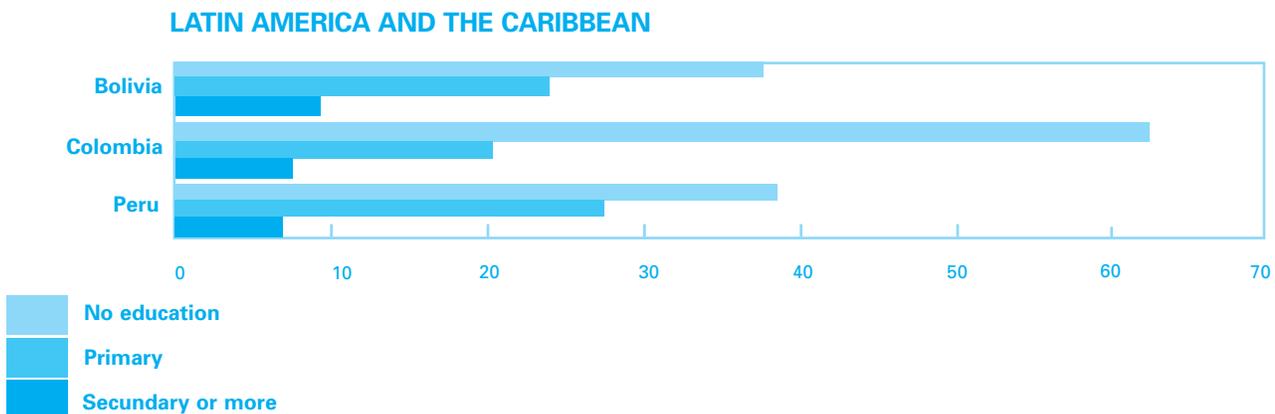
Given the importance of access to and ability to use computers for professional and technical fields, it is imperative that the region's school systems place high importance in providing adolescents access to computers and training within the school settings, where the majority of adolescents in most countries are found, without increasing school fees to finance the infrastructure, which should be regarded as an essential component of schooling. Community digital centers, and perhaps even subsidies to commercial cyber-cafes, is another option to increase access to computers in towns or villages that have access to cable, telephone lines, or satellite.

2.3. EDUCATION AND HEALTH

Knowledge is critical to development and a key defining variable for almost all health outcomes, positive and negative. Increased educational opportunities lead to increased economic and employment opportunities, improve young people's ability to secure their autonomy and help them understand the world they live in. Educated youth marry and initiate sexual activity later, delay childbearing, and have fewer and healthier children.¹¹²

Data collected by the Demographic and Health Surveys in Bolivia, Colombia and Peru reflect the correlation between education and delayed childbirth:

FIGURE 4: ADOLESCENT WOMEN WHO HAVE BEGUN CHILDBEARING BY LEVEL OF EDUCATION¹¹³



A positive relationship with schools is highly protective against all risky behaviors for adolescents, including using drugs and alcohol and engaging in violence, or in sexual activity. For example, in the Caribbean, among school-going adolescents, the probability of sexual behaviour falls by 30 percentage points for boys and 60 percentage points for girls if they are connected to schools. For all of these reasons, it is imperative that governments in the region intensify their efforts to reduce drop out rates, and help adolescents to attain the highest possible levels of schooling.

2.4. CONCLUDING THOUGHTS

Given the central importance of education for individual development and health, and to create a "knowledge-based society" that can prosper in the modern global economy, expanding access to education and improving the quality of education for adolescents should be number one in the list of priorities of the region's governments. Better research is necessary to identify the barriers to access and the quality gaps, and to address the different needs of boys and girls. Some populations of adolescents - such as older adolescents who are working, rural adolescents, married girls, disabled, refugees, and girls with children - may need access to alternative models of education outside of the mainstream formal system. Finally, considering the high level of socio-economic and racial/ethnic disparities that plague the region, it is crucial to eliminate barriers to primary and secondary education such as school fees, entrance examinations, and lack of accessible and safe transportation to school.

ADDITIONAL TABLES

TABLE 5
OFFICIAL LENGTH OF SECONDARY EDUCATION

Seven years	Jamaica
Six years	Colombia Cuba Ecuador Guatemala Haiti Mexico Panama Paraguay Uruguay
Five years	Argentina Costa Rica Honduras Nicaragua Peru Trinidad and tobago
Four years	Bolivia Chile Dominican Republic Venezuela
Three years	Brazil El Salvador

- Source: Wolff, Laurence, de Moura Castro, Claudio. 2000. *Secondary education in Latin America and the Caribbean: the challenge of growth and reform*. Inter-American Development Bank. Page 5.

TABLE 6: EDUCATION

Countries and territories	% of primary school entrants reaching grade 5		Secondary school enrolment ratio 1997-2000* (gross)		Gender Gap
	Admin. data 1995-1999*	Survey data 1995-2001	male	female	
Haiti	41	88	21 x	20 x	
Guatemala	62 y	72	39	35	
Honduras	58	-	29 x	37	gg boys
El Salvador	71	-	50	50	
Nicaragua	48	87	50	58 *	gg boys
Ecuador	78	-	57	58	
Paraguay	76	90 x	59	61	
Costa Rica	80	-	58	63	
Chile	100	-	86	82	
Venezuela	91	96	54	65	gg boys
Dominican Republic	75	89	53	67	gg boys
Panama	92	-	67	71	
Colombia	71 y	87	67	73	gg boys
Belize	78	-	71	77	gg boys
Mexico	89	-	73	77	
Bolivia	83	96	81	78	
Peru	88	97	83	78	gg girls
Guyana	91	97	80	82	
Bahamas	78	-	85	83	
Trinidad and Tobago	100	100	78	84	gg boys
Jamaica	89	92	82	85	
Cuba	95	99	83	87	
Saint Lucia	95 x	-	77	100	gg boys
Argentina	90	-	94	100	gg boys
Barbados	-	-	101	102	
Uruguay	91	-	92	105	gg boys
Brazil	66	84	103	114	gg boys
Dominica	86	-	-	-	
Grenada	-	-	-	-	
Saint Kitts and Nevis	-	-	-	-	
Saint Vincent and the Grenadines	-	-	-	-	
REGIONAL SUMMARIES					
Latin America and Caribbean	77	87	82	87	
Sub-Saharan Africa	65	82	29	23	
Middle East and North Africa	93	-	68	62	
South Asia	66	91	53	39	
East Asia and Pacific	94	-	65	61	
CEE/CIS and Baltic States	-	96	81	78	
Industrialized Countries	-	-	105	108	
Developing Countries	79	89	59	52	
Least developed Countries	66	79	30	25	
World	80	89	65	59	

Data drawn from Excel sheet in tables from UNICEF, State of the Worlds Children, 2004.

*all countries from Nicaragua on down exceed the developing country mean for female secondary enrolment x Indicates data that refer to years or periods other than those specified in the column heading, differ from the standard definition or refer to only part of a country, Indicates data that differ from the standard definition or refer to only part of a country, but are include in the calculation of regional and global averages.

Data source: secondary school enrolment - UNESCO Institute for Statistics, including the Education for All 2000 assessment.

Data source: Net primary school attendance - DHS Surveys and Multiple Indicator Cluster (MICS).

gg= gender gap of 5% or more. gg boys = gap disfavors boys gg girls = gaps disfavors girls.

3. CHAPTER THREE:

CHILD LABOR

By definition, "child labor" refers to all children below 12 years of age working in any economic activities, those aged 12 to 14 years engaged in heavy or harmful work, and all children engaged in the "worst forms of child labor." Work that does not interfere with education (light work) is permitted from the age of 12 years under the International Labor Organization (ILO) Convention 138.

This chapter focuses, then, mainly on the highly vulnerable younger adolescents under the age of 14, (that is, 10-13 year olds) who are engaged in the informal or formal labor force to the detriment of their schooling or health.¹¹⁴ However, it is important to note that for older adolescents aged 14-19, employment can be either a positive or a negative factor in their development, depending on whether or not the employment interferes with schooling, and whether or not the conditions are dangerous or exploitative. When the employment does not interfere with schooling or health, then it often becomes a highly positive factor in adolescent development. In fact, youth (15-24) unemployment is a major issue threatening adolescent development in the LAC Region.

Adolescents work for complex and varied reasons. Most under 14 are driven to work by poverty but they may still value the work for the learning experience and for the social support and self esteem they gain from it. Other motivations, especially for older adolescents, include working for spending money or attaining a certain level of economic independence from their parents, and seeking opportunities for social interaction or companionship. For some adolescents, working enables them to attend school, while others resort to work if the education system has failed them in some way. Girls may work for many of the same reasons, but also because of the opportunities to get out of traditionally oppressive homes, to ease the burden of marriage expenses on their families or, if they work unpaid in the home, to facilitate their parents' income earning activities outside the home¹¹⁵.

All national legislations have a minimum age for lawful work with authorization, which is usually 14 (12 in Peru and Colombia under certain circumstances).¹¹⁶ Sometimes this minimum age is also in the Constitution. Most Codes limit adolescent work to certain types and times of work, prohibiting dangerous and night work. However, the human rights treaty bodies have expressed generalized concern about the enforcement and implementation of these laws, and the Committee on the Rights of the Child reports concern about the exploitation of working children in all countries. They insist that countries should enforce at least the ILO conventions on the minimum age for the work of children and on the elimination of the worse forms of child labor.¹¹⁷

The work conditions of children and adolescents can be especially severe, often not providing the stimulation for proper physical and mental development; many children are deprived of the simple joys of childhood, and burdened instead with the drudgery of laboring. However, there are problems with the intuitive solution of immediately abolishing child labor to prevent such abuse. Many children may have to work in order to attend school, and in some of these cases, the work is light enough to not interfere with schooling. In these cases, ending their labor might hinder educational pursuits. Forcing children out of work without providing rehabilitation and education adjustment programs can have disastrous effects¹¹⁸.

According to one study, 8% of all working children chose to start work whereas for 62% of working children their parents made that decision for them.¹¹⁹ This can be driven by underlying

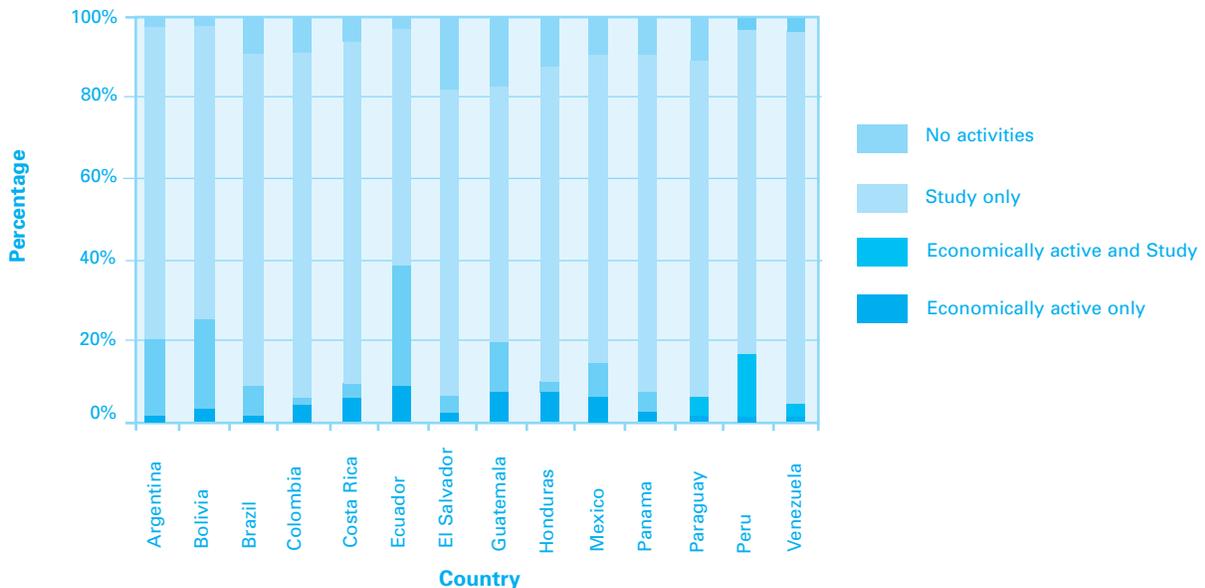
cultural norms which place a certain value on education: while many northern industrial cultures value childhood as a time for recreation, some cultures in Latin America and the Caribbean view it as a time when children are productive in terms of family income. Furthermore, when schools are of poor quality or overcrowded, parents might prefer to provide their children with a practical skill such as farming instead of sending them to school.

The very high rates of rural to urban migration in parts of the Region are fuelling the increasing rate of child labor¹²⁰. Families who leave rural areas seeking a brighter future are often disappointed when they arrive in cities and are more economically disadvantaged than they had previously been, which forces many of their children into work so that they can contribute to the household income.

3.1. REGIONAL STATISTICS

It is estimated that there are approximately 17.4 million child workers in Latin America and the Caribbean, which is 16% of the total population of children.¹²¹ This figure rises to 17% if the Caribbean is excluded. The graph below shows the proportion of children under 14 involved in paid employment and schooling in various countries in Latin America¹²²:

FIGURE 5: PERCENTAGE OF CHILDREN IN THE EXPANDED POPULATION BY TYPE OF WORK



As can be seen from this graph, the vast majority of children¹²³ in Latin America are only engaged in educational activities. However, in some countries such as Ecuador, Guatemala and Honduras there is a relatively high proportion of children who are not at school and who are engaged solely in economic activity. Furthermore, in Argentina, Ecuador and Bolivia among other countries, a high proportion of children are involved in both economic activity and study, with no data on intensity or level of stresses in the work and on whether and/or how the work poses an obstacle to school achievement.

The statistics for the Caribbean were not broken down in this way and there is very limited reliable information available on child labor in this region. However, data are available from UNICEF¹²⁴ that show that the proportion of children aged 5-14 years-old who are working is 4.1% in Trinidad and Tobago, 12% in the Dominican Republic. The only data available relating to Saint Lucia recorded that 15-19 year-olds comprised 4.7% of the total workforce in 2000¹²⁵.

The table below clearly shows the effect of poverty on child labor.¹²⁶ While the average rate for Bolivia is 21%, in the poorest 20% of the population, an astounding 43% of 5-14 year olds are engaged in labor. Similar disparities are observed in the other countries. In all of the countries below except the Dominican Republic, the rates of child labor are much higher in rural areas. It is interesting to note that while in most countries, the mother's increased educational levels seems to be a protective factor against child labor, in Guyana, this is not the case.

TABLE 7: CHILD LABOUR

COUNTRIES AND TERRITORIES	CHILD LABOUR (5-14 YEARS) 1999-2001*								
	total	male	female	urban	rural	poorest 20%	richest 20%	mother with no education	mother with some education
Bolivia	21	22	20	8	40	43	7	34	18
Colombia	5	7	4	3	11	13	1	9	5
Dominican Republic	9	11	6	8	10	13	6	15	8
Guyana	19	21	17	14	21	27	13	11	19
Trinidad and Tobago	2	3	2	-	-	5	2	3	2
Venezuela	7	9	5	-	-	8	3	9	6

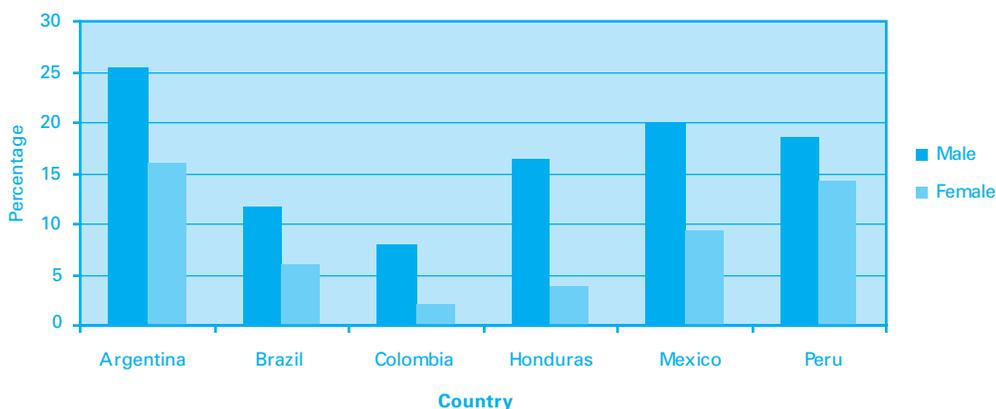
Sources – Multiple Indicator Cluster Survey (MICS) and Demographic and Health Surveys

Table constructed from UNICEF Website State of the World's Children 2004

While the above table shows some gender disparities in rates of child labor, the gender disparities in child labor become much more marked when analyzing participation in the labor force outside the home. Most tables on child labor do not provide a clear picture of gender disparities in rates of child labor, because they exclude child domestic labor, in which girls predominate. The graph below for Latin America¹²⁷ is a clear example; boys seem to be much

more involved in child labor than girls when domestic work is excluded from analysis. Data from several countries give a glimpse of the magnitude of the involvement of girls in live-in domestic work. In Central America and the Dominican Republic, an estimated 70,000 children are child domestic workers; 87 per cent of them are girls. In Haiti, perhaps as much as 10 per cent of children are "restaveks", live-in child domestic workers amounting to an estimated 110,000 to 250,000 children.¹²⁸ Some 75% are girls.¹²⁹

FIGURE 6: PERCENTAGE OF CHILDREN IN THE EXPANDED POPULATION BY TYPE OF WORK



As in the graph above, the age-groups included in this data vary by country so cross-country comparison is not possible, but there are a significantly higher number of boys who are economically active outside homes than girls across Latin America. Although data for the Caribbean are sparse in this regard, the statistics available from Saint Lucia show a male: female ratio of 1.13:1 suggesting a similar situation there¹³⁰.

There is little data available that measures the proportion of children involved in child labor in the Region over time. However, incomplete data from Latin America show no clear trend: in some countries the proportion is increasing (e.g. Bolivia, Venezuela), while in others it is decreasing (e.g. Brazil, El Salvador).¹³¹

3.2. ADOLESCENT MILITARY SOLDIERS

As with other forms of child labor, the most affected groups include children separated from their families, economically and socially deprived children and other minority groups (e.g. street children, ethnic minority groups and displaced children)¹³². Their vulnerability makes children obedient soldiers who are easily manipulated by their commanders. Many are abducted and forced to fight; others are driven to fighting through desperation whether social or economic¹³³.

A positive aspect of national legislation in eight countries reviewed in the region¹³⁴ is that almost all have 18 as the minimum age for the conscription into the armed forces. The exceptions are Brazil and Mexico, which have an earlier age (17 and 16) for voluntary enrolment into the armed forces.

The CRC has noted the situation in Colombia with use of child soldiers as particularly alarming. In Colombia, one group estimated that approximately 15,000 young people are in the guerrilla and paramilitary groups, including youth as young as twelve; indigenous and Afro-Colombian children are often targeted for recruitment.¹³⁵ Recently, Human Rights Watch published a report on child soldiers in Colombia's armed conflict. They made a more conservative estimate of more than 11,000 child combatants fighting for guerrilla and paramilitary groups, which would account for one fourth of the groups' armed forces. The report found no indication of recruitment of children under 18 in government forces, although it did find reports of children being used for intelligence work or as peasant soldiers in a militia type force that supports the regular army. However, after release of the 2003 Human Rights Watch report, Decree 128 of 2003 prohibited the use of children in intelligence activities by any group.¹³⁶ Although rape and overt sexual violence are not tolerated officially among the armed forces, there are many reports of male commanders using their power to force girls into sexual relations.¹³⁷

However, with sustained efforts on the part of NGOs and international organizations, progress is being made; on 1 December 2002, the paramilitary *Autodefensas Unidas de Colombia* (AUC) declared a unilateral ceasefire and stated that it would release all under-18s from its ranks. As of June 2003, 81 children, including six girls, were demobilized from the AUC, through the intermediary of the Catholic Church. Since 1999, over one thousand children have been demobilized from armed groups under a program of the Colombian Institute for Family Welfare (ICBF)¹³⁸. Through the "Return to Happiness" project adolescents have provided psychosocial support to younger children using play therapy. The catalyst for the project was the Colombia Children's Peace Movement, which began in 1996, expanded rapidly, involving local community groups, schools, and the Catholic Church. One strength of the "Return to Happiness" project has been its adaptability. More recently the Colombian refugee communities, across the border in Panama, have implemented the "Return to Happiness" project through child-friendly spaces inside the camps¹³⁹.

Child soldiers are also being used in Mexico and in Peru but there is little data available on how many children are involved. In Mexico both paramilitary and opposition forces use child soldiers, whereas in Peru mainly opposition forces have recruited child soldiers¹⁴⁰. However, reports to human rights committees also mention use of child soldiers in Peru in rural militias under the oversight of the government forces.

3.3. INTERVENTIONS TO PREVENT CHILD LABOR

The state could help reduce child labor by increasing the quality and usefulness of obtaining an education.¹⁴¹ A recent evaluation of an education program in Guatemala¹⁴² supports this hypothesis; it showed that indigenous parents' attitudes towards education became more positive when bilingual education of good quality was made available to their children.

Most projects to combat child labor include various components such as strengthening the educational system and addressing the families' underlying socioeconomic need for children to work. Programs such as Brazil's 'Bolsa Escola' (see Chapter 1) have been instrumental in reducing child labor through the provision of financial subsidies to families with children in school. The PROGRESA program in Mexico has further developed this idea of subsidies by using

a multi-sectoral approach of measuring education, health and nutrition as indicators for increasing human capital. Subsidies are provided to mothers whose children are not only in school but are also attending health clinics regularly. The evaluation of this program concluded that this approach was successful both at decreasing child labor and at increasing school attendance¹⁴³.

Other programs have targeted the demand side of child labor i.e. the employers. UNICEF ran a successful project with coffee growing farmers in Panama, which resulted in a 50% increase in the number of coffee farmers participating in the child labor eradication program¹⁴⁴. Other UNICEF-supported programs are currently targeting quarry workers in Guatemala, gold mine workers in Peru, and the brick-making industry in four Andean countries.

In recognition of the fact that some child labor can be beneficial to minors (e.g. adolescents undertaking light work) efforts have been made to empower child laborers to demand their rights and to better resist exploitation. One of the most successful examples of this is Manthoc (Movement of Working Children and Adolescents from Christian Working Class Families), a grassroots movement originating in Peru that was designed to make child workers into the protagonists of their workplaces and neighborhoods. Manthoc was active in the establishment of a 'Coordinating Committee for the Defense of Children's Rights' in Peru, which has been very influential in terms of national legislation concerning children and youth, and the establishment of a national curriculum for working children¹⁴⁵.

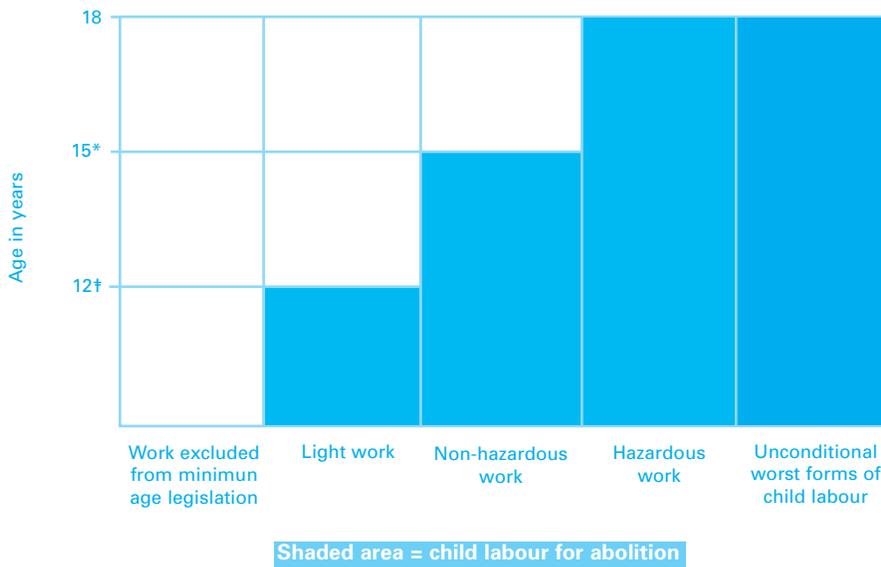
The importance of involving children in projects to tackle child labor or, as above, have them lead initiatives, cannot be underestimated. Research has found that working children's participation has a very positive impact, including benefits for:

- child workers, raising their confidence, improving their skills and abilities, and enabling them to operate on their own behalf or with adults to improve their situation
- families and communities, in terms of improved social relationships and responsible action by children on the community's behalf
- organizations undertaking child participation, in terms of motivating staff and leading to projects that are better grounded the realities of working children's lives and which are more likely to achieve planned outcomes
- policy-makers with whom child workers come into contact, in terms of opening up debates and changing attitudes towards children's work¹⁴⁶.

There is a true dearth of reliable quantitative and qualitative comparable information regarding child labor in much of Latin America and the Caribbean, especially domestic child labor, which affects mainly girls, suggesting a need for further research in this area. While there is a suggestion that rates of child labor are higher among indigenous populations, it has been impossible to ascertain this due to lack of data, although the prevalence of child labor in rural Bolivia suggests that Aymara children may be particularly affected. In order to effectively address child labor in this Region, better insight must be gained into the macro level trends of child labor and the specific population groups that are most at risk of exploitation and deprivation of educational opportunities. It is important to understand the links and interaction between work and schooling, in order to ensure that combating child labor does not have unintended

negative effects on access to schooling. Finally, methods of situation analysis need to be developed to determine when employment is beneficial to adolescents' health and development, and when it crosses the line to becoming detrimental.

FIGURE 7. BASIC DISTINCTIONS IN ILO CHILD LABOR STANDARDS



* The minimum age for admission to employment or work is determined by national legislation and can be set at 14, 15 or 16 years.

†the minimum age at which light work is permissible can be set at 12 or 13 years.

‡For example, household chores, work in family undertakings and work undertaken as part of education

From Cigno, A., Guarcello, L., Noguchi, Y., Lyon, S., Rosati, F. "Child Labor Indicators Used By The UCW Project: An Explanatory Note" http://www.ucw-project.org/pdf/cl_indicators_explanatory.pdf

4. CHAPTER FOUR:

RECREATION AND USE OF LEISURE TIME

Recreation and leisure time generally refers to the discretionary waking hours during which a young person is not in school and not at work (work including chores and required family responsibilities).¹⁴⁷ Around the world, the amount of free time available to young people varies considerably according to age, gender, culture, socioeconomic status, family structure and other factors. Children's and adolescents' leisure time and access to recreational activities constitutes a right to be fulfilled and protected rather than a privilege.¹⁴⁸ However, there appears to be limited recognition of this right - a fact reflected in the paucity of relevant data in this area.¹⁴⁹

Adolescents' leisure time is frequently viewed as something negative, as "the time when young people get in trouble, roam the streets, engage in risky sexual behavior and watch too much television."¹⁵⁰ Yet recreation also plays an integral role in young people's positive, individual development and the betterment of their communities.¹⁵¹ Leisure time presents young people with opportunities for self-expression and relaxation; ideally, it is a time when learning and development occur; and offers a chance for young people to participate in their communities and societies. Most studies suggest that adolescent girls have much less discretionary time than do boys, and more domestic responsibilities.

Larson and Verna's research suggests that when young people are away from their family environment, they spend their recreational time on the streets, with their peers, in the parks, and with religious institutions, businesses and community organizations.¹⁵² To have this time enhance adolescent health and development, a range of institutions and organizations within the community should offer recreation activities and opportunities. As the 2003 UN World Youth Report notes, "the decentralized infrastructure characteristic of most informal education, leisure-time, and community-based programs is a useful counterpoint to large public institutions that determine not only what is done, but who is involved."

Across Latin America and the Caribbean, research suggests that participation in recreational activities increases as socio-economic status increases, with sharper rises in sports for boys than for girls, and a greater increase for younger than for older adolescents.¹⁵³ According to Larson and Verna, young people in resource-poor societies spend significant amounts of recreation time at home, with boys usually travelling outside the family environment with peers somewhat more than girls.

There is very little data available on what young people in Latin America and the Caribbean do in their free time. In one survey of young people in Latin America and the Caribbean, more than half the young people (52 percent) indicated that they belonged to some organized peer group, with those living in the Caribbean reporting the highest participation in groups (70 percent).¹⁵⁴ Mexico, in contrast, reported some of the highest figures for those who say they do not belong to any organized peer group.¹⁵⁵ Of the 31 percent of young people who reported they participate in a sports group, the highest participation is reported among those in rural areas, high and middle socio-economic status, males and afro-descendants. Sixteen percent of those surveyed report belonging to a religious group and half that number to an artistic group such as music or theatre.¹⁵⁶ Other common youth recreation activities in the region include watching television and spending time with friends.

Closely related to youth leisure time are youth unemployment rates, which helps determine the amount of free time young people have during their day. Youth unemployment is extremely high

in the Latin America and Caribbean region. International comparisons indicate that Barbados, the Dominican Republic, Trinidad and Tobago, and Jamaica have some of the highest rates of youth unemployment in the world.¹⁵⁷

It was very difficult to find any analysis of the access of adolescents of both sexes to sports programs. Many governments sponsor supportive youth recreation projects in the LAC region, but an overall picture of coverage, and of which sectors have access, is not available. For example, several Culture Ministries (*Ministerios de Cultura*) sponsor sports programs, and Mexico's Culture Ministry,¹⁵⁸ and Brazil's Sports and Tourism Ministry¹⁵⁹ sponsor youth sports programs. This search also did not find program evaluations based in the region that examine the social and health impacts of these programs, or that examined access of girls to these programs. Since it is well-known that girls are generally discriminated against in sports programs in Latin America, especially from football (soccer), which is the most widely played sport, it would be important to study the situation at the same time as taking measures to increase girls' access.

In many countries, much of adolescents' leisure time is spent viewing or interacting with the media. Too much of this time is spent passively watching television, especially for girls, who are more confined to the house than boys are. Increasing numbers of adolescents have access to the Internet. Media is a promising area in which to promote young people's participation. For example, the UNICEF Media Activities and Good Ideas by, with and for Children (MAGIC) project aims to improve youth welfare by encouraging children and adolescents to learn and interact with the media. MAGIC has a website that solicits information on youth preferred websites, TV, & radio programs, magazines, films, music and books. MAGIC also recruits youth to make TV and radio programs, magazines and other productions, providing links to "media training projects around the world that enable children to get involved in media production."¹⁶⁰ The website also explains youth and child rights and provides links to other websites and organizations that solicit youth opinion.

Non-government agencies in LAC also sponsor sports or recreation programs. For example, Ashe, a Jamaican performing arts company¹⁶¹, promotes adolescent peer education and personal development. Saint Lucia has created a network of 'spaces' for children - recreational centers, foster homes, counselling and resource centers -that promote young peoples' leisure and mental health . In Colombia, recreation activities combined with mental health programs form the basis of the *Return of Happiness* program, whereby adolescents are engaged in the emotional recuperation of children to reconstruct the social network in conflict-torn communities.

Viva Rio in Brazil is an example of an NGO that engages young people in a full range of educational , cultural, and community service activities, including disarmament (of small arms) campaigns, growing community gardens, children's Olympics, youth development workshops, vocational training, and community fairs and artistic events, including a rap music event to promote community disarmament.¹⁶²

This program and others like it have recognized that the availability of a range of constructive, voluntary activities and opportunities to engage young people is critical to their development. Activities should vary to address the broad range of young people's interests and needs, should be designed and co-led by adolescents, and should help implement existing guidelines that

support youth development, including guidelines related to gender equity in access to recreational opportunities.

Recreation and use of leisure time in ways that promote development is an understudied area in the region. There is almost no data to guide decision-making, including information on disparities in access to important recreational opportunities such as artistic production, sports, and youth development organizations such as the Scouts and Girl Guides.

5. CHAPTER FIVE:

**ADOLESCENTS INVOLVED IN VIOLENCE
IN COMMUNITIES**

INTRODUCTION

Adolescents - especially adolescent males - are also perpetrators of violence. In low-income neighborhoods where both adults and adolescents are involved in crime and have access to small arms, the lack of safety and security in the neighborhoods in which young people live is often a significant barrier to their development, and to their access to education, employment, and recreation. A regional UNICEF opinion poll found that 43% of children in the region report feeling little or no security in the places where they live; children living in urban areas, children of lower socio-economic status, girls and Afro-descendants report lower levels of security¹⁶³. There is significant geographical variation in these results with the highest figures recorded in Haiti, Brazil, Nicaragua, Peru, Bolivia, Uruguay, and Argentina. Street children are particularly vulnerable to street violence, since they have no adults to protect them.

A significant amount of violence in LAC is related to the proliferation of gangs in the region¹⁶⁴. In many countries, massive recruitment of young people by established criminals is feeding the growth of gang culture.¹⁶⁵ Many researchers also attribute the recent growth in violent gangs to the massive repatriation from the United States of Latino gang members convicted of crimes.¹⁶⁶ The most violent gangs in the region can be found in Brazil, Colombia, El Salvador and Jamaica; the high mortality rates for these countries shown in the graph below (except Jamaica for which data were not available) reflect the extremely violent nature of these gangs. In Nicaragua, for example, almost half of all crimes and delinquent acts are attributable to youth gangs.¹⁶⁷ Unfortunately, the political reaction to this violence is often overly punitive, with politicians in many countries advocating measures that violate adolescents' rights. In several Central American countries, for example, recent legal proposals would imprison adolescents simply for wearing insignia or clothing identifying them as members of gangs.¹⁶⁸

TABLE 8: NUMBER OF YOUTH GANGS IN CENTRAL AMERICA, 1999¹⁶⁹

	Guatemala	Salvador	Honduras	Nicaragua	Total
Estimated Number of Youth Gangs	n/a	236	407	168	811
Estimated Number of Youth Gang Members	n/a	264.600	25.940	2.081	292.621

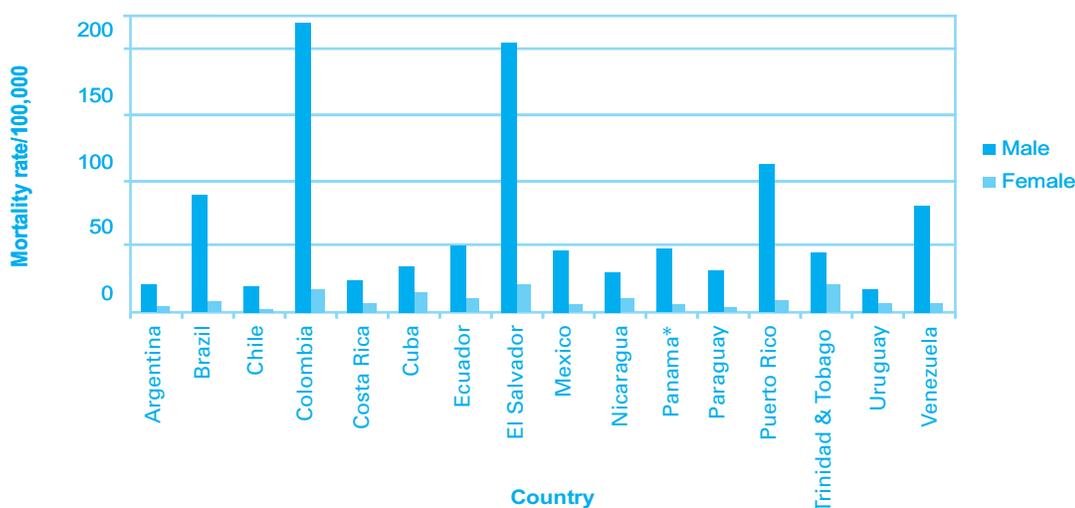
It is important to note that not all gangs engage in such violent behaviors. For many youth, gangs offer the opportunity of creating an identity and having support from peers; some of these gangs are little more than friendship networks that primarily engage in sports, listen to music and drink alcohol, participating only infrequently in low-level criminal activity. Poverty, lack of opportunities and the lack of security are other important reasons underlying gang involvement. As one researcher comments:¹⁷⁰

"Gangs represent an attempt by young people to reconstruct their identities, and to rebel against institutions (such as the family, school and even the labour market) that have been damaged by chronic inequality and exclusion (Rodgers, 1999). They are a violent means of rebellion, a way of condemning the lack of

opportunities available to them and the State's failure to address their needs. They present alternative sources of income and a means of reconstructing that sense of security, belonging, recognition, and participation that society seems so categorically to deny them".

Although mortality data can never convey a full picture of the effects of violence, they can capture the most extreme outcomes. The graph below shows rates of mortality due to intentional injury in various countries in the Region.¹⁷¹ The LAC Region's homicide rates make it the most violent region in the world.¹⁷²

FIGURE 8: MORTALITY RATE/100,000 AMONG YOUTH AGED 15-29 CAUSED BY INTENTIONAL INJURY



This shows an alarming rate of fatalities caused by intentional injury, especially among males, across the region. Gang-related violence is particularly problematic in Colombia and El Salvador. Violence is the leading cause of death among males aged 15-24 in the Caribbean. Strikingly, among the lowest-risk adolescent population in the Caribbean - those in-schools - one in six think that they will not live to the age of 25¹⁷³.

5.1. RISK AND PROTECTIVE FACTORS FOR INVOLVEMENT IN VIOLENCE AND GANG DEVELOPMENT

Evidence from various sources suggests that victims of childhood violence and children who witness chronic abuse are most likely to become perpetrators of violence both inside and outside the home than children who have not had such experiences. This risk factor could potentially be mitigated through psychological support services and removal to non-violent environments, but there have been few long-term studies of such interventions as a mechanism to reduce future involvement in violence.

A World Bank study on urban gangs in Latin America and the Caribbean explains protective and risk factors for adolescent gang activity. The study finds that the majority of youth gangs emerge in the context of urban poverty. However, local conditions and context seem to shape youth gang dynamics and activity. For example, some gang activity is drug-related and more apt to result in street violence; other gang activities are limited to petty theft, sports and street gatherings. Some gangs are strongly affiliated with their community, others less so. The stronger the links of a youth gang with its local community, the less its violence is directed against the inhabitants of this community,¹⁷⁴ demonstrating the importance of "connectedness" as a key protective factor, as stated in the adolescent health and development literature.

An Inter-American Development Bank study finds that segregation based on class of residential and recreational areas has reduced interaction between social classes, thus increasing the influence of the immediate peer group. Furthermore this segregation contributes to the creation of marginal sub-cultures and gangs who can become involved in socially disruptive behavior and substance abuse. This segregation impedes healthy development, restricts adolescents' contribution to society and promotes the stigma of a "dangerous class" that in turn promotes further segregation¹⁷⁵. The perception of adolescents as delinquents and a problem group poses a further challenge to policies and programs that seek to support this group.

One 1998 study in El Salvador shows the perspective of gang members on both the determinants of gang membership, and their hopes for the future. The latter chart points to an assets-based approach to helping adolescents leave gangs.

FIGURE 9: REASONS FOR JOINING THE GANG

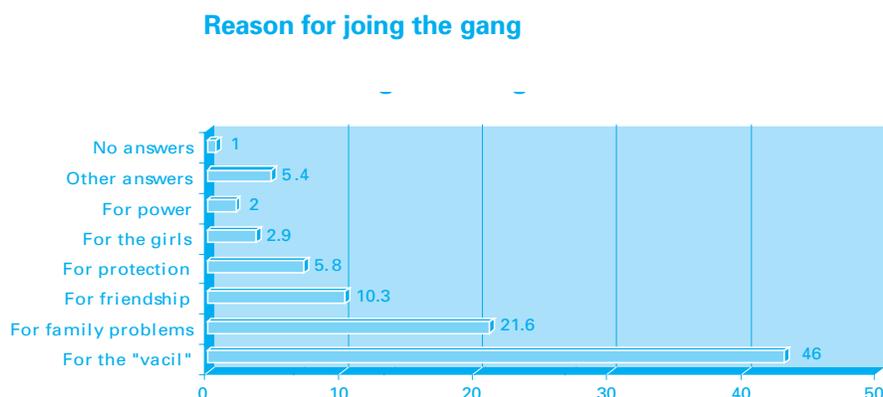
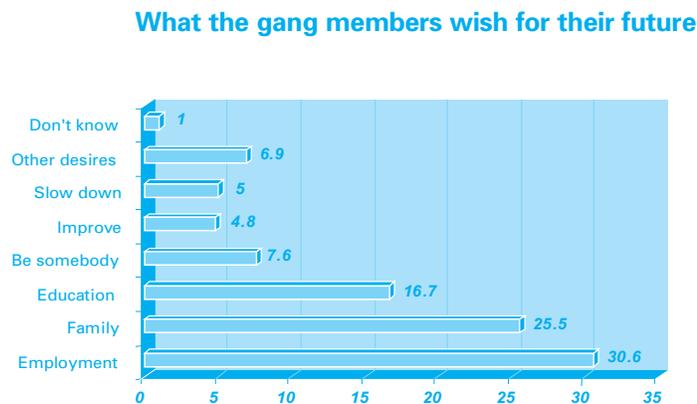


FIGURE 10: WHAT THE GANG MEMBERS WISH FOR THEIR FUTURE



Source: Cruz, J.M. (1998) Problemas y expectativas de los jóvenes pandilleros desde su propia perspectiva - Instituto Universitario de Opinión Pública (IUDOP), Universidad Centroamericana José Simeón Cañas. (quoted in Benuenti 2003)

5.2. PROGRAMS AND POLICIES TO ADDRESS ADOLESCENT VIOLENCE

Those who defend adolescents' human rights have been dismayed by the punitive and rights-violating measures taken by several governments to halt gang violence. The regional Director for UNICEF Regional Office for Latin America and the Caribbean, Nils Kastberg, recently denounced the wholesale sweeps of gang members in Salvador, Guatemala, and Honduras that are putting young people into jail without any criminal charges.¹⁷⁶ This is the kind of abuse that the recent anti-gang laws lead to. Adolescents have the right of freedom of association, and the same right to due process as adults.

Further study and documentation will be important to understand and address gang-related activity in Latin America and the Caribbean. Nevertheless, analysis of risk and protective factors, and of successful programs, shows some promising directions. Most of the youth development literature suggests that strengthening family ties as well as improving educational and employment opportunities would be key entry points for tackling adolescent community violence. Studies cited above suggest that strengthening young peoples' ties to the communities they live in helps to reduce levels of violence within the community.

To accomplish this strengthening of ties, governments and non-government agencies should make efforts to break out of the vicious circle of stereotyping of adolescents, segregation, and negative portrayals that contribute to engagement in street violence. Media involvement could help to ensure a more positive portrayal of adolescents. All adolescent programs should strive to work with both adolescents and adults in their communities to counter negative assumptions and stereotypes and involve adolescents in positive activities that contribute to their communities. "Community service" in adolescent development programs has been found to be a powerful protective factor in programs in the USA against multiple risks.¹⁷⁷

Finally, it is important to train police and community leaders to engage adolescents - especially older adolescent males - in positive ways, by providing them avenues to disengage from

violence, and to contribute to the welfare of their families and communities. For example, *Viva Rio*, a non-profit organization in Rio de Janeiro, Brazil, works to reduce youth violence by changing youth and police attitudes regarding street violence, by involving young people in many positive cultural and development activities, and by organizing buy-back campaigns for small arms.¹⁷⁸

Children in Organized Armed Violence (COAV) is investigating the problem of young people involved in violence worldwide, and documenting effective practices in combating this phenomenon. The countries in the LAC Region in which COAV is involved are Jamaica, El Salvador, Ecuador, Honduras, and Colombia.¹⁷⁹

Where there are gangs, dialogue between authorities and gang leaders is crucial to understanding how these groups can work together to tackle the problem of violence. This was done as part of the DESEPAZ "*Development, Security and Peace*" program in Cali, Colombia and, combined with a range of other measures such as restricting the sale of alcohol, led to a substantial decrease in the homicide rate¹⁸⁰.

Creating "safe spaces" in violent settings is extremely important to allow children and adolescents to be educated and develop in spite of the lack of security in their surroundings. UNICEF experience with this strategy is extensive, and might also prevent children from being drawn into the violence, while decreasing the negative consequences for children, adolescents, and families¹⁸¹.

6. CHAPTER SIX:

ADOLESCENTS IN DETENTION AND JUVENILE JUSTICE SYSTEMS

With the exception of a recent UNICEF study entitled *Juvenile Justice in the Caribbean*, with data from 14 English-speaking Caribbean countries,¹⁸² very little systematic information exists regarding adolescents in detention in Latin America and the Caribbean. The records on the number of people aged under 18 who are being held in detention in Latin America are available from an upcoming UNICEF publication.¹⁸³ Country studies, such as those done in the Caribbean study mentioned above, are necessary to understand the extent of progress in complying with international standards, and the remaining problems to be addressed. This study found only one study reflecting the views and the participation of adolescents in detention.

Reports of adolescent criminality from various countries in the Region suggest that some of the main underlying factors contributing to this behavior and subsequent detention include school dropout, substance abuse, displacement and gang membership¹⁸⁴. Other offences include creating disorder, causing injury, and drug-related crimes. In Colombia, of the 800,000 displaced young people, 30,000 have been tried for various crimes and 2,000 convicted¹⁸⁵. Figures from Chile show that theft and robbery are among the most common crimes committed by adolescents, and that there is a steady increase in the number of adolescents in detention (among both the 14-16 year-old age-group and the 16-18 age-group)¹⁸⁶. In some countries such as Colombia and Trinidad and Tobago, the drug trade exacerbates other underlying factors contributing to adolescent criminality and detention. Data from Latin American UNICEF offices shows extremely high numbers of adolescents in detention in some countries, including 15,474 in Colombia, 9,500 in Brazil, 4,427 in Mexico, above 2,000 in Peru and Paraguay, and 1,822 in Argentina.¹⁸⁷

The CRC as the standard for international law, and other agreements, such as the 1985 UN Standard Minimum Rules for Juvenile Justice (the Beijing Rules) and the 1990 UN Rules for Juveniles Deprived of their Liberty (the JDL Rules), have established clear guidelines on detention of adolescents and on juvenile justice systems.

The CRC and these agreements recommend that all children under 18 (To be referred to as "juveniles" or "adolescents" in the remainder of this chapter) not be tried as an adult for crimes. Juveniles should have separate judicial and detention facilities from adults, and have access to alternative sentencing options other than detention, so that detention is always the last resort. In the justice system, juveniles should have the right to have their views heard by the authorities, and have due process and legal representation in all judicial proceedings. Finally, the Riyadh Guidelines¹⁸⁸ recommend that prevention of juvenile offences should be given high priority, and that all countries abolish status offences such as dropping out of school, begging, and vagrancy.¹⁸⁹

There is an alarming trend in some Central American countries - most notably El Salvador and Honduras - to introduce highly punitive and arbitrary legislation designed to control gang-related violence, regressing on the advances made in bringing their juvenile justice system into line with CRC guidelines. Legislation that reduces the age for adult criminal responsibility, increases detention time, and introduces "status offences" (i.e. offences that are not related to an actual crime, such as wearing gang-related tattoos or clothing) has been introduced, and in some cases approved.¹⁹⁰

Eight countries in the region have children under 18 tried as adults: these include Antigua, Argentina, Barbados, Guyana, Haiti, Nicaragua, Paraguay, and Trinidad.¹⁹¹ The minimum age of

criminal responsibility determines when a child falls under the purview of the juvenile justice system. The Caribbean report cited above recommended that this minimum age be 12, while in several countries in that study it ranges from ages 7-10. The international treaties and agreement do not establish a minimum age, but the CRC has recommended rising this age in certain country reports.

The situation of adolescents in detention is a problematic issue in all of the countries in the eight-country policy study, according to CRC country recommendations. The detention of adolescents is governed by the Child and Adolescent Codes, or Family Codes, which establish the systems of juvenile justice whereby the judges have discretion in their decisions concerning the minors in conflict with the law. In many countries in the Region, including Brazil, Guatemala and Jamaica and English-speaking Caribbean countries, children's' and adolescents' rights are violated by repeated failures to provide them with legal representation and with fair hearings¹⁹². The recommended alternative measures to detention are rarely used.

Unfortunately, much evidence suggests that many adolescents are detained unnecessarily. The bottom line is that deprivation of liberty should only be used as the last resort for minors, yet it is often resorted to automatically. In countries where there are significant backlogs in the justice system in general, the juvenile justice system suffers from similar or worse problems. The UNICEF Caribbean study cited instances of adolescents in Trinidad and Tobago getting "lost in the system," being forgotten for long periods while languishing in detention. A significant number of detained youth have not committed any crime: they are detained for "status offences," which should be subject to interventions and services at the community level, outside of the juvenile justice system.

Human rights committees also voice the concern that detention in juvenile institutions is sometimes used for protection (from domestic violence, for example) and not only for crimes, so that juveniles who have committed no crimes are victimized and harassed when detained with others who have committed violent crimes. Adequate and supervised foster care systems need to be established to avoid placing children needing protection into detention.

6.1. CONDITIONS IN DETENTION

In general, CRC Committee comments suggest that the conditions of detention do not provide the security, educational, health and recreation guarantees of national and international law. CRC Committee recommendations mention police brutality against children in Argentina, Honduras, Brazil, and Mexico, and poor conditions of detention of minors in all the countries. It recommends to all countries improvement on these fronts and special training and education of the public officials in charge of juvenile detention.

Another recurring issue throughout Latin America and the Caribbean is the placement of minors in adult prisons. Although there are laws in most countries that require that juveniles be detained separately from adults, several references in recent *Human Rights Watch* reports suggest a need for greater enforcement of existing adolescent detention laws.¹⁹³ The CRC Committee reports there are instances of illegal detention of minors with adults in the Dominican Republic and in Mexico, as well as of girls with adult women in Trinidad, Suriname, and Antigua.¹⁹⁴ The Caribbean study cited above noted detention of juveniles with adults in four other Caribbean countries.¹⁹⁵

Reports of physical abuse of detained adolescents are frequent and include allegations such as prolonged solitary confinement, flogging, beatings, and other corporal punishment in a wide range of countries including Jamaica, Honduras, Bolivia, Mexico, Trinidad and Tobago, and others¹⁹⁶. In Argentina, there are reports of the "easy trigger syndrome" affecting police officers and of torture and ill treatment of children held in police stations.¹⁹⁷ Children in detention are held under poor conditions including lack of basic services, corporal punishment, and isolation. In its shadow report to the CRC,¹⁹⁸ CELS, an Argentinean NGO, echoes these findings, describing the situation of children who are detained for crime as particularly dire, with reports of torture and of extrajudicial killings committed by police officers. The World Organization against Torture recently questioned the due diligence of Uruguayan authorities because of the total lack of information available on violence against minors in detention¹⁹⁹, but similar comments could be directed at many other countries. The UNICEF Caribbean Report found that several countries still officially allow corporal punishment for juveniles in detention, and recommended that all such laws and regulations be reformed. Trinidad recently passed laws abolishing corporal punishment for all offenders under 18.²⁰⁰

Human Rights Watch Report published in April 2003 a report on Children in Detention in Brazil²⁰¹. It reports that the police routinely beat up the children they capture, and that they are sent to detention centers that do not safeguard their basic human rights. Detention centers for children often confine them to solitary confinement, and do not offer them education or opportunity to learn productive skills. Girls often lack medical care and suffer worse conditions than boys, and their centers of detention have fewer opportunities for exercise or recreation. In detention centers, all are vulnerable to violence from other detainees, and are often subject to violence from state military police, who ensure the security of detention centers.

Beyond these reports of violence, there are other important rights violations for youth in detention that merit further consideration. These include the deprivation or limitation of adolescents' in detention rights to education, access to medical care, religious services, and opportunities for exercise and recreation. Food and sanitary facilities are often inadequate.²⁰² Even in model facilities in the Caribbean, adequate equipment for vocational education is usually lacking.²⁰³

6.2. DISCRIMINATION IN DETENTION

In many cases, especially where the law is open to some interpretation, discrimination against minority groups of adolescents in the criminal system appears to be rife. Although there is little documentation available, two UN bodies have produced reports including information on this subject and some NGOs have sought to bring attention to the issue.

In 2001, the UN Special Rapporteur on Torture visited prisons in Brazil where he found that ill-treatment of detainees was widespread: "It [the ill-treatment of prisoners] was found at all phases of detention: arrest, preliminary detention, other provisional detention, and in penitentiaries and institutions for juvenile offenders. It did not happen to all or everywhere; mainly it happened to poor, black common criminal suspects accused of having committed petty crimes or small-scale drug distribution."²⁰⁴

The UN Permanent Forum on Indigenous Issues has also voiced concerns about the treatment of youth (with clear focus on indigenous youth): "The Forum, taking into account the large number

of incarcerated indigenous children and youth and the need to assist them in reintegrating into society as soon as possible through socio-educational measures, recommends that the Economic and Social Council urge Governments to ensure greater protection and humane treatment of those children and youth while in prison and youth detention centers, and to provide them with socio-educational measures for their rehabilitation."²⁰⁵

In Chile, judges may impose "the most appropriate measure" on youth who have committed crimes. This freedom of interpretation has led to a situation where middle and upper class adolescents who commit serious crimes including armed robbery and homicide are freed with no negative consequences from their crime. In contrast, youth from lower classes who have committed petty crime are often placed in detention²⁰⁶. The UNICEF Caribbean study echoes these findings on discrimination against adolescents from low-income strata: "To street children, due process is a pipe dream; to the children of the wealthy... if they are arrested at all, due process is their right and entitlement."²⁰⁷

In the justice system in this region, as is true globally, being poor or an ethnic minority is a distinct disadvantage that may lead to a significant discrimination in due process and detention conditions. The collection of disaggregated data on adolescents in detention by class, gender, and ethnicity is essential in order to detect this discrimination and take steps to remedy it.

6.3. PUBLIC POLICY FOR YOUTH DETENTION

UNICEF has identified some key areas for intervention to improve the condition of young people in conflict with the law²⁰⁸. These include:

- Governments have to be committed to ensuring that alternatives to custodial sentencing are in place and are used.
- Attitudes and presumptions about juvenile justice need to be challenged.
- Law enforcement officials and staff of detention centers need to be trained and supported in order to be able to deal with children in an appropriate manner.
- Levels of custodial sentencing of children need to be monitored and disaggregated by gender, age and ethnicity.
- Adequate services for rehabilitative responses need to be in place.

The Caribbean juvenile justice study details several recent public policy changes as well as public, private and NGO sector activities that address youth detention. Among the areas where there are notable advances, the study cites several examples and models of programs that provide "diversion from court," which comprises both preventative and rehabilitative measures. The rehabilitative measures provide alternatives for juveniles who are charged with offences to being subjected to criminal charges and court appearances. Such measures include counselling along with other services, under systems similar to probation, for first-time offenders, although no evaluation data is cited, especially with regard to impact on recidivism. Examples of prevention programs include improved foster care programs in Antigua and Barbuda, a new cadre of voluntary youth counselling programs in Belize, and new government Youth Training and Employment Programs in Trinidad and Tobago.²⁰⁹

UNICEF has been actively involved in advocating for and supporting reforms to juvenile justice systems in many countries throughout the region. This support includes technical and financial

assistance, formulation, review and advocacy for the passing of legislation, capacity building of institutions and individuals related to the judicial system, support to reintegration of young offenders, and support for alternative imprisonment of adolescent offenders. The results of this work have been mixed throughout the region, but success stories include the capacity building of officials in the juvenile justice system in Uruguay. Working with the Supreme Court of Justice, the Ministry of Foreign Affairs, the National Police and the Lawyers Association, UNICEF trained judicial officials in children's rights²¹⁰.

Casa Alianza, a Latin American children's advocacy organization, recently won a legal battle against the State of Honduras for illegally detaining children together with adults in the same overcrowded prison cells. Many children were both physically and sexually abused. Casa Alianza took the State of Honduras to the Inter American Commission on Human Rights where, after a prolonged legal process, the State of Honduras was ordered to pay financial compensation to each of the minors illegally detained and to take legal actions against the judges responsible for illegally detaining the children together with adults. This was a landmark case, the outcome of which is that children are no longer jailed with adults in Honduras²¹¹.

Interventions taking place in prisons are generally very specific, dealing with well-defined issues such as HIV/AIDS prevention. In keeping with current recommendations on adolescent health and development programs, it would be more effective to design comprehensive programs that address the multiple risk factors affecting youth in detention, and that put into place some supportive structures. A small focus group study in Trinidad and Tobago suggests some of the features that would protect and support adolescents in detention in this setting.²¹² The adolescents attributed the causes of their crime to:

- i) The failure of the school system to meet the needs of students who fail the common entrance exam and have large amounts of unstructured time; and
- ii) High unemployment, which makes them vulnerable to the remunerative drug trade.

The prisoners' concerns regarding youth crime and suggestions for reform and rehabilitation included:

Concerns: i) social welfare for their families while they are in jail, ii) skills training to make them employable on discharge, iii) employment opportunities, iv) grass roots support (church, school, community), and v) drug information and rehabilitation.

Suggestions for reform and rehabilitation: i) community service as an alternative to prison, ii) drug rehabilitation in prison; iii) half-way houses and drug rehabilitation upon release from prison, iv) educational opportunities in prison to assist in preparation for the School Leaving Examinations, v) access to religious services; and v) some mechanism to facilitate child and family maintenance payments²¹³.

An interesting study carried out in the São Paulo State Foundation for the Well-Being of the Minor by the University of California at San Francisco and the STD/AIDS Program of the State of São Paulo, Brazil exemplifies how prisoner participation in the design of interventions in prisons is crucial²¹⁴. Their intervention was designed to raise awareness of issues relating to HIV and to prevent further infections. The initial design involved running information sessions, which were poorly attended and have little effect on the targeted youth. However, once the youth became

involved in the design of the project, activities such as art graffiti and creating a CD of rap music centered on the themes of HIV/AIDS and drug use were introduced. This led to a large increase in participation in the project and a notable improvement in commitment to the work being carried out. However, the study stopped short of being able to document improved outcomes related to HIV infection for the youth involved.

Other critical issues to be addressed include the retraining of the police force, modernization of the justice system, particular attention to first-time offenders, improvement of how adolescent criminals are portrayed in the media, and promotion of a culture of peace²¹⁵. It is important to note that for many detained youth, there is nowhere for them to take their complaints of maltreatment except to the very officials they are accusing. Alternative channels for such complaints are urgently needed.

The issue of adolescents in detention warrants concerted government and NGO intervention in order to reduce detention to the minimum possible, correct the multiple rights abuses that have been identified, and support systems that reduce the rate of recidivism as much as possible. The lack of rigorous evaluations of programs for adolescents in detention is notable, but typical of the situation for most adolescent health and development issues. Given the high risks and extreme vulnerability of this group of adolescents, more rigorous program evaluations that assess and compare programs for their positive impact on health and development outcomes are needed.

TABLE 9:

Number of Children Institutionalized for Protection	
Argentina	8,601
Bolivia	15,602
Brazil	24,000
Chile	11,593
Colombia	7,695
Costa Rica	5,059
Dominican Republic	1,872
Ecuador	3,347
El Salvador	925
Guatemala	420
Honduras	2,321
Mexico	3,975
Nicaragua	3,000
Panama	2,704
Paraguay	1,771
Peru	4,605
Uruguay	4,703
Venezuela	1,131

Source: UNICEF offices in Latin America, 2004, from UNICEF TACRO, 2005: " La Convención sobre los Derechos del Niño: Quince Años Después, América Latina" publication.

7. CHAPTER SEVEN:

CHILD AND ADOLESCENT ABUSE AND EXPLOITATION

This chapter examines most of the types of violence and abuse in which adolescents are victims, mostly at the hands of adults.²¹⁶ The World Health Organization (WHO) defines child abuse and exploitation as:

"All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."²¹⁷

It is estimated that millions of the children and adolescents in Latin America and the Caribbean are exposed to diverse forms of abuse and exploitation, including domestic violence, involvement in war and armed violence, slave trade, sex trade, international drug trafficking, and sexual abuse and exploitation.

For adolescents worldwide, most instances of child abuse are related to **violence**, including both physical and sexual abuse within the family, in schools, and in other venues such as the street, workplaces, detention centers, and in settings of armed conflict. Whatever form the violence takes, and whether it comes from adults or from other adolescents, violence deprives adolescents of enjoyment of their right to survival, health, and development.

An individual's involvement in violence can take two forms: one can be the victim or the perpetrator. Both are widespread problems in Latin America and the Caribbean, and have enormous ramifications in terms of youth development in the Region.

Worldwide, among the **negative consequences of abuse** for adolescent health and development are physical disability, psychological trauma, diseases including HIV/AIDS, unwanted pregnancy, malnutrition, social ostracism, poverty, poor educational performance, mental illness, and death. In addition to the human costs, these negative consequences bear upon the health care sector, placing extra economic burdens upon health systems due to the elevated costs of treating victims of violence.²¹⁸ The consequences of abuse stretch far beyond the deaths and physical injuries sustained by the victim.

The correlation between being abused as a child and inflicting abuse when an adult, is well-known. Worldwide, adolescent involvement in high risk behaviors and crime is closely correlated with early exposure to violence; for example, 86% of detained youth in Chile had a history of abuse²¹⁹.

Parental neglect deprives children of necessary food, clothing, shelter, and often access to education and health care. It is associated with children's malnutrition, poor health, and accidental injuries. Many street children are either neglected, abandoned, or victims of violence in the home, or both.

The Inter-American Development Bank (IDB) suggests the estimated number of young people suffering severe abuse in the region, including abandonment, is 6 million.²²⁰ Anecdotal evidence also supports the notion that gender-based violence and abuse, domestic violence and intra-family abuse, including rape, are prevalent. However, it is only recently that abuse and

exploitation have been recognized as a public health and rights issue for young people, and attempts to study the various manifestations of abuse and exploitation more rigorously are underway in many countries.

Adolescents in the region face several types of **exploitation**. They may be recruited into hazardous jobs, fall prey to crime-related syndicates, including drug trafficking, and be trafficked into forced labor, armed conflict, or commercial sex work, including child pornography. When young people live or work in dangerous conditions on the streets, they are vulnerable to many kinds of exploitation. The ILO estimates that annually, 1.2 million children worldwide fall victim to trafficking each year.²²¹

Although endemic in most societies throughout the world, reliable data on the incidence and prevalence of youth abuse and exploitation are scarce and largely absent from national and international publications. Because studies often employ different definitions of abuse and exploitation, as well as utilize different methodologies and time frames, it is hard to make comparisons across and within countries. Further complicating the matter is the fact that child and adolescent abuse and exploitation are often hidden within the home, at schools and in communities.

Risk and protective factors for child abuse and exploitation appear to operate similarly across different societies. In general, the data suggests an association between the risk of abuse and the age of the child, with physical risk falling as the child ages, and sexual abuse risk rising, especially for girls.²²² Other factors within the family or the social context that have been suggested as risk factors in adolescents' abuse and exploitation include access to firearms, social isolation (family), cultural norms that support violence, gender and income inequality, domestic violence, and substance abuse.²²³ Protective factors for the adolescents' families include social capital, social support, and the availability of extended family to help create support structures. Connectedness to schools or to any supportive close adult figure is also highly protective against most risky behaviors and risk generating situations.²²⁴

In 2004, the United Nations embarked on a global study to investigate the prevalence, causes and solutions to various types of violence involving children. The study will likely provide more a comprehensive picture of new findings in Latin America and the Caribbean²²⁵.

The following section will briefly review some of the existing information on common forms of abuse and exploitation in Latin America and the Caribbean.

7.1. DOMESTIC VIOLENCE

One of the more tragic aspects of physical abuse suffered by adolescents is that much of it occurs within the home. The available studies in the Latin American and Caribbean region suggest high and rising levels of domestic violence.²²⁶ It has been estimated that 80,000 children die every year as a result of parental abuse²²⁷. The Pan American Health Organization (PAHO) estimates that some type of violence occurs in 30-35% of Latin American families.²²⁸ In Chile, a population-based survey revealed that 63 percent of Chilean children in eighth grade reported that they had suffered physical violence in the home; 34 percent of them indicated having suffered severe physical abuse.²²⁹ A PAHO dataset on the behaviors of school-going adolescents

from nine Caribbean Community (CARICOM) countries (Antigua, Bahamas, Barbados, British Virgin Islands, Dominica, Grenada, Guyana, Jamaica, and Saint Lucia) revealed that one sixth of those interviewed reported being physically abused, mainly by an adult at home.²³⁰ Research from Jamaica, Barbados and Dominica indicate that parents' use of severe disciplinary action on children is common.²³¹

In gathering the views of the young people themselves, a UNICEF survey of Latin American and Caribbean youth used both descriptive and quantitative research (semi-structured questionnaires) to poll a representative sample of 11,852 male and female respondents between the ages of 9 and 18 in 20 countries.²³² The survey finds that 74% of youth respondents in the Region do not perceive the presence of aggressive or violent behavior in their home. However, 26% witnessed aggressive or violent episodes such as shouting or beating at home. The countries with the highest reported figures were Uruguay, Argentina, Peru, and Bolivia. Violence appears to be primarily arguments between parents, but also parental disputes with their children. This survey finds that lower household income is correlated with intra-familial disputes.

In terms of abuse directed against youth, this survey found that when "they do something wrong or misbehave" 16 percent of youth report being maltreated in their homes either through beatings (13 percent) or insults (3 percent). The reports of mistreatment are higher among blacks (21 percent) and indigenous peoples (21 percent), younger children (19 percent), children living in rural areas (17 percent), males (15 percent) and those with lower socio-economic status (15 percent). Accusations of beatings are highest in the Caribbean (28 percent), with the highest reports from Haiti (40 percent), Guyana (23 percent) and Dominican Republic (20 percent). Ecuador (19 percent) and Peru (18 percent) also rank high.²³³

Little data or formal research is available on how domestic violence legislation affects adolescents. However, adolescents often get caught between domestic violence laws and adolescent and child codes. For example, children who are victims of domestic violence are often removed from their homes and placed in institutional facilities. This often creates a conflict between the judge or public official responsible for applying the domestic violence law and the official responsible for applying the child and adolescent code, which in turn often leads to prolonged institutionalization rather than solutions to domestic violence such as foster homes that are in the better interest of the child.²³⁴

7.2. SEXUAL ABUSE AND HARASSMENT

Sexual abuse includes rape, sexual harassment in workplaces or schools, rape as a weapon of war, and incest.²³⁵ Rape, defined as forced sexual relations without consent, can be perpetrated by husbands, older family members, partners, dates ("date-rape"), neighbours, friends, and strangers. Sexual harassment constitutes sexual coercion, although physical force may not be involved, because of the power relationship between the abuser and the adolescent, in which there is an implicit threat from teachers or employers demanding sexual favors to the adolescents' academic grades or continued employment.

This is an area that is very hard to research, and the research on sexual abuse and harassment is sparse in Latin America and the Caribbean, and many research reports on the subject do not

disaggregate by age in order to analyze the situation of adolescents. However, the little evidence that does exist suggests that rape and other forms of sexual violence are increasing throughout Latin America and the Caribbean, and that young people, especially young women - tend to fall victim to this type of abuse more often than do older women.²³⁶ In Colombia, the rate of rape of adolescent girls is estimated to be 2.5 for every 1,000 young women.²³⁷ A study of rape survivors in Mexico City finds that 50 percent of rape survivors are adolescents.²³⁸ Another study in Peru finds that youth experiencing sexual coercion are at high risk for further sexual and physical violence.²³⁹ Little research adequately assesses the prevalence of sexual coercion and exploitation against male adolescents. Further research and information on the experiences of male adolescents would better inform policy discussions on this topic.²⁴⁰

The issue is particularly serious in the Caribbean, where of the one-third of adolescents with sexual experience; about half report that their first sexual intercourse was forced.²⁴¹ Overall one in ten Caribbean youth report they have been victims of sexual abuse, most frequently by adults outside of the home or by other adolescents;²⁴² about one in eight young people report being worried about being sexually abused or exploited.²⁴³ The nine-country CARICOM study noted above estimated that in the study countries 1 in 10 school-going adolescents have been sexually abused.²⁴⁴

For many young people, physical and sexual abuse and harassment are regular parts of the school experience. Corporal punishment remains common in Latin American and Caribbean schools - particularly for boys.²⁴⁵ Following gendered sexual norms, girls are expected to be passive and boys aggressive, making girls exceptionally vulnerable to aggressive sexual behavior from classmates, and sexual advances by teachers. Boys are more at risk for intimidation and physical assault by older boys, and corporal punishment and verbal abuse from teachers. To a lesser extent, they are also at risk for sexual harassment.

7.3. SEXUAL EXPLOITATION

Sexual exploitation includes child prostitution, sex trafficking, and recruitment to child pornography. It is differentiated from abuse by its commercial component; someone is making profits from children's involvement in the sex or pornography trade.

In Latin America, Brazil has one of the highest rates of commercial sexual exploitation of children; one study suggested up to 500,000 girls are prostituted in Brazil.²⁴⁶ Up to 150,000 domestic workers are under the age of 18 in Lima, Peru; for many of these young workers, sexual availability for their male employers or the employers' sons are often unspoken components of their job.²⁴⁷ In Honduras, studies of street children report that the majority of them fall victim to prostitution, and that many are infected with a range of sexually transmitted infections.²⁴⁸ Non-governmental organizations, church sources and UNICEF in Argentina indicate that child abuse and prostitution are increasing throughout the country, although no statistics are available.²⁴⁹ In Mexico, an estimated 90 percent of street children in Mexico City have been victims of sexual abuse; in border areas, especially Tijuana and Juarez, there is a high incidence of commercial sexual exploitation. In Colombia, estimates range from 20,000 to 35,000 children forced into commercial sexual work. Child sex tourism is also a problem in the region, with Costa Rica reportedly having the largest child sex tourism industry in Latin America.²⁵⁰

Sexual abuse and exploitation are also among the most common types of abuse in the Caribbean.²⁵¹ In the Dominican Republic, for example, the estimate of the number of minors involved in prostitution is around 25,000;²⁵² the country is also one of the world's leading source countries for children who are trafficked overseas (fourth after Thailand, Brazil and the Philippines).²⁵³ Both the Dominican Republic and Jamaica are significant sex tourism destinations; and child prostitution is established and linked with sex tourism in Barbados, Cuba, Haiti, and Trinidad & Tobago.²⁵⁴

7.4. ABUSE AND VIOLENCE IN ARMED CONFLICT

Violence and war surrounds thousands of young people in some countries in Latin America, resulting in young people being used as soldiers (see Chapter Two on Child Labor.), being victims of abuse, maltreatment and landmines, or being displaced from their homes. The fighting in Colombia has also displaced more than 3 million Colombians, among them more than a million children.²⁵⁵

Beyond the hardships and horrors of conflict, young people caught in armed conflict are also deprived of educational and other developmental opportunities. The gravest concern expressed by the CRC and CESCR Committees is the persistence of armed conflict in Colombia and its coexistence with the illegal drug trade, which leads to systematic violations of adolescent's rights through death, recruitment into illegal armies, destruction of health and education infrastructure, internal displacement, and the widespread increase in violence.²⁵⁶

A global project initiated by Viva Rio in Brazil "Children in Organized Armed Violence (COAV)" conducted a study of young people involved in the drug trade in Rio de Janeiro. Almost 5,000 armed children are involved in drug trade factional disputes over territorial control in Rio de Janeiro, in "work" conditions very similar to children recruited as soldiers. The number of child deaths in Rio de Janeiro is greater than in some countries in conflict. In the Israeli-Palestinian conflict, 467 children were killed between 1987 and 2001, while the number of children who died violent deaths in Rio de Janeiro in the same period was 3,937.²⁵⁷

In response to this growing problem, the United Nations Commission on Rights of the Child urges governments to adopt more rigid child rights protection laws and encourages states to prohibit participation in armed conflicts before the age of 18.²⁵⁸

7.5. STREET CHILDREN

Street children lack protection and supervision from responsible adults, which makes them particularly vulnerable to multiple forms of abuse and exploitation. In some countries there are reports of abuse of street children by local police. Documentation of human rights abuses committed against street children in the region has come from Brazil, Guatemala and Colombia.²⁵⁹ The CRC Committee has expressed concerns in several countries about police brutality against adolescents in detention and police violence against street children, mostly adolescents, and recommends that this problem be addressed. In Colombia, "social cleansings" (the killing of marginal populations by vigilantes and/or paramilitaries) are targeted against street children,

who are mostly adolescents, and there are reports of "cleansings" in Honduras as well.²⁶⁰ In Brazil, the notion of "social cleansing" has also been applied to street children, who are perceived to be "anti-social" and a "blight to be eradicated rather than children to be nurtured and protected."²⁶¹ Where these abuses exist, they are exacerbated by the lack of channels available to street children through which they can address complaints. As mentioned above, street children are also often recruited into or involved in commercial sex work, or the drug trade, with serious and often fatal consequences for their health and development.

7.6. PROGRAMS IN THE REGION

All countries in Latin America and the Caribbean have programs to address youth abuse and exploitation. Unfortunately, most domestic abuse goes unreported. In particularly egregious cases, the state child or social welfare agencies generally take charge of children suffering from domestic violence or abandonment, but the most common remedy is long-term institutionalization, often under adverse resource-poor conditions.

More investment in programs that provide protection for children and adolescents who are victims of sexual and physical abuse, neglect, or abandonment in their families of origin is urgently needed in the region. This investment generally falls into four categories: 1) sanctions to the abuser, combined with social support and therapeutic programs that halt the abuse or neglect by providing needed support and sanctions to the family system; 2) communications campaigns to lower the acceptability of physical abuse, and encourage the reporting and denunciation of sexual abuse; 3) improvement of the institutions that these children are placed in when there is no alternative; and 4) development of alternative placements that are in the best interests of these children. All these investments should be a high priority, since domestic abuse and neglect affects such a significant proportion of children in the region.

There are some examples of communications campaigns against domestic child abuse in the region, but none is sufficiently evaluated. In Peru, Save the Children has initiated campaigns against corporal punishment, and the government of Chile has carried out a media campaign against child abuse.²⁶²

Some programs, mainly carried out by NGOs, are directed at street children or victims of trafficking. In Guatemala, Honduras, Mexico and Nicaragua, the organization Casa Alianza monitors and cares for over 8,000 street children and has been particularly active in seeking police accountability for the rape, torture and killing of street children. Casa Alianza and the Center for Justice and International Law brought a case against the State of Guatemala to the Inter-American Court of Human Rights (IACHR) regarding the brutal murder of five street children and youth by uniformed police officers in 1990. In 1999 the IACHR condemned the State of Guatemala for violating the Convention of Human Rights²⁶³. This landmark ruling highlighted the responsibility of States towards street children to assist this vulnerable group and prevent further abuses.

In Bolivia, Colombia, Costa Rica, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Paraguay, and Peru, the *Don't Call Me Street Kid!* campaign uses social marketing techniques and community mobilization to draw attention to the needs of young people who spend their time on

the street. In the Dominican Republic, community homes, concentrated in areas of extreme poverty, provide shelter and support to young people. In Honduras, Save the Children trains police to deal with child abuse and trafficking.

A review of the literature addressing abuse and exploitation reveals some additional key areas for intervention, among them:

- Advocating for governmental programs, which could contract NGOs, for sustainable support to programs that protect and promote the development of highly vulnerable groups of young people.
- Obtaining and undertaking new research and analyzing data to more fully address the scope and nature of child abuse and exploitation in Latin America and the Caribbean.²⁶⁴
- Increasing the participation of young people themselves in developing protective programs.
- Standardizing definitions and terminology.
- Reforming and strengthening the legal, judicial and policing systems.
- Using the media and social marketing techniques to address norms, behaviors and values related to abuse and exploitation, and to bring the issues of child and adolescent abuse and exploitation into the public domain.
- Institutionalizing national level mentoring systems for young people, such as big brother or big sister programs.

Child and adolescent abuse and exploitation is a serious global health problem, but the prevalence and social norms around the phenomena need much more study. Existing evidence suggests that these phenomena are common throughout Latin America and the Caribbean, and represent the most serious threat to adolescents' survival, health, and development. Legal protection is necessary, but only the first step in eliminating culturally-approved abusive behaviour. New research initiatives on child and adolescent abuse by the Population Council and Family Health International may soon inform more specific policy recommendations for reducing these violations of child and adolescent rights.

8. CHAPTER EIGHT:

SUBSTANCE ABUSE

Adolescent substance abuse is a significant problem in Latin America and the Caribbean and requires urgent attention, due to the multiple risks and negative consequences associated with this abuse. This chapter will review the regional evidence on abuse of tobacco, alcohol, and other illicit drugs such as marijuana, cocaine, heroin, tranquilizers, and inhalants.

Worldwide, it is during adolescence that most substance abuse begins; if adolescents do not use alcohol, tobacco or illegal drugs during this period, they are less likely to engage in substance abuse later in life²⁶⁵. Therefore, all substance abuse prevention programs must concentrate on this age group.

Worldwide literature cites numerous risks associated with substance abuse, which may include: deteriorating family relations, poor performance at school, unwanted and unprotected sexual activity, accidents, violence, trouble with authorities and the increased risk of HIV transmission. In addition, there are many well-known long-term health risks associated with substance abuse, including liver disease for alcohol, cancer for tobacco, and the many risks associated with use of illicit drugs.

There is a worldwide trend of increasing substance abuse, especially among young people, and the age at which people become involved in substance abuse is falling, aggravating the risks to young people's health and development. The region of Latin America and the Caribbean is no exception to these trends.²⁶⁶ Most studies in Latin America and the Caribbean suggest that consumption of alcohol and tobacco among young people is common across social classes, and is increasing rapidly among women²⁶⁷.

There are no regional studies with comparable data on substance abuse in Latin America. Country-specific studies are cited below. In Central America, overall substance abuse prevalence rates seem to be lower than the rest of the region, but use of tranquilizers and inhalants is more common than in other regions²⁶⁸.

In a recent study of in-school adolescents in the Caribbean,²⁶⁹ 11.1% reported experimentation with smoking. Alcohol was the most commonly used substance: 54% of male adolescents and 40% of adolescent females reported alcohol consumption. Marijuana and steroids were the next most commonly used substances, with levels of use ranging from 28% in Jamaica to 10-11% in St. Vincent and Trinidad. Out-of-school Caribbean youth of low socio-economic status aged 13-19, especially males, are most at risk of substance abuse as well as drug dealing²⁷⁰.

8.1. SUBSTANCE ABUSE RISK AND PROTECTIVE FACTORS

While some young people use drugs for the same reasons as adults (for example, to relieve stress or heighten enjoyment), adolescents also use substances to fulfill the desire to: take risks, demonstrate autonomy and independence, develop values distinct from parental and societal authority, signal entry into a peer group, seek novel and exciting experiences, and satisfy curiosity²⁷¹. Drug use among the disadvantaged is often associated with relieving the pressures of their difficult circumstances, which might include neglect, violence or abuse. Perception of risk is also an important factor in terms of drug abuse: as the perceived risk increases, substance use decreases. However, young people, especially young men, tend to minimize the risks linked to

their own substance use; long-term risks are also given little consideration²⁷². Many experts point to the strong negative influence of the media in tobacco and alcohol abuse, as it links consumption of these with social success and sensuality.²⁷³

A recent study in the Caribbean found that rage, physical or sexual abuse, family substance abuse and mental health problems in the family to be closely correlated with substance abuse. Other risk factors for substance abuse in the Caribbean identified by PAHO include: low quality of life, lack of community support for children, negative peer group influence, communities with low educational aspirations, parents who are not involved in their children's lives, settings where substance abuse is accepted or weakly controlled, and experiences of child abuse.²⁷⁵

Numerous protective factors have been identified in the literature worldwide to help decrease substance abuse among adolescents.²⁷⁶ In the Caribbean and Latin America, positive family relationships, positive school environment, and having spiritual beliefs have been found to be protective factors against substance abuse.²⁷⁷ Furthermore, while the picture may seem negative, it is important to remember that the majority of young people in all these societies do not abuse substances. This is a protective factor, since the influence of the peer group is very important. The young people who are not abusing can and should be involved in efforts to decrease substance abuse.

8.2. SUBSTANCE ABUSE AND GENDER

Most data collected regarding substance abuse is not disaggregated by sex, which is an important oversight that should be corrected in country-level data collection systems. Available disaggregated data shows differing patterns in substance use between males and females. In all countries in the region, boys are more likely than girls to use all substances, and to use them in risky ways²⁷⁸. Substance use, particularly alcohol use, is frequently part of a constellation of male risk-taking behaviors, including violence and unprotected sexual activity. In Brazil, substance abuse among young men was associated with having the "courage" to propose sexual relations, and was likely to impair decision-making²⁷⁹. In Ecuador, 80% of narcotics users are men, the majority of whom are in their late teens or early twenties; in Jamaica, lifetime and current use of marijuana for young and adult men is two to three times greater than for women²⁸⁰. In a study of drug use among school students in Brazil, it was found that girls were twice as likely to consume weight loss drugs and stimulants, and almost three times more likely than boys to use tranquilizers without a medical prescription. Boys were almost twice as likely as girls to use solvent drugs²⁸¹.

8.3. ALCOHOL

Alcohol is the most widely consumed substance by young people; in some cultures getting drunk for the first time is an important rite of passage for males. By most accounts, alcohol consumption enjoys high social acceptability in youth culture in this region.

Reports covering the last decade indicate that ever use of alcohol is extremely high in some countries in the Caribbean among secondary school students, with 90% of 11-19 year olds in St.

Vincent saying they had used alcohol, and 76.3% in Jamaica. Current²⁸² alcohol consumption in Latin America and the Caribbean ranges from a high of 37.8% (among 15-19 year-olds in the Dominican Republic) to 43.8% (among urban secondary school students in São Paulo, Brazil)²⁸³.

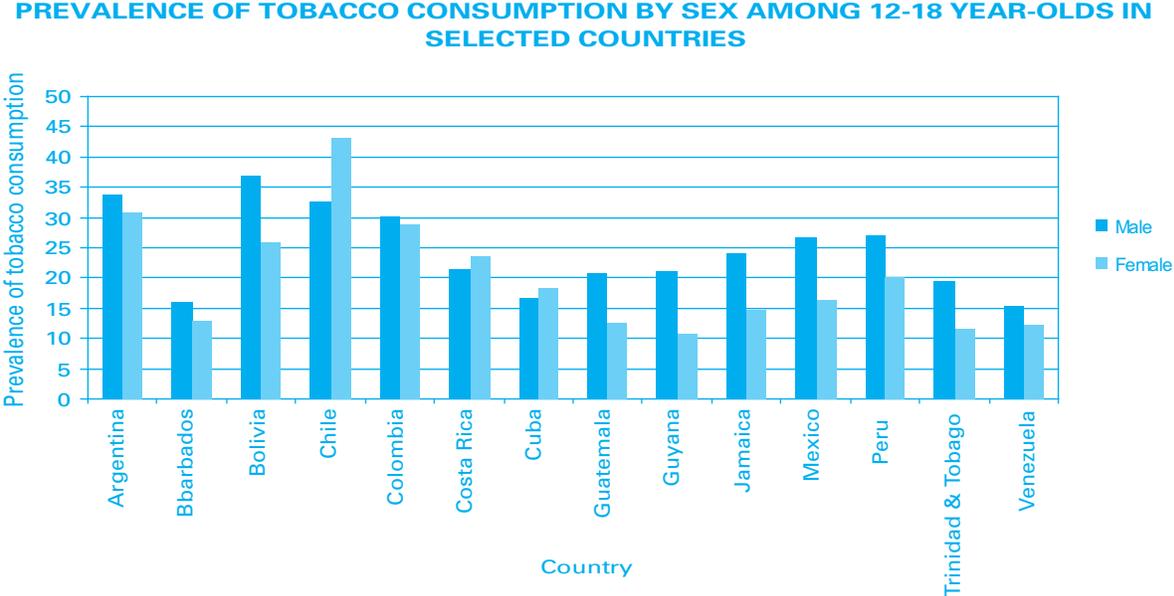
The lack of inhibition induced by alcohol can lead to unprotected sex; furthermore, intoxication can lead to difficulty negotiating condom use. Multiple sex partners, rape and coerced sex are also associated with alcohol use²⁸⁴.

Alcohol use is associated with the leading causes of death among indigenous populations of developing countries, and is becoming an increasing problem in Latin America²⁸⁵. While traditional use of alcohol was ceremonial, indigenous people are now drinking non-traditional forms of alcohol for the purpose of inebriation, which is placing extra pressure on these societies. It would be important to disaggregate the data by age to understand whether indigenous adolescents are using alcohol as well, and what the consequences are for their health and development.

8.4. SMOKING

Tobacco is often the first substance used by children and youth. The graph below shows estimates of smoking prevalence by sex among 12-18 year-olds in selected countries in the Region²⁸⁶.

FIGURE 12: PREVALENCE OF TOBACCO CONSUMY SEX AMONG 12-18 YEAR-OLDS IN SELECTED COUNTRIES



PAHO has reported higher levels of smoking among sub-groups of adolescents: 57% in Peru and 41% in Cuba among 15-19 year-old males, and 40% and 28% respectively among females. In Mexico, 17% of 11-15 year-old males are reported to smoke²⁸⁷. Different studies have shown a wide range of smoking prevalence in the region depending on the age of respondents and how smoking is defined.

The lead risk factor for teenage smoking in South America is smoking among siblings and friends. Other risk factors include poor academic performance, being older, being male, having paid work, and having separated parents²⁸⁸.

A study in Chile showed a high correlation between smoking and high levels of behavioral problems²⁸⁹. Studies in Central America have produced similar findings, suggesting that adolescent smokers constitute a particularly vulnerable group.

8.5. ILLICIT DRUGS

Some experts consider smoking and alcohol to be gateway drugs; consumers in the region are more likely to progress onto using illegal drugs than people who do not smoke or drink alcohol²⁹⁰.

Marijuana (cannabis) is the most widely used illicit substance in Latin America and the Caribbean. The proportion of youth reporting having ever tried cannabis ranges from 1.7% in Peru to 22.7% in Chile,²⁹¹ to 28.3% in Jamaica.²⁹² There is high level of social acceptance of cannabis in many countries in the Caribbean, where consumption in the form of tea constitutes a significant proportion of use.

PAHO reports increasing drug use in Latin American and the Caribbean,²⁹³ and a recent World Bank report on youth development provides some information on adolescent drug use in the Caribbean.²⁹⁴ In Latin America, the use of inhalants is rising, especially among street children, indigenous youth and other marginalized groups of adolescents²⁹⁵. Inhalants such as glue are inexpensive and easy to purchase so constitute the drug of choice for especially vulnerable children. The "high" occurs very quickly, giving the user the immediate effects he/she was seeking. Furthermore, glue masks hunger and cold, which makes it even more attractive to street youth. Rates of inhalant use tend to be higher among poor communities. In São Paulo, Brazil, nearly 24% of 9-18 year-olds living in poverty had tried inhalants²⁹⁶.

There is a wide range of estimates of the prevalence of cocaine consumption among youth in Latin America, ranging from 0.5% to 3.5%. National estimates for the proportion of youth who have ever tried cocaine include: 0.3% in Peru, 0.8% in Colombia, 2.3% in Bolivia, 3.4% in Chile and 6.4% in the Bahamas²⁹⁷. Cultivation of coca in Colombia, where the majority of cocaine is produced, decreased by 37% between 2000 and 2002. Over this period, cultivation in Bolivia increased while in Peru it remained fairly stable²⁹⁸.

Data on heroin use are scant but it appears that there is some heroin consumption in Colombia and Chile. There is some evidence that high-risk youth who progress from other forms of drug use to injecting drug use are more likely to experience early and sustained sex trading, to demonstrate a low level of commitment to school, and to be a victim of violence at the time of onset²⁹⁹. Injecting drug use is of particular concern as intravenous drug use is one of the main modes of HIV transmission in much of South America, where about half of all new infections are among 15-24 year-old³⁰⁰.

8.6. EFFECTIVE SUBSTANCE ABUSE PREVENTION PROGRAMS

As with most risks to young people's health and development, an approach that builds developmental assets through community-strengthening programs is most effective in preventing substance abuse.³⁰¹ Connectedness to supportive systems in families, communities, and schools is extremely important, as are clear boundaries and expectations from the family and school. The assets of social competency (life skills) are important for all young people, and especially important to resist peer pressure if substance abuse is widespread in a particular context. Help with self-esteem and constructing a positive identity may be particularly important for young people suffering discrimination due to poverty or ethnic background. Messages that incorporate traditional teachings and practices have been shown to be promising in prevention programs for indigenous youth in North America³⁰².

The UNDP and the government of Colombia recently implemented a developmental assets-based program designed to prevent and decrease drug use and abuse by strengthening protective factors such as self-esteem, and by fostering communication and creative skills. The media used for this was art including theatre, dance, painting and music. Development of community organization and participation were also crucial to the project. The project evaluation found a high level of internalization of promoted values: respect increased from 62% to 93% and a sense of belonging increased from 42% to 90%. Most impressive was that drug use reportedly decreased from 25% to 7%.

Well-conducted mentoring programs, which are relatively cost-effective, can delay the onset of drug and alcohol usage among youth, and boost school retention and performance, which is an important protective factor. Within the Caribbean, the Big Brothers Big Sisters International mentoring program is operating in Antigua, Barbados, Cayman Islands and Grenada³⁰³.

Once adolescents are already abusing substances, physical and emotional addiction makes it harder to stop. Furthermore, use of illicit drugs marginalizes the young people involved, and pushes their behavior into clandestinity, making reaching them much more difficult. Worldwide evidence shows that many youth involved in substance abuse distrust mainstream services; peer educator program models can be a valuable resource for reaching such youths, as they are more likely to be viewed as credible and non-judgmental. Finally, since connectedness to the family, and family boundaries and expectations, are strong protective factors, it is crucial to involve the family of drug users in any treatment program, unless parental violence or drug abuse makes such involvement counter-productive.³⁰⁴

When youth are asked what substance abuse prevention programs should include, they often mention income-generating activities. Street youth indicate that basic needs such as food and stable housing are their priorities, but that job training, educational upgrading and personal counselling are also important³⁰⁵.

9. CHAPTER NINE:

**SEXUAL AND REPRODUCTIVE HEALTH INCLUDING
HIV/AIDS**

Numerous authors have researched and documented the multiple influences on sexual and reproductive health (SRH) including both individual factors such as self-esteem and psychosocial development, and social/environmental factors, the most immediate being the family and the peer group. Education and the adolescent's relationship to schooling play a primordial role - as a protective factor when the relationship is positive, and as a risk factor if the relationship damages self-esteem, discourages participation, exposes the adolescent to violence or sexual harassment, or in other ways fails to prepare the young person for productive adult life. Opportunities for livelihoods that give young people hope for the future are other key protective factors, as are safe and supportive environments in the family and the community. The media, the mores and norms of the culture and one's community, the degree of respect for human rights in the policy environment, and especially the socio-economic situation of the adolescent and his/her family, all play an important role in determining an adolescent's sexual and reproductive health risks. The field of adolescent sexual and reproductive health has accepted that the most effective way to protect health is to strengthen protective factors while decreasing risk factors such as lack of information, or exposure to alcohol or substance abuse. This consensus on how to promote adolescent health and well-being has led to widespread recognition of the need for comprehensive health and development approaches when preventing and addressing young people's sexual and reproductive health risks.

The table below gives a sampling of general data on various sexual and reproductive health issues, and is adapted from the PAHO study:

Key Resources on this Topic*

Schutt-Aine, J., Maddaleno, M. 2003 : "Sexual Health and Development of Adolescents and Youth in the Americas - Program and Policy Implications." PAHO.

This publication provides an excellent regional overview of protective and risk factors, trends in sexual and reproductive health, and current research on programmatic approaches.

** When information in this chapter does not have a citation, it comes from this study.*

Adolescent sexual activity

- Approximately 50% of adolescents under the age of 17 are sexually active in the region, although for young women, most of this sexual activity is within marriage.
- A significant number of adolescent girls are married or in union. Between 18% (Peru), 38% (El Salvador) and 34% (Trinidad and Tobago) of adolescent girls are married or in union by 18 years of age.
- Between 53% and 71% of women in the Region have had sexual relations before the age of 20.
- The average age of first sexual intercourse is approximately 15-16 for girls in many Latin American and Caribbean countries; for boys, the average age is approximately 14-15. Youth in certain Caribbean countries have initiated sex as early as 10 and 12 years.

Knowledge levels on sexual and reproductive health

- In general, knowledge levels of contraception and awareness of HIV is high, but adolescents know less about other STIs and modes of transmission for HIV.
- Between one-fourth and one-half of girls aged 15-19 in Guatemala, Peru, Haiti and Brazil do not know that a person living with AIDS may appear healthy.

Use of Contraceptives

- Only 30% of sexually active youth in the Caribbean worry about getting pregnant; 26% always use birth control.
- Surveys in the Caribbean suggest that 40% of girls and 50% of boys have no access to contraceptives at first sexual intercourse.
- The percentage of women aged 15-19 with an unmet need for contraception ranges from about 17.5% in Colombia to over 55% in Haiti. (ORC Macro, DHS, 1996-2001).

STI and HIV infections

- Each year, 15% of adolescents between 15 and 19 years of age acquire an STI, the main cause of reproductive tract infections, infertility, and a risk factor for HIV infection.
- In Haiti, 4.9% of males between 15 and 24 years old are living with HIV.

Sexual violence and abuse

- Adolescents are at greater risk to experience sexual violence. In Peru, 40% of young women reported that their first sexual encounter occurred under pressure or coercion.
- In Nicaragua, 20% of men and 26% of women reported having experienced sexual abuse before age 19 (Olsen, A. Ellsberg, M. et. al. *Child Abuse & Neglect*, Vol. 24, No. 12, pp. 1579-1589, 2000).
- In Costa Rica, a study revealed that 95% of pregnancies among girls aged 15 or younger was due to incest (PAHO 1999, Para Vivir Sin Violencia).
- A Caribbean report reveals that of the 38% of adolescents who have had intercourse, half reported that their first intercourse was forced.

Socioeconomic influences on sexual and reproductive health

- In this region and throughout the world, increased educational levels are associated with lower sexual and reproductive health risks. In Colombia, Dominican Republic, Guatemala and Mexico, girls who received 10 or more years of education were four times less likely to have initiated sexual activity by age 20 than those who had less education. In Ecuador, the percentage of young women between ages 15-24 that have been pregnant decreases with education, from 60% (no education) to 29% (university education).
- "Connectedness" with family, with an adult mentor, and with religion is associated with a lower likelihood of having had sex.

9.1. SEXUAL INITIATION

In general, the average age at first sexual intercourse is significantly lower for males than for females in **Latin America** and the **Caribbean**. One study of young people in 11 countries found that the average age of first sexual intercourse for young men ranges from 12.7 years in Jamaica to 16.0 years in **Chile**; for young women, it ranges from 15.6 years in Jamaica to 17.9 years in **Chile**.³⁰⁶ DHS reports from eight countries in Latin America and the Caribbean show that between 53% and 71% of women were sexually active before the age of 20. In **Jamaica**, 21% of boys report having had sexual intercourse by age 10.

In data from the Caribbean that includes both in and out-of-school youth, the age of sexual debut in the Caribbean is almost the lowest in the world, second only to Africa.³⁰⁷ However, approximately two-thirds of in-school young people in the Caribbean state that they have not had sexual intercourse, demonstrating the protective influence of school attendance. Their reasons for abstinence include wanting to wait until older/married, not wanting to risk pregnancy/disease, and not being emotionally ready³⁰⁸.

In the Caribbean, risk factors for early sexual debut include youth rage,³⁰⁹ physical or sexual abuse, parental mental health problems, and parental substance abuse. Strong families, religious service attendance and more schooling are associated with delayed sexual debut.³¹⁰

It is common for males to report that their first sexual experience was with a commercial sex worker. In Guatemala, for example, 45% of males between 15 and 17 report that their first sexual experience was with a sex worker³¹¹. In a study among secondary school youth in Argentina, 42% of boys reported that their first sexual encounter was with a sex worker and 27% reported that it was with a girlfriend. In a study in Peru, however, the tradition of initiating boys with a sex worker seems to be decreasing.³¹² For girls, 89% said that it was with their boyfriend.

In a multi-country qualitative study, young women from Costa Rica and Chile, particularly from the middle-class "reported a loosening of constraint in regard to premarital sex (Costa Rica) and casual sexual encounters (Chile), with notions of female arousal and desire informing this changing sexual order."³¹³ This same study found that the importance traditionally attached to girls' virginity has lessened considerably among the middle class, while among working class young people the importance is "wavering."

9.2. EARLY MARRIAGE

As many experts in the adolescent sexual and reproductive health field have remarked, the special needs of the population of married adolescents are generally ignored in programs in this field.³¹⁴ Yet, as the table below shows, in some countries in the region more than 20% of female adolescents are married by age 18, while in Nicaragua, this percentage rises to 50%. In the LAC Region as a whole, UNICEF reports that 11.5 per cent of girls aged 15-19 are married.³¹⁵ These figures mask diversity, with much higher ages in the Caribbean, and lower ages in countries such as Paraguay, Mexico, and Guatemala.³¹⁶ Marriage age among rural indigenous peoples is typically much lower than that of the urbanized population, in keeping with traditional patterns.

Married female adolescents tend to lose access to educational and recreational opportunities, and to be socially isolated. Because married adolescents often immediately begin childbearing, they and their children run high risks of morbidity and mortality. Often, they marry more sexually experienced older men, and thus run a high risk of contracting STIs - including HIV.

Minimum ages for marriage with parental approval have slowly been rising to 16, although some countries keep the minimum age for girls at 12. (See table of legal ages in the Introduction). It seems probable that low legal age for marriage with parental consent in some countries will be reformed in the near future, since other similar countries have risen the minimum age recently without major opposition. None of the countries have implemented the CRC recommendation of 18 as the minimum age at marriage for both sexes, since children can marry with parental consent. In its country recommendations, the CRC only mentions that the age should be the same for boys and girls, but the General Comment on Adolescent Health recommends that it be 18 for both.³¹⁷

Analyzing the data on early marriage and understanding the trends is complicated because in many countries, the tendency to establish stable unions outside of legal marriage has been increasing steadily and the DHS measures both. While the general tendency in the region is rising age of legal marriage as girls' educational levels rise, in the Dominican Republic, for example, (counting both early marriages and stable unions), the proportion of early marriages or unions actually rose during the early 1990s from 30 per cent to 38 per cent.³¹⁸ In the 2002 DHS survey in the DR, the percent of women who established their first union before the age of 20 was 56.4%.³¹⁹

A Population Council study³²⁰ on early marriage and HIV risks has information from LAC countries with recent DHS studies, and shows very high percentages of married (or in union) female adolescents.(see following table)

TABLE 10: MARRIED ADOLESCENT GIRLS

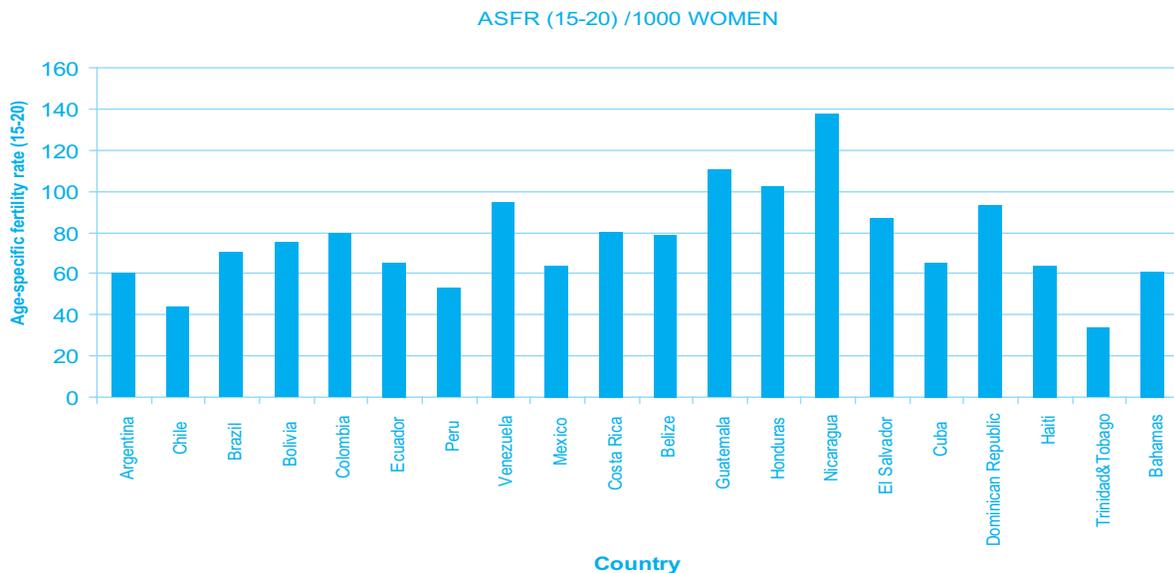
COUNTRY	YEAR	PERCENT MARRIED BY AGE 18 ³²¹	MEAN SPOUSAL AGE DIFFERENCE (BRIDE < AGE 20)	% MARRIED AMONG GIRLS WHO HAD UNPROTECTED SEX LAST WEEK	% OF MARRIED ADOLESCENTS IN SCHOOLS
Brazil	1996	23.7	5.7	71.7	11.1
Colombia	2000	21.4	6.2	77.6	N/A
Dom. Republic	1999	31	7.2	95.6	38.5
Guatemala	1998/99	34.3	4.7	100	2.9
Haiti	2000	24.1	7.1	82.6	N/A
Nicaragua	2001	50.3	5.5	97.3	N/A
Peru	2000	18.7	4.8	81.2	N/A

9.3. ADOLESCENT FERTILITY AND UNWANTED PREGNANCY

Because of low contraceptive protection and early unions, in 15 countries, 30% or more of women have given birth by age 20, ranging from 53% in Ecuador to 30% in Trinidad and Tobago.³²² Region-wide an average of 38% of women become pregnant before the age of 20.³²³ Adolescent fertility rates average 71 per 1,000 in Latin America and the Caribbean,³²⁴ and are higher in rural settings. However, adolescent fertility rates have fallen in many countries, including Chile, Ecuador, Mexico, Dominican Republic, Peru, and Trinidad and Tobago.³²⁵ "Overall fertility rates for adolescent females aged 15-19 years have decreased in the Region, which is attributed to the increases in education levels. But fertility rates remain higher than 100 per 1,000 in Central America, (except Costa Rica) Dominican Republic, Jamaica and Belize"³²⁶. Although adolescent fertility rates in Latin America and the Caribbean have decreased, in many countries the rates among younger adolescents ages 15 to 17 have not shown the same tendency,³²⁷ probably due to changing sexual mores and the lower mobility and access to information and services of this age group as opposed to older adolescents.

The following graph below shows the age-specific fertility rates for women aged 15-20 in select countries.³²⁸

FIGURE 12: AGE - SPECIFIC FERTILITY RATES FOR WOMEN AGED 15-20



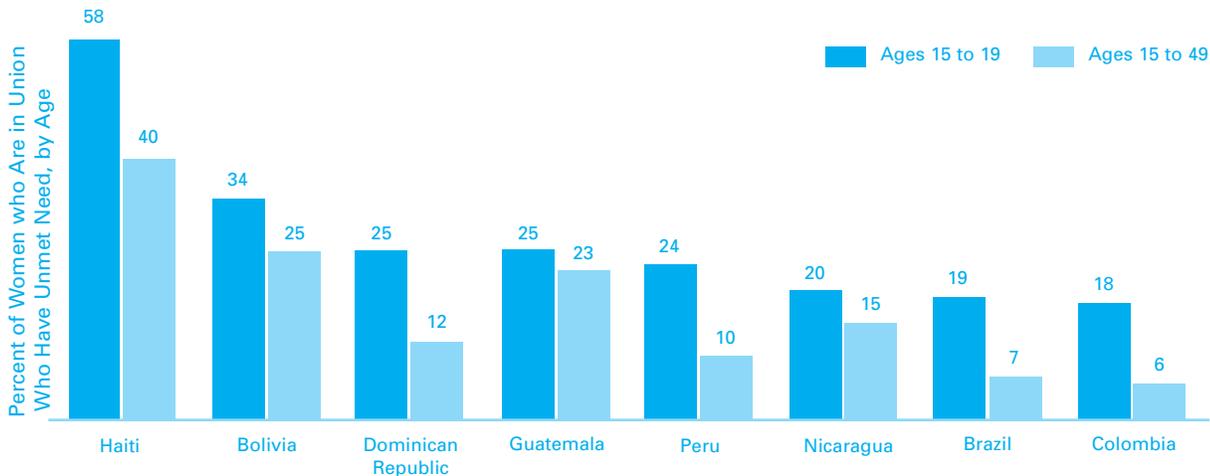
Adolescent fertility rates (AFR) disguise enormous internal disparities, mirroring socio-economic inequalities in the societies in the region. In Brazil, the AFR is 176 for the poorest quintile and 28 for the richest. The only other countries for which this data is available - Bolivia, Colombia, Dominican Republic, Guatemala, Nicaragua, and Paraguay - show similar disparities.³²⁹

Indigenous communities tend to have a higher overall fertility rates, including adolescent fertility; this is especially marked when the indigenous community suffers social exclusion and/or geographical isolation. Exceptions to this trend include the Aymara and the Quechuas in Bolivia and Ecuador whose adolescent fertility rate is lower than that of the general population, which can be explained by cultural patterns whereby these indigenous women exercise greater reproductive control as adolescents: they rarely marry young and are less likely to engage in pre-marital sex³³⁰.

There are many reasons why these rates - and especially the high rates among low-income adolescents - should be of concern. As in most of the world, married adolescent girls begin childbearing early, and often lose all opportunities to pursue their education. Adolescent pregnancy among both married and unmarried girls maintains the circle of poverty by impeding the mother's education and development. Pregnant girls who are unmarried face ostracism by their families, peers and school administrators, and the stigma associated with early and out-of-wedlock childbearing prevents them from completing their education.³³¹ The UN treaty bodies have expressed concern in several countries about the expulsion of girls from educational institutions for being pregnant. Several countries have responded positively to these concerns. Argentina³³² and Peru³³³ and recently, Chile, have specific laws prohibiting this expulsion, while in Colombia, the Constitutional Court has interpreted the Constitution as prohibiting the expulsion of pregnant girls from school.³³⁴

Another important concern related to adolescent pregnancies is that unplanned adolescent pregnancies to unmarried (or not in stable union) girls are more apt to be unwanted, often leading to unsafe abortions -whether self-induced, or through unsafe service providers. In the policy study (which included eight countries), the treaty bodies have pointed to high rates of maternal mortality are linked to illegal, unsafe abortion in the recommendations for Brazil, Colombia, Mexico, Peru and Trinidad.

In most countries, contraceptive knowledge rates are high; 90% of adolescent women know about at least one modern contraceptive method, but data on adolescent contraception suggest that contraceptive use rates among adolescents - while rising - are still strikingly low.³³⁵ In many countries in the region about 25% of 15-19 year old women report an unmet need for contraception, and in most countries, this age group shows significantly higher unmet need than adult women.³³⁶ Some of the variation within the region is evident from this chart.³³⁷

FIGURE 14:**Unmet Need for Family Planning**

As a result of unmet need, between 35% and 52% of adolescent pregnancies in the region were not planned³³⁸. Poor access to reproductive health services and low rates of contraceptive use make Central America the sub-region with the highest rate of unwanted pregnancies³³⁹. Only a quarter of young people in the Caribbean consistently use birth control; few worry about pregnancy or AIDS³⁴⁰. Indigenous households in the region tend to have less access to reproductive health services and have higher fertility rates. This is especially marked among the Amazonian indigenous population in Brazil and the indigenous population in Paraguay³⁴¹.

One potential major barrier to legal access to reproductive health services for unmarried adolescents urgently needs investigation: the potential lack of confidentiality of the adolescents' use of medical services when covered by their parents' insurance. The policy review in this situation analysis had difficulty finding information on the legal age of consent to private medical services and on fulfilment of the right to confidentiality of adolescents. However, even in situations in which there is no prohibition against providing confidential sexual and reproductive health services to adolescents, it is well documented that judgmental or hostile provider attitudes often pose a barrier to unmarried adolescents' access to services.

Besides barriers to contraceptive use, other factors associated with adolescent pregnancies include gender relations that prevent a woman from having control over her reproductive choices, stigmatization of female adolescents' sexuality which cause them to never "prepare for sex," experience with other risk-taking behavior such as substance abuse, the perception that friends are sexually active, family poverty (especially for girls), and lack of life opportunities. Adolescent parents of both sexes are more likely than their childless peers to have had mothers who were themselves adolescent mothers, and to have had unsatisfactory relationships with their fathers³⁴². In indigenous culture, age-related initiation ceremonies may lead to early marriage and pregnancy for girls and to assuming adult responsibilities before their capacities are fully developed for boys³⁴³. Protective factors against early pregnancy include being in school, having a higher level of knowledge about reproductive health, and having a close adult mentor.

9.4. UNSAFE ADOLESCENT PREGNANCIES

The stigma associated with adolescent pregnancy leads many girls to seek an abortion. However, given the legal restrictions on access to abortion in most of Latin America and the Caribbean, most abortions are clandestine and unsafe, which contributes significantly to maternal mortality and morbidity in the region. In Latin America, between 10 and 21 percent of hospitalizations for complications arising from unsafe abortion occurred among adolescents. Among women hospitalized after abortion, one-third of adolescents suffered sepsis, compared with one-fourth of adult women.³⁴⁴ Pregnant adolescent girls are more likely to experience spontaneous abortion or to seek unsafe induced abortion than older pregnant women³⁴⁵. In addition, they tend to seek abortions later which can lead to later-term abortions that substantially increase the risk of complications³⁴⁶. Between 21% and 30% of pregnancies in Mexico, Colombia, Brazil, Dominican Republic, Chile and Peru end in abortion. In Chile and Argentina, where abortion is highly restricted, more than one-third of maternal deaths among adolescents are a direct result of unsafe abortion³⁴⁷.

Data on abortion practices in the region is very limited, and the numbers below are calculated based on hospital-based cases and complications.

NUMBER OF ABORTIONS PER 1,000 WOMEN (15-19) IN SELECTED COUNTRIES :³⁴⁸

COUNTRY	NUMBER OF ABORTIONS PER 1,000 WOMEN (15-19)
Dominican Republic	36
Brazil	32
Colombia	26
Peru	23
Mexico	13

Anecdotal evidence from the region suggests that abortion-related mortality and morbidity is often hidden in the official statistics. No one knows how many deaths officially due to haemorrhage or sepsis in fact result from unsafe abortions. In one evaluation study in the Peruvian highlands, evaluators heard stories from village women of pregnant adolescent girls jumping off roofs, or into lakes; deaths that would be officially classified as suicide.³⁴⁹

Widespread access to sexual education; including both encouragement of abstinence and information about safe sexual practices would prevent most unwanted pregnancies and illegal abortions in the region.

9.5. MATERNAL MORTALITY

Worldwide, adolescents aged 15-19 are twice as likely, and girls aged 10-14 are five times as likely to die in pregnancy or childbirth as women aged 20-24³⁵⁰. Indeed, maternal mortality remains one of the leading causes of death for adolescents in this region³⁵¹. Furthermore,

maternal mortality rates among indigenous peoples and women living in rural areas tend to be higher than those of the general population. This may be partially due to earlier ages at marriage among indigenous populations,³⁵² and also because indigenous communities tend to cluster in isolated rural areas with relatively low access to reproductive health services or to modern health services of any kind. In many instances, the same interventions that would reduce maternal mortality overall, such as increased access to skilled attendants in childbirth, would also reduce the mortality of adolescent pregnant girls. In the region, women of all ages in rural areas and some low-income peri-urban areas do not have access to emergency obstetric care, which is necessary to save their and their infants' lives in these circumstances. Poor availability and quality of ante-natal care services contribute greatly to maternal mortality in the region, especially in rural indigenous areas of countries such as Ecuador, Peru and Bolivia.³⁵³ An additional factor leading to lack of use of services in indigenous communities in the Andean highlands is the lack of cultural sensitivity and often disrespect that characterizes the treatment that indigenous women receive in the public reproductive health services.³⁵⁴ Within this overall picture of the vulnerability of rural - and especially indigenous - women, pregnant adolescent girls are at even higher risk because they tend to seek ante-natal care late or not at all in comparison to adult women³⁵⁵.

One important risk factor in maternal mortality is anaemia. Adolescents are at increased risk of iron deficiency as they are still growing and at the onset of menstruation³⁵⁶. In a situation where anaemia and malnutrition are common and where access to health care is poor, childbearing among young women whose physical growth is incomplete may bring disproportionate health risks³⁵⁷. The immature pelvis of younger adolescents, or stunting from nutritional deficiencies in childhood, can lead to obstructed or prolonged labor, which is one of the more serious complications of childbirth and can lead to long-term health problems or death.. Difficult labor also puts these young women at risk for postpartum infections.

9.6. HIV/AIDS AND STIS

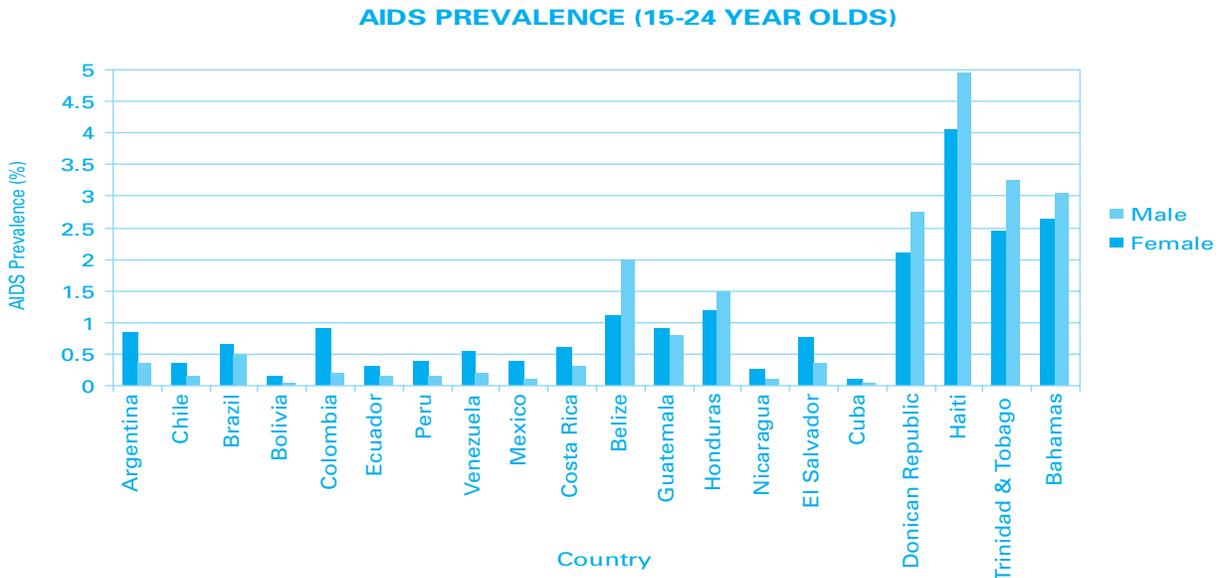
Gender and sexuality norms for men encourage both early sexual initiation and multiple sexual partners, putting young men who follow these norms at high risk of contracting HIV and STIs such as Chlamydia and HPV, which is implicated in cervical cancer later in life. Barriers to condom use and to access to services for treatment also put young people at higher risk. Reported condom use rates are very low in the region. For example, in Colombia and Peru between one fifth and one third of sexually active young men reported using condoms; among homosexual young men in Peru, 40% reported having recently engaged in unprotected anal intercourse.³⁵⁸ An analysis of DHS surveys from eight countries showed condom use rates among sexually active young women varying from less than 10% (Paraguay, Nicaragua, and Bolivia), 15% in the Dominican Republic, to over between 20 and 30 percent (Brazil, Colombia, Guatemala, and Peru).³⁵⁹

As is the case with reproductive health services, adolescents often do not seek treatment for STIs due to barriers such as social norms, economic cost, health service providers' attitudes, lack of confidentiality and lack of knowledge of services. In Brazil, nearly 30% of sexually active adolescent males in low-income areas stated that they had had an STI at least once; about one third of these resorted to self-treatment. In Haiti, STI prevalence is 9.9%. Reliable information on

STI rates among adolescents is lacking in most countries, because of the high incidence of self or no treatment. Most adolescent males with symptoms probably consult their local pharmacy for treatment.

There are an estimated 560,000 youth (15-24) living with HIV/AIDS in Latin America and the Caribbean; 69% of these are males, 31% are females³⁶⁰.

FIGURE 15:



About half of all new infections in the region are among 15-24 year olds, with this proportion rising to 60% in the Caribbean, where 25% of hospital beds are filled with AIDS patients. AIDS is the leading cause of death in the English-speaking Caribbean. Rates of HIV in some countries in the Caribbean (some of which are shown on the right-hand side of the graph) are second only to those in Africa. Heterosexual sex is the primary mode of transmission of HIV in the Caribbean. As in Africa, the greater vulnerability of young women is evident in some of these countries. In Trinidad and Tobago, the female to male ratio in HIV infections is 5:1, and in Jamaica, new infections are increasingly concentrated among adolescent women.³⁶¹

In Latin America, while the role of heterosexual sex in new infections is rising along with rates among young women. Generally, prevalence is lower than in the Caribbean, and the epidemic more concentrated among highly vulnerable groups, including commercial sex workers, young men who have sex with men, and intravenous drug users.

The proportion of women aged 15-19 who know where to go for an HIV test ranges from about 22% in Haiti to over 80% in the Dominican Republic and Cuba³⁶². The proportion of young women who have no information or erroneous information regarding HIV ranges from 36% in Trinidad and Tobago to almost 75% in Bolivia³⁶³. The 2001 DHS survey in Honduras shows that although male adolescents claim to be well informed about sexual and reproductive health, their understanding is actually quite limited.

The role of labor migration in increased vulnerability to HIV/AIDS has received attention recently.³⁶⁴ Male and female migrants are isolated from family and community relations and social support networks, and may engage in sexual activity with sex-workers and/or multiple partners. The marginalized status of migrants increases their vulnerability to HIV/AIDS. Cultural and linguistic barriers often prevent migrants, especially indigenous men and women from accessing health and social services. However, the studies available do not highlight the special vulnerabilities of adolescents in this situation.

There are an estimated 578,000 AIDS orphans in Latin America and the Caribbean³⁶⁵, and this number will undoubtedly increase as the epidemic matures. Since closeness to families, combined with education, are perhaps the most significant protective factors against the risks to adolescent health and development, this population of children and young people is highly vulnerable and in need of protection.

9.6.1. Gender and Reproductive and Sexual Health

As mentioned above, in some Caribbean countries, girls aged 15-19 are up to five times more likely than their male counterparts to be HIV positive³⁶⁶. Although not yet so pronounced in Latin America, new HIV infections among girls are increasing throughout the region. One factor contributing to this is the well-known particular biological susceptibility of young girls to HIV (and STI) infection, which is due to a variety of factors.³⁶⁷ However, this does not tell the whole story: the continued subordination of women throughout the region leaves them unable to negotiate safe sex or to protect themselves from HIV transmission. This is especially pronounced among young girls. A recent article from Brazil pointed out that HIV/AIDS is spreading at an alarming rate among teenage girls in Brazil, with six 13 to 19-year-old girls infected for every boy in that age group, at the same time as rates among male adolescents are falling.

The director of Brazil's HIV/AIDS program pointed out a dynamic that has been identified worldwide as a source of girl's vulnerability. "Besides having less bargaining power to convince their partners to use condoms, girls tend to stop insisting on condom use once the relationship evolves into a more stable one based on ties of affection," when they begin to use other contraceptive methods, putting a higher priority on preventing pregnancy.³⁶⁸

The role of gender-based violence in the HIV/AIDS epidemic has been highlighted in recent studies and conferences, but as with other issues, most studies do not report data on adolescents separately. Certainly, sexual violence or harassment usually entails unprotected sex, and consequent risk of infection with HIV or other STIs, and pregnancy. There is some evidence to suggest that suffering physical violence from a sexual partner also greatly reduces young women's power to negotiate with their partners to use condoms, or any kind of contraception.

Many societies increase adolescent boys' risk of infection by condoning and encouraging early sexual activity and multiple sexual partners for men. In Mexico and Brazil, young men say that once aroused men cannot turn down a sexual opportunity, because this would be non-masculine³⁶⁹. Motivation for sexual activity was often stated as "sexual desire and physical necessity" for boys while girls more frequently mentioned the desire for a more intimate relationship. Adolescent women more frequently report having sexual intercourse within the

context of a relationship, while young men more frequently report having sex with multiple partners and in more occasional relationships³⁷⁰.

Same sex attraction and behavior is not widely discussed in the Caribbean, but it appears that it is becoming more evident in adolescent social circles. There is concern that sex tourism may attract young men into same sex relationships for economic reasons rather than sexual orientation³⁷¹. Although they did not necessarily consider themselves homosexual, 28% of young men in Latin America reported having had sex with another male. In Latin American culture, the passive partner in male-male sex is the one who is stigmatized as homosexual.

The role of gender norms in adolescent pregnancy has also been widely studied. Many of the same factors mentioned above - subordination of women and girls, and violence - are also factors in unwanted pregnancies. In some societies in the Caribbean, expert observers report that socio-cultural norms give high value to paternity for boys as a way to affirm their masculinity, and to maternity for girls as a way to cement a relationship with their partner.³⁷²

9.6.2. HIV/AIDS among Afro-descendants and Indigenous Youth

Although the relative isolation of indigenous communities can sometimes serve as a protective factor against HIV, indigenous youth can also be more vulnerable at times, especially in communities where men (young and older) migrate seasonally for work. Increased vulnerability can also be due to a lack of effective preventive programs, the lack of appropriate medical care, lack of educational and employment opportunities, and social stress caused by the erosion of traditional values and customs. Information material is often not available in indigenous languages. This combination of risk factors suggests that if HIV enters these communities, there is great potential for rapid spread of infection³⁷³.

In Honduras, with the highest HIV/AIDS rates in Central America, according to some estimates, the prevalence of HIV infection among adults in the Afro-descendant Garífuna population is nearly three times as frequent as in the general Honduran population.³⁷⁴ Other Afro-descendant minorities on the Caribbean coast of Central America may be similarly at risk, but this review found nothing in the literature on the subject. In all countries where Afro-descendants suffer social and economic discrimination, such as Brazil, the ensuing poverty and marginalization would make these populations more vulnerable to reproductive and sexual health problems, including HIV.

Since some of the countries in the Caribbean with the highest HIV prevalence rates also have a majority Afro-descendant population, it is unclear whether or through what dynamics the vulnerability to HIV in these countries might stem from racial discrimination. It seems more likely that socio-economic and cultural factors in these countries (including the tourism industry and patterns of migration to and from the United States) would better explain the dynamics of the epidemic.

9.7. PROGRAMS ADDRESSING ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH

The examples of several countries in the region show that effective preventive action against HIV is indeed possible. In Brazil, condom use among young men increased from 5% to 50% between 1986 and 1999, while in Mexico, 42% of sexually active adolescent males and 35% of females used a condom in their first sexual intercourse, percentages comparable to European countries.³⁷⁵ Even though the Dominican Republic shares an island with Haiti, the country in the region with the highest HIV prevalence, the DR's prevalence has declined due to prevention efforts that result in more than 50% of 15-29-year-old using a condom with non-cohabiting partners.³⁷⁶

This review cannot pretend to review the many adolescent reproductive health and HIV/AIDS prevention programs in the region. The examples of Mexico and Brazil clearly demonstrate the role of political will at the highest levels of government in combating the epidemic. Only governments have the capacity to sustain such programs at scale. The controversies that attend sexual and reproductive health programs for adolescents often weaken political will. Therefore, advocacy is perhaps the most strategic component of any initiative to address the sexual and reproductive health issues outlined in this chapter.

In Mexico, the government started a national adolescent program focusing on sexual and reproductive health as well as drug addiction and substance abuse. Each health authority established one specialist adolescent clinic, and services and health promotion were also delivered through schools. Issues related to sexual and reproductive health were included in the school curriculum. Between 1990 and 2000, birth rates among 15-19 year-old girls fell by 17%. However, an evaluation showed that adolescents only had limited knowledge about sexual and reproductive health, and only a small proportion of adolescents were reached due to the high number of adolescents not attending school. Nevertheless, among in-school adolescents, this program exemplifies an effective approach to increasing the coverage of adolescent health services with attention to preventing early pregnancy and HIV³⁷⁷.

Brazil has recently expanded its efforts to target adolescents for AIDS prevention programs. Brazil's AIDS Program has registered more than 5,500 cases of AIDS among adolescents between the age of 13 and 19 since the 1980s.³⁷⁸ In an attempt to increase AIDS awareness and slow adolescent HIV infection rates, the Brazilian government reaches out to youth with its new prevention program entitled *Fique Sabendo*.³⁷⁹ As is now well documented, access to care and treatment both saves lives, and increases the effectiveness of HIV prevention efforts. Brazil's program has been hailed as a model of best practice of large-scale ARV delivery³⁸⁰. If Brazil follows worldwide patterns, around half of the new HIV infections are among adolescents, who would be major recipients of the program.³⁸¹

In order to achieve the millennium development goals of reducing maternal mortality, and combating AIDS and other infectious diseases, sexual and reproductive health programs in Latin America and the Caribbean must better meet the needs of both married and unmarried adolescents. For many adolescents, especially the most vulnerable, their health, survival, and development are at stake, and all duty-bearers have an obligation to protect them. The two latest General Comments to the Convention on the Rights of the Child; the third General Comment on HIV AIDS and the fourth on Adolescent Health - are highly relevant to sexual and reproductive

health issues. The comments provide excellent guidance on the design of adequate programs and policies and on the comprehensive nature of effective interventions to protect adolescent sexual and reproductive health in particular, and adolescents' health and development in general.³⁸²

10. CHAPTER TEN:

**RECOMMENDATIONS TO UNICEF REGIONAL OFFICE FOR
LATIN AMERICAN AND THE CARIBBEAN ON ADOLESCENT
DEVELOPMENT, HEALTH, AND PARTICIPATION**

10.1. INTRODUCTION

These recommendations are based on three different reviews carried out from April to August of 2004 and on international evidence on adolescent development and health programs:

- a) A regional Situation Analysis using only publicly available literature and data,³⁸³ focusing on nine key topics: education, child labor, recreation, adolescents in detention, physical and sexual violence, child abuse and exploitation, substance abuse, gender issues affecting both boys and girls, and sexual and reproductive health - including maternal mortality, unwanted pregnancy, and HIV/AIDS.
- b) An additional analysis of survey data from the UNICEF regional conference on child participation yielded recommendations to UNICEF staff on adolescent participation.
- c) A review of legal and policy evidence from the human rights treaty bodies - with a special focus on CRC and CEDAW - and from national legal databases on eight countries in the region, written by Julieta Lemaitre.³⁸⁴

10.1.1. Overarching Principles

Several **overarching principles** in the current frameworks for young people's development and a human rights approach based on the CRC and CEDAW form the basis for the program and policy recommendations in this review.

10.1.1.1. Young people's participation should be promoted in programs and policies that affect their lives: in the design, implementation, and evaluation of programs, and in decisions on youth policy. Meaningful participation ensures that programs and policies are responsive to young people's needs and preferences. Participation efforts need to ensure that all sectors of young people who are to benefit from a program are represented.

10.1.1.2. A "positive youth development" framework builds on adolescents' assets and strengths, and enhances protective factors for health. This approach does not focus narrowly on specific problems or risks. This approach uses:

- a) **Comprehensive multisectoral program designs** with multiple channels for providing information, building capabilities, providing counselling and services, ensuring safe protective environments, and providing opportunities for education and livelihoods.
- b) **Community and parent involvement** that make development and health programs accessible to adolescents, especially girls and young women, and help to sustain program effects by having these key adults adopt social norms that support adolescents' health, development, and full participation.

POSITIVE YOUTH DEVELOPMENT

Positive youth development moves beyond narrow biomedical views of what we do not want for young people (e.g., disease, drug use, unwanted pregnancy) to what we do want for them and to what they want for themselves.

1. The first principle of "positive youth development" is that a society has to have a positive vision to guide its young people. "Being problem-free does not necessarily mean that one is prepared for adult hood" (Pittman et al., 2000). Generally, this positive vision has to do with helping young people attain the important assets for citizenship and adulthood such as education and training, employment, life skills, health, ethical values, social networks, critical thinking and decisionmaking skills, self-esteem, and pride in one's heritage and culture. Youth development professionals speak of the 4 C's - competence, confidence, character, and connections (Pittman and Irby, 1996) as the keys to youth development.
2. The second principle is a strong focus on building capacity in communities, and not just in programs, as the overall context that must support positive youth development for the program to have a sustainable impact.
3. The third principle holds that youth themselves, in partnership with adults, have critical roles to play as stakeholders in all efforts to promote their health and development. Accordingly, one must add a fifth C - contributions - to underscore that young people need to be fully engaged in their communities and their society. **The tasks for this stage in life cannot be limited to preparation for future adulthood; at this stage, youth need to begin to participate actively. Youth must not be targets, but rather protagonists, in programs.**

10.1.2. A CRC-based human rights framework for programming mandates that policies and programs:

a) **Make the best interests of the child a primary consideration**

When adolescents "misbehave" by engaging in crime, sex, or substance abuse, the consequences often pose a threat to their survival, health, and development; in a human rights framework, the government and other adult duty-bearers are obliged to protect them from these threats. However, in this region as in many others, a perverse quasi-religious logic equates removal of the worst negative consequences of socially disapproved behavior with approval and promotion of the behavior. Denying young people access to factual and comprehensive sexual education and to contraception, for example, condemns many adolescents to avoidable illness, suffering, and death - whether from HIV, unsafe abortions, or too early pregnancies. Recent General Comments from the CRC Committee have urged States to provide complete sexual and reproductive health (SRH) information, education and private, confidential services. Providing such education and services does not "promote promiscuity"; rather, it protects' adolescents' right to health, development, and survival.

Likewise, for juvenile delinquents in detention, the State has a duty to protect them from violence and abuse, and has a positive obligation to provide education and livelihoods

opportunities and health services that fulfil their right to achieve optimal development and health. Expanding means of avoiding detention, and providing well-equipped and safe places of detention, should not be viewed as "rewarding" crime, or as a failure to punish crime, but rather as enhancement of protective factors that help to prevent adolescents from continuing in crime.

b) Protect adolescents' survival, health, and development

Governments have an obligation to identify and give priority to the most vulnerable, unprotected segments of adolescents whose survival and development is most at risk. In the Latin American and Caribbean region, this category includes adolescents who are on the street, in detention, HIV+, disabled, engaged in commercial sex, engaged in alcohol or illicit drug abuse, gay (or MSM), in gangs, involved in crime, in areas of conflict, in emergency situations, refugees, labor migrants, and all adolescents living in extreme poverty. Indigenous and afro-descendant adolescents are disproportionately represented in the strata in extreme poverty. The situation analysis found a notable dearth of reliable age-disaggregated information on the numbers involved in and the situation of these groups. Because many of these problems tend to cluster, i.e. adolescents involved in crime are more likely to be involved in alcohol or substance abuse, holistic programs addressing the risk and protective factors in their environment are indicated.

c) Ensure non-discrimination in all policy and programmatic work

This principle arises from recognition "that all adolescents subject to discrimination are made more vulnerable to abuse, other types of violence and exploitation. Further, their health and development are put at greater risk."³⁸⁵ This principle mandates an active commitment to give high priority to support the development of all adolescents that suffer from discrimination. For example, adolescent girls are discriminated against in their access to livelihoods and in some contexts in their access to education. Other issues to address in order to ensure equity include all forms of physical and sexual violence against women, early marriage, unwanted pregnancies, and lack of status and power within families. This principle also mandates an important commitment to redress the discrimination against indigenous and afro-descendant adolescents, and other groups such as disabled adolescents and the highly vulnerable groups named above.

d) The views of the child must be heard and given due weight

In most countries, sustainable and institutionalized mechanisms are lacking for *young people's participation* in design, implementation, and evaluation of programs and policies that affect their lives. Youth ministries, education ministries, and others, need to set up such mechanisms for young people's participation.

Another important component of rights-based programming in general is **attention to the law and policy context**. The regional policy analysis³⁸⁶ asserted that "the largest obstacle to the enjoyment of rights by adolescents is not the lack of legislation but the lack of implementation of existing legislation. Therefore the main recommendation of this review

to the regional office of the UNICEF is that it increase efforts to document and support the implementation of existing legislation." In juvenile justice, for example, even though most countries' laws mandate that juvenile offenders not be detained with adults, in practice this often happens. UNICEF and its partners can be instrumental in conducting advocacy to detect and denounce these gaps between policy and practice.

UNICEF and partners can also focus on translating progressive policies into improved practices, programs and institutions, which usually means that advocacy for increased resources is a first step. **Key areas noted in the situation analysis needing increased budget allocations and in some cases, new dedicated programs, include schools, vocational training, juvenile justice systems, sexual and reproductive health education and services, and sports and recreation facilities.**

Advocacy is also necessary to change laws and policies that pose barriers to adolescents' access to the education and services that they need for survival, health, and development. One example of policies that need change in some countries is age of consent laws, depriving young people of confidentiality when they use health services; another example is laws that bar pregnant or married young women from attending public schools.

International covenants signed by each country, and the reporting process to treaty bodies that oversee compliance with the treaty, are important guides in each country for advocacy to promote adolescent development, health, and participation. Trends in these comments for eight countries are noted in the policy analysis accompanying this review³⁸⁷.

10.1.3. Evidence-informed programming is a key element of all program design. It is essential in order to design adolescent programs that are effective, that fill real needs, and that address the most vulnerable sectors. There are three types of pertinent evidence.

a) Evidence from the context:

The population of adolescents is highly diverse, and different groupings have very different needs. **This principle mandates collection of disaggregated data on the diverse population of adolescents by sex, age, marital status, schooling, location (urban or rural), socio-economic status, ethnic origin, and other factors.** This disaggregation is essential in adolescent programming because early and late stages of adolescence are markedly different, because gender differences are central, and because discrimination cannot be detected without disaggregated data, especially by socio-economic class, ethnic origin and urban/rural location.

Many adolescents programs are poorly targeted, in the sense that they are not based on data showing which sectors of adolescents have most need, and analyzing these sectors' particular norms, strengths, barriers, and preferences. Young people can participate in these needs assessments, helping to identify the most important questions, the best ways to collect the data, and sometimes using participatory assessments. Studies of the socio-cultural, legal, and policy factors that affect young people's health and development are necessary tools for program design.

b) Evidence from research in the adolescent development field

In prevention programs, **using tested theories of behavior change** provides programs with a logical process that facilitates planning and evaluation. Research has shown that it does not matter which theory is followed, so long as a theory guides the program.³⁸⁸

Research has also shown that for prevention programs, **it is important to start interventions in early adolescence, at ages 10-14**. This is a relatively neglected age group;³⁸⁹ interventions with them are key in laying the basis for healthy adolescent development. In the region, the peak of juvenile delinquency is at ages 15-16, and in most countries, sexual initiation and substance abuse begin at these ages; obviously, prevention has to concentrate on the earlier years. The current knowledge on risk and protective factors for adolescent development is described very briefly in this report, but may need to be adjusted to each context, in order to set feasible and culturally-specific program objectives and indicators.

Program models should be based on current evidence on their effectiveness and appropriateness for different segments of youth. In Latin America, for example, many multi - service youth centers were surprised to find themselves serving mainly older male youth, and much investment in "youth-friendly" sexual and reproductive health services has been wasted because the expected numbers of adolescent users did not materialize.³⁹⁰

c) Evidence from the program itself

The literature review found that almost no adolescent development and health programs have had adequate evaluations in this region, although possibly some evaluations exist that have not been published. Rigorous program evaluation is indispensable in order to identify strategies that actually work, analyzing quality of implementation and impact, and involving young people, parents, and communities in the evaluation. For example, how many substance abuse prevention programs are tested for long-term sustainable impact? Evaluation is challenging, but failure to conduct proper evaluations often leads to wasted resources, and to inability to advocate effectively for scaling up of small-scale programs.

10.2. LEGAL REFORM RECOMMENDATIONS, BASED ON THE REVIEW OF TRENDS IN EIGHT COUNTRIES³⁹¹

- a) Raise marriage ages in several countries, and establish equal ages for both sexes. (CRC recommends age 18).
- b) Increase legal mechanisms for adolescent participation.
- c) Establish free and mandatory education over the age of 14. Efforts should be made to implement the Commitments of the Dakar Framework for Action in local education laws³⁹².
- d) Address dating violence in domestic violence laws. Clarify competencies in cases of

conflict between laws for the protection of children in situations of domestic violence and Children and Adolescent Codes.

- e) Adapt and reform existing **anti-discrimination and inclusion legislation** to take into account the special needs of adolescents belonging to ethnic and racial minorities in order to address the exclusions they face.
- f) Remove anachronisms in criminal law on sexual crimes, such as elements related to the victim's sexual innocence.

10.3. RECOMMENDATIONS FOR A REGIONAL UNICEF ADOLESCENT PROGRAM THAT STRENGTHENS PROTECTIVE FACTORS

Strengthening protective factors is the best way to prevent problems before they happen. Important protective factors identified in the literature make it less likely that a young person will be drawn into high-risk activities and situations. These include:

- access to educational opportunities and a positive relationship with schools
- positive and close communication combined with adequate discipline in families
- eliminating violence and abuse in schools, families, and in the streets
- egalitarian gender roles
- access to opportunities for safe and non-exploitative livelihoods
- positive norms and behaviors of the peer group
- access to opportunities for participation in recreation, sports, and cultural activities
- opportunities to participate meaningfully in decisions in communities, schools, and family life
- access to health information, education, counselling and services
- participation in religious institutions and spiritual beliefs
- opportunities to contribute to the welfare of their community (community service)

Doug Kirby points out that an important unifying theme in many these factors is "connectedness."³⁹³ The clear implication is that in order to be effective, programs and policies must involve not just adolescents as individuals, but their peer group, school, family, and community as well.

10.4. ADOLESCENT PARTICIPATION IS A KEY PROTECTIVE FACTOR, AND A HUMAN RIGHT

This review made the following recommendations to improve adolescent participation in UNICEF projects:

- a) Devote **more attention to ensuring sustainability and institutionalization** of participation mechanisms in the design phase of all adolescent development projects. The biggest challenge is to move beyond project mode or ad hoc participation experiences, which is how funding patterns operate, in order to create sustainable mech

anisms for adolescent participation that local and national governments and key institutions such as schools would adopted and mainstream.

- b) Include **training of adults** to increase their acceptance, and **training of adolescents** for effective participation.
- c) **Invest in evaluation of outcomes** in order to advocate more effectively for adolescent participation mechanisms **and of process** in order to improve their functioning.
- d) Experiment with strategies to **involve segments of the adolescent population who are generally under - represented** in participation mechanisms - girls, rural youth, younger adolescents (10-14), indigenous and afro-descendent youth, disabled youth, out-of-school youth, and vulnerable groups such as street children.

10.5. RESEARCH GAPS

In general, the gaps in knowledge of adolescent health and development issues are considerable, and this list is only a partial recounting of the most salient.

- a) On many issues, publications on existing research do not show disaggregated data by highly relevant variables such as age, sex, in-school status, marital status, urban/rural, race/ethnicity, and household characteristics (i.e. living with parents or not).
- b) Most adolescent programs are not adequately evaluated, even for the basic short-term outcomes expected, much less for impact on health and development outcomes.
- c) There is almost a complete lack of information on issues not addressed in this study, such as mental health, adolescents with disabilities, and adolescents involved in migration and emergency situations.
- d) Very few studies incorporate the point of view of adolescents themselves on adolescent health and development topics.
- e) With the exception of information on schools, there is almost no publicly available information on the cover age and quality of programs, organizations and services that address adolescent development and health needs, or on national mechanisms for adolescent participation.
- f) Research needs for specific topics:
 - Education: Better identification of barriers to access and quality gaps for adolescents, and analysis of factors in disparities in achievement related to class, gender, and race.
 - Child labor: More information on child labor in the Caribbean; better data on numbers children involved in domestic service and their conditions of employment; better insight into the macro level trends of child labor and the specific population

groups that are most at risk of exploitation and deprivation of educational opportunities; understanding of the links and interaction between work and schooling, in order to ensure that combating child labor does not have unintended negative effects on access to schooling; methods of situation analysis to determine when employment is beneficial to adolescents' health and development, and when it crosses the line to becoming detrimental.

- Recreation: information at all on how adolescents spend their leisure time, or adolescents' degree of access to recreational opportunities in sports, the arts, and other types of activities.
- Adolescents in detention: disaggregated data on adolescents in detention by sex, race/ethnicity, and class; study of outcomes of alternatives to detention.
- Abuse and exploitation: country-level prevalence studies on abuse and exploitation, including incidence of sexual abuse; studies on social norms supporting abuse and exploitation; reliable information on quality of alternatives for children removed from their homes for protection.
- Substance abuse: disaggregation of existing data by sex and age to better target programs by age and identify gender-related patterns.
- Sexual and reproductive health: Analysis of local socio-cultural norms regarding male and female sexuality to guide health promotion; data on sexual behavior; data on service use and preferences of unmarried adolescents; better data on relationship between mental health and sexual and reproductive health; data on mortality and morbidity related to unsafe abortions, including type and quality of services used.

10.6. FOUR MAJOR ADOLESCENT DEVELOPMENT STRATEGIES: RECOMMENDATIONS FOR POLICIES AND PROGRAMS

One overarching recommendation is that all programs invest **in better evaluation of results**, to invest scarce resources in programs that have been proven to be cost-effective.

Another general recommendation for **prevention programs** related to substance abuse, violence, and reproductive and sexual health problems, is that they **begin at ages 10-14**, before these problems manifest themselves, and incorporate pertinent gender issues into the program.

The literature on protective factors and the situation analysis lead to a recommendation of **four major strategies** for the regional UNICEF adolescent program:

- **Access to quality education** that includes:

- participatory teaching methods and school governance
 - up-to-date standards of performance, including computer literacy
 - sexual and reproductive health and anti-substance abuse education
 - addressing sources of gender discrimination in the school
 - positive involvement of families
 - a variety of educational options for adolescents who have left school or are working
- **Access to opportunities for safe livelihoods;** using vehicles of experiential learning, arts, and community service - giving adolescents hope for the future and experiences of having their contributions valued.
 - **Promotion of safe, non-violent environments;** in the home, school, streets, workplaces, and places of detention.
 - **Linking programs on health issues with opportunities for education and livelihoods;** stimulating multisectoral cooperation among State, donor, and civil society agencies, with a special focus on prevention of unwanted pregnancies, HIV/AIDS, physical and sexual violence, and substance abuse.
 - **Decentralized, private, and confidential service models;** are the most appropriate for this age group, especially with regard to health issues arising from socially-disapproved behaviors such as substance abuse or premarital sexual activity.

10.7. OBJECTIVES AND RECOMMENDATIONS BY STRATEGY

10.7.1. Objective #1: Provide Adolescents Universal and Free Access to Quality Primary and Secondary Education

- *Universal access to primary education - MDG#2.*
- *Eliminate gender disparities in primary and secondary education preferably by 2005, and at all levels by 2015. -- MDG# 3.*
- *Universalized Secondary Education - UNICEF Policy Guidelines on Adolescents in Latin America and the Caribbean.*
- *Improve all aspects of the quality of education so that children and young people achieve recognized and measurable learning outcomes, especially in numeric, literacy, and essential life skills; WFFC 39 (d).*
- *Promote innovative programs that encourage schools and communities to search more actively for children who have dropped out or are excluded from school and from learning, especially girls and working children, children with special needs and children with disabilities, WFFC 40.2.*

Regionally, 53% of adolescents are not in school. In many countries, high numbers of adolescents are still in primary school. *Advocacy will be necessary to increase countries' investment in primary and secondary education to improve both access and quality, and to increase access to educational opportunities at all levels for out-of-school adolescents.*

- It is urgent to devise sustainable programs that will provide diverse populations of out-of-school adolescents with opportunities to continue their education that are tailored to their circumstances. Gender differences in reasons for school leaving and in patterns of adolescent employment need to be taken into account.
- Gender disparities in the region in most countries show the boys have a higher dropout and retention rate and poorer academic performance than girls. These data, however, hide disparities due to ethnicity, rural residence, and socio-economic class, and in some situations girls continue to suffer discrimination. These disparities need to be studied, to design interventions to increase access equitably for both boys and girls, identifying the factors in the context leading to school leaving for distinct segments of the adolescent population.
- Advocacy within countries will be needed to eliminate barriers to continuing education such as entrance exams, school fees, and payments for books and uniforms. Legal and regulatory barriers for pregnant or married adolescents should be removed where they still exist.
- Establishment of programs to address socio-cultural and logistical barriers to schooling for pregnant and married adolescents, for indigenous and afro-descendent adolescents, and for other discriminated groups.
- Advocacy and programs to increase access for disabled adolescents is an urgent matter in most countries.
- Student governments are an important vehicle for adolescent participation. In many countries, these exist on paper, but not in practice, requiring advocacy. Effective practices in starting up and sustaining student governments should be documented (if necessary) and disseminated widely.
- Programs to reduce desertion and repetition are needed in many countries. These should involve adolescents in discussion of causes, and consider their suggestions in efforts to improve quality of instruction, relevance of content, and teacher training.
- Tested sex education and substance abuse education curricula and educational materials exist in the region. Programs should be scaled up, starting by age 9-10. Schools need to incorporate the topics of gender equity and gender-based violence in these curricula. Investments in teacher training are best complemented by student involvement in the program, student-run initiatives, and parallel educational activities that involve parents.

10.7.2. Objective #2: Provide adolescents with access to opportunities for safe and sustainable livelihoods

- *Eradicate Extreme Poverty and Hunger: MDG #1.*
- *Provide education and training opportunities to adolescents to help them to acquire sustainable livelihoods. WFFC 40.9.*

Clearly, access to opportunities for both livelihoods and education are the key interventions at this stage in the life cycle of the child to prevent current and future poverty, and to promote a successful transition to a productive and healthy adulthood. Also serving as a protective factor at the individual level, access to livelihoods is key in giving adolescents hope for their future, and a positive sense of self-worth that protects them from multiple risks. For boys, such programs have been shown to prevent and reduce involvement in crime and substance abuse. For girls, such opportunities help to keep them in school and reduce their current and future vulnerability to sexual and reproductive health risks.

- Community service programs during adolescence are protective in themselves, and also help to give adolescents experience in potential careers. Adolescents can volunteer in the programs of local NGOs, religious organizations, or government programs, including day care centers, primary schools as tutors, health and social service programs, or environmental programs.
- Arts programs can involve adolescents in activities that unleash their creativity, and that they identify with, such as music or video. When designed with livelihoods in mind, these programs can introduce adolescents to a variety of occupations such as sound and video technicians, photography, or drafting, or computer-generated music or drawing.
- UNICEF and partners can convene local industries and employers to discuss their needs for a trained work force, and whether the education system is meeting their needs. Initiatives for school reform and programs to meet these needs could be jointly sponsored by private and public sectors.
- Programs to abolish the most dangerous forms of child labor would benefit greatly from links to these programs.

10.7.3. Objective #3: Provide adolescents with safe, non-violent environments in the home, school, neighborhoods, workplaces, and places of detention

Protect children from harm and exploitation. *Children must be protected against any acts of violence, abuse, exploitation, and discrimination, as well as all forms of terrorism and hostage-taking. WFFC 6.*

The situation analysis and policy review showed that most countries have adequate laws against child abuse, but little adequate protection or enforcement of the laws. Adolescent boys are most at risk for beatings in the home and at school, and are significantly more at risk for being victims of homicide and physical assaults perpetrated by male peers. Adolescent girls are most at risk for

sexual coercion from their male peers and from sexual harassment and abuse from adult men in the family, school, or workplace. Many laws, however, do not cover dating violence.

- To combat physical abuse of adolescent boys, concerted media campaigns coupled with trainings with strong anti-violence messages could be run in schools for teachers and parents and in the juvenile justice system for all professionals connected with the system, to reinforce the law and reduce the acceptance of beatings in cultural norms.
- At the country level, laws should be reviewed to eliminate any allowing of physical abuse.
- To discourage violence among peers - both male-on-male violence, as well as male violence against women - gender education in schools should include participatory materials, exercises and discussions. Violence prevention curricula need to be evaluated rigorously to discover which have sustainable effects. General anti-violence education should start in the early primary years, and intensify with early adolescence.
- To discourage sexual harassment and abuse, all countries should examine their legal and regulatory policies in the light of current recommendations from CEDAW (General comment #19, article 11), with education in workplaces and schools for employers, employees, teachers, and students, and appropriate channels for complaints, and sanctions against perpetrators.
- To discourage sexual abuse in families, particularly of adolescent girls but also of boys, a long-term and holistic strategy is indicated at the country level of enforcing criminal penalties, raising public awareness, educating children on their rights, and providing social services and protection for victims.
- Country studies are indicated on whether the protective services system acts in the best interests of the child in cases of established physical or sexual abuse. In particular, alternatives to placing the child in state detention facilities should be explored urgently in countries where this occurs.

10.7.4. Objective #4: Increase multisectoral cooperation on adolescent health issues, with a focus on linking health programs with opportunities for education and livelihoods.

- *Halt and begin to reverse the spread of HIV/AIDS. MDG#6 target.*
- *Address effectively, for all individuals of appropriate age, the promotion of their healthy lives, including their reproductive and sexual health WFFC 37.3.*

The main protective factors for adolescent development and health coincide, yet because of vertical funding streams and bureaucracies, the multisectoral cooperation among State, donor, and civil society agencies needed to address these factors proves to be difficult to implement in most countries. UNICEF can play a beneficial role in convening all of the potential stakeholders and fostering the institutionalization of such cooperation. Initial consensus-building and strategic planning is essential to establishing sustainable multisectoral coordination; this process consumes time and resources, and needs a coordinating mechanism.

National-level multi-sectoral coordination is the most difficult to achieve, while coordination at state/department and municipal levels is easier, but only national-level coordination can achieve the massive scaling-up of programs that is needed.

- It is recommended that these efforts to promote adolescent health should have a special focus on prevention of unwanted pregnancies, HIV/AIDS, physical and sexual violence, and substance abuse.
- Programs should include both adolescents ages 10-14 and those ages 15-19,³⁹⁴ with age-appropriate interventions.
- **Decentralized, private, and confidential service models** are the most appropriate for this age group, especially with regard to health issues arising from socially-disapproved behaviors such as substance abuse or premarital sexual activity. Popular program models such as youth centers and "adolescent-friendly" health services have proved to provide extremely low coverage vis-à-vis their cost, making sustainability and scaling up difficult to achieve. Telephone hot lines and Internet-based programs can provide counselling, information, and referrals, and community-based peer education can provide information and referrals. Most adolescents' preferred venues for services worldwide are pharmacies and private doctor's offices; programs would need to devise subsidy systems so that low-income adolescents could have access to these services.
- There is little available data about mental health issues among adolescents. Country-level studies would help guide the integration of these issues into adolescent health programs.
- In some countries, the HIV/AIDS agency could serve as the convener, since both sexual violence and substance abuse need to be addressed in HIV/AIDS prevention. In this case, the advocacy challenge is to secure the agreement of adolescent development programs/agencies/NGOs to include often-controversial sexual and reproductive health (SRH) issues.
- In other countries or settings, a Ministry of Health, Youth, or Labor might be a suitable convener, depending on the level of political will and the convening capacity.

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END NOTES

SITUATION ANALYSIS OF ADOLESCENT HEALTH AND
DEVELOPMENT IN LATIN AMERICA AND THE CARIBBEAN

¹The eight countries in the study were Argentina, Brazil, Colombia, Dominican Republic, Honduras, Mexico, Peru and Trinidad and Tobago.

²Much of the data on these ethnic minorities are not disaggregated by age, so that in many cases it was not possible to discern the situation of adolescents, but one must assume that they are among the most vulnerable groups.

³<http://www.developmentgoals.org/Latin America & the Caribbean.htm>

⁴Iowa Collaboration for Youth Development, accessed at:

<http://www.icyd.org/Definition & Philosophy.asp>

⁵Search Institute, 40 Developmental Assets, accessed January 5, 2005: <http://www.search-institute.org/assets/40Assets.pdf>. There are many other excellent resources on the Search Institute website.

⁶WHO, Department of Child and Adolescent Health and Development, 2003b "Broadening the Horizon: Balancing Protection and Risk for Adolescents." PDF File at Website: <http://www.who.int/child-adolescent-health>, and Bond, Kate, 2003. "Key Issues in the Implementation of Adolescent Sexual and Reproductive Health Programs." Draft paper prepared for WHO, version revised May 15, 2003. Available from Dr. 'Peju Olukoya' of WHO's Department of Child and Adolescent Health and Medicine. Email address: olukoyaa@who.int.

⁷Unless otherwise specified, these protective and risk factors pertain to all three health issues analyzed in the

publication: early sexual initiation, depression, and substance abuse.

⁸Kirby, 2001.

⁹XII Conferencia de Primeras Damas, Esposas y Representantes de los Jefes de Estado y de Gobierno de las Américas, del 15 al 17 de octubre de 2003, Santo Domingo, República Dominicana "Juventud, Pobreza y Desarrollo en América Latina y el Caribe"

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¹¹Resilience is an individual's capacity for adapting to change and stressful events in healthy and flexible ways.

¹²Catalano, et al, 1999.

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¹⁸<http://www.iadb.org/res/laresnetwork/studies/st66tor.pdf>

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²⁰"40 percent of school-going CARICOM students reported feelings of rage. High rates of sexual abuse and physical abuse among children likely play out in rage among young people, which can affect their school performance and lead to violence." Halcon et al, op cit, quoted on website: http://www.welcometothecaribbean.com/news/articles/carib_youth.cfm

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⁴²UNFPA, *State of World's Population 2003*.

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²⁵⁸<http://www.unhchr.ch/html/menu2/6/crc/doc/recommend.htm>

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