

Part IV

&

*YOUTH*

their  
Well-Being



# YOUTH AND THEIR WELL-BEING

## HEALTH

During this critical phase of their lives, young people are faced with questions about health and safety. Investment in services and support for youth will help them deal with physical and emotional changes.

The major causes of youth mortality are HIV/AIDS, violence and injuries. Health concerns of children, such as a sanitary living environment, malnutrition, infectious, parasitic and water-borne diseases, and tuberculosis are also relevant to youth. Although early pregnancy has declined in many countries, major causes of female youth mortality and injury, especially among the 15-19 age cohort, are complications from pregnancy and self-induced abortion. Young people suffer from chronic diseases too, such as asthma and diabetes, which are being diagnosed with increasing frequency in Europe and the United States. These conditions may also affect the social and intellectual development of youth; for example, according to the Centers for Disease Control and Prevention, asthma is one of the leading causes of school absenteeism and hospitalization in the United States. Basic environmental rights are vital to the health and opportunities of youth. The effects on this generation of youth born and brought up in environments with contaminants in the air, water, and food underscore the interconnection between environmental protection and health policy formulation. To combat the negative trend of environmentally-related diseases in young people, decision-makers should be aware of up-to-date research related to the nature and burden of chronic diseases, as such conditions may also increase the risk of developing other serious health complications over time.

Comprehensively addressing the health and well-being of young people involves ensuring access to health services that treat both mental and physical health, lowering the incidence of teen pregnancy through reproductive and sexual health education, and discouraging the use of alcohol, tobacco, and drugs. As behaviours that begin in adolescence can shape one's future, life skills-based education is also an important component of this comprehensive strategy. "Life skills" education seeks to give youth the ability to handle real life situations and avoid high risk behaviours, especially those involving behavioural choices related to relationships, health, sex and drugs. Youth often tend to downplay the risks associated with certain activities and stress their feelings of invincibility. Without complete and accurate information, these feelings make them less likely to take precautions to protect their health. Thus, programmes should provide non-judgmental support for youth to make intelligent and informed choices to avoid unwarranted risk and destructive activities (such as driving under the influence of drugs or alcohol), resulting in unintentional injuries inflicted upon themselves or others.

Some youth have often been critical of donor or government policies that have been formulated based on misconceptions or certain behavioural expectations regarding youth; these policies often do not address what many young people feel are their

real needs. Youth have also reported that available programmes often do not address the use of condoms or provide other information on sexually transmitted infections (STIs), despite evidence showing that condoms do not increase sexual activity in general or the number of partners of young people. Programmes may also fail to acknowledge that youth may experiment with drugs or alcohol.

Moreover, young people often do not access information and services due to fear of discrimination or stigma, which in some contexts can affect access to employment or education. Such fears can be quelled through safe and confidential “youth-friendly” health services and through political leadership that challenges these perceptions.

To challenge and redress any form of discrimination or abuse due to health status, government should identify, assess, and analyze barriers, and reduce inequalities in the provision of basic health services. Though youth may be considered a target population in health policy, there is an absence of health services that address the needs of youth. Challenges to ensuring a high standard of health are steepest where infrastructure and resources to provide basic human needs, such as clean water and basic health care, do not exist.

## ■ What are youth-friendly health services?

- Services that empower girls and young women to make decisions in relation to their sexual and reproductive health, free of coercion, violence and discrimination. Education should also promote the understanding and respect of young men for those decisions.
- Counseling and practical help for young people relating to their reproductive health, including confidential testing and treatment of STIs, access to contraceptives, family planning assistance and HIV/AIDS prevention messages with the aim of decreasing youth vulnerability to disease, unwanted pregnancies and high-risk behaviours.
- Facilities and services that are available and accessible—both physically and economically—to all youth, without discrimination and provide them with the knowledge and skills they need to lead a healthy lifestyle.

To fully implement youth-friendly health services, it is necessary to encourage and provide incentives for medical and health specialists to be trained in this area. The right to health requires that functioning public health and health care facilities and services are staffed with well-trained professional health personnel. Facilities should assess the youth-friendliness of their services and create a plan to implement specific improvements.



## ■ How can government improve the health and well-being of youth?

- **Provide evidence-based information that is comprehensive and inclusive of young people.** Messages need to be tailored according to their specific needs, cultural context, vulnerability, and level of sexual activity. Messages and campaigns should be accurate, evidence-based and should not support perpetuating HIV-related stigma and discrimination.
- **Fulfill the right to health care by ensuring that clinics and health centres are convenient for youth and do not discriminate.** Conduct a review of laws and policies to guarantee that health care or medical treatment is not restricted based on age, gender or marital status. Do not require girls and young women to be accompanied by a male guardian to access health services. Accessibility is primarily determined by distance, time and cost. Health services are often concentrated in urban areas while sparse in rural regions and in locations of marginalized or out-of-school youth. Mobile health centres are effective in reaching marginalized communities. Increasing the numbers of these mobile centres should be part of a long-term plan of expanding coverage and sustaining youth-friendly health services.
- **Involve young people, including youth living with HIV/AIDS, in the design of health education and outreach materials.** Only with youth participation can a real demand for health services be increased. In many countries, segments of the population who report illness do not seek care. Ministries can create a youth advisory board to tailor messages to young people of varying religions, cultures, and sexual orientations so that young people do not feel shame or feel ostracized when seeking care or treatment. Policies need to recognize youth as a heterogeneous group with diverse needs.
- **Focus public education campaigns on parents as well as youth.** Parents are also educators and can reinforce messages their children learn in the classroom by openly discussing health concerns and social behaviour with their children. As many parents have everyday contact with their children, they should be encouraged to inform their children about the adverse effects of drug and alcohol abuse and tobacco addiction. Parents and caregivers themselves should be made aware of the symptoms of depression and suicide warning signs, and know when and how to intervene.

- **Ensure the inclusion of out-of-school youth who may miss some of the institutionalized, school-based health programmes taking place in the classroom.** School benefits children beyond the acquisition of knowledge; there is also a link between education and safer sexual behaviour and better personal hygiene. Thus the 120 million school age children, who are out of school and often at higher risk of ill health, should be reached through alternative channels. These youth can be reached through places of non-formal or agriculture-based education, through radio programmes, or at places where they spend their leisure time.
- **Consider conducting an analysis of the effect of user fees on access to health care for poor and low income youth.** Young people often do not seek care because of distance to facilities and lack of financial resources for services or transportation. If evidence confirms that user fees inhibit access to care, especially for those living in poverty and other disadvantaged groups, then their introduction or retention may be inconsistent with the right to health and governments should consider the options of eliminating or dramatically scaling them back to expand access to services.
- **Enact and enforce legislation prohibiting female genital mutilation wherever it exists.** To eradicate this practice that is harmful to girls both physically and psychologically, governments should support non-governmental, religious and local community organizations that conduct vigorous outreach for its elimination. The Programme of Action of the International Conference on Population and Development (ICPD) states that: “In a number of countries, harmful practices meant to control women’s sexuality have led to great suffering. Among them is the practice of female genital cutting, which is a violation of basic rights and a major lifelong risk to women’s health” (para 7.35).

The reproductive health needs of both young women and men have largely been ignored by existing health information and services. This gap leaves young women and men without the level of maturity needed to make informed and responsible choices. Having children early is an impediment to the improvement of women’s social and economic position in all parts of the world; it can also be an obstacle to the prosperity of the community due to the limitation of their education. In addition to the impact on young women, early motherhood also adversely affects the quality of life of their children.

The connection between healthy youth and social and economic benefits cannot be overstated. It is clear that investments in youth health will improve the general health of the population in a country, thus enabling social and economic development.

Meeting the health needs of youth also reduces maternal mortality. Strong policies that create an enabling environment for young people to access information and services are necessary for young people to protect themselves from HIV and to plan the size of their families.

## ■ How can government promote the sexual and reproductive health of young men and women?

- **Eliminate any policies that prevent young people under 18 or unmarried youth from using reproductive health services including requirements for parental consent.** These policies disregard the fact that young people under age 18 are often married and/or have children by that age. While men should be involved in reproductive health and be encouraged to share responsibility in matters related to family planning and parenting, women and girls should be able to discuss their health status with a health care professional without fear or shame.
- **Support youth-based organizations and initiatives that disseminate information on sexual and reproductive health.** Support can include the capacity building of young people in the areas of programme design and research and data collection, or the financing of peer to peer education to reduce unwanted pregnancy and sexually transmitted infections (having an untreated STI significantly increases the risk of HIV infection). The media are also a source identified by young people as effective in conveying information and messages concerning positive behaviour.

### Cooperating for Reproductive Health

In 1998, a groundbreaking Free Maternity Law, guaranteeing free maternal health care to pregnant women and their newborns, free contraceptives, access to family planning for women ages 15 to 45 and health care for children up to five years of age, was passed by the parliament in **Ecuador**. In order to make the law and its components known, the National Council on Women (CONAMU), a government agency, established Users Committees (known as Comite Usuarías) throughout the country. These Committees consist of seven to ten members, both women and men, elected by their communities to monitor the application of the law in their counties and to bring all public health facilities into compliance. The committees also inform women of their rights, educate medical staff about the provisions of the law and see that women who have not received the appropriate level of care from individual doctors or hospitals have legal recourse.

In response to the dearth of health services devoted to the reproductive health needs of adolescents, **Uganda** started a participatory process that led to the formation of the Programme for Enhancing Adolescent Reproductive Life (PEARL). PEARL aims to enhance the reproductive health of Ugandan adolescents by providing appropriate counselling and services. To ensure sustainability, PEARL calls for young people and community leaders to take a leading role in implementation efforts.

**Cambodia** also took a significant step to address adolescents' special needs by issuing guidelines instructing service providers not to discourage adolescents and unmarried clients from coming to service delivery points and to take special care of them.

Where governments have been reluctant to address adolescents' sexuality and reproductive health needs, non-governmental organizations have attempted to fill the gap. However, governments and NGOs can work successfully hand-in-hand in addressing adolescent reproductive health issues. Government-NGO cooperation exists in **Morocco**, where the Ministry of Youth and Sports and the Moroccan Family Planning Association developed an innovative programme to educate youth about reproductive and sexual health. In youth clubs in five regions, adolescents create their own songs, drama, and puppet shows on topics like family planning, sexually transmitted infections, HIV/AIDS, communication, and family life and sex education; the best are performed at national festivals.

In the **Philippines**, male peer counselors are trained to advocate that married men practise or support family planning; this approach was adopted after research found that many husbands prevent their wives from practicing family planning.

Source: UNFPA

- **Primary health care and family planning facilities should offer the widest achievable range of safe and effective family planning methods for young men and women.** While safeguarding access to existing women's services, it is necessary to emphasize partnership and incorporate men's health services into general reproductive health. If family planning and preventive health programs focus exclusively on women, they are forced to take on a disproportionate burden for reproductive health and family size. Contraceptives should not be given only to married couples.

## **HIV/AIDS**

According to UNAIDS, every minute four young people aged 15 to 24 become infected with HIV. Though young people account for over half of new infections, they also represent the greatest hope for turning the tide of the epidemic.

AIDS affects people during their most productive years, weakening families, communities, and slowing economic growth all over the world through the depletion of human capital. When young people's rights are not respected, their defence against the epidemic is weak. Thus the protection of human rights is essential to prevent the spread of the epidemic.

Women ages 15 to 24 are 1.6 times as likely to be HIV-positive as their male counterparts according to the UNAIDS Epidemic Update 2005. Seventy-five per cent of young people living with HIV/AIDS in sub-Saharan Africa are female. These facts indicate serious gaps in the response to protect youth, especially young women, from HIV/AIDS.

### **Why is it important to scale up prevention, care and treatment for youth?**

The vast majority of young people lack information and services to protect themselves from HIV. Illustrating a lack of knowledge among youth of their vulnerabilities, a recent UNICEF study found that up to 50 per cent of young women in high-prevalence countries did not know the basic facts about HIV/AIDS. The high infection rates are also due to ineffective prevention strategies that do not address gender inequality or the epidemiological realities of the epidemic.

Current prevention strategies do not always fit young women's realities. Surveys have shown in some parts of the world as many as 24 per cent of girls report their first sexual experience to be marked by coercion. UNAIDS director Peter Piot has commented that one approach, what is known as the ABC approach (Abstinence, Be Faithful, and Use Condoms), is sometimes inadequate in settings where gender inequality is pervasive because it does not address the difficulties encountered by women in negotiating condom use and in choosing when, and with whom they have sex. Women also have limited power to negotiate safe sex when they are married at a young age to much older men or are engaged in cross-generational relationships. Without prevention strategies that fit the realities of women's lives, young women become more vulnerable to HIV.



The epidemic has declined in situations where youth are aware of their vulnerabilities and know how to protect themselves, and where they have taken leadership roles to speak out about HIV/AIDS. The General Assembly agreed that by 2010 at least 95 per cent of young men and women aged 15 to 24 should have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Young people's knowledge of HIV/AIDS can be verified through nationally representative youth population surveys that measure the ability of youth to identify prevention methods and the ways in which HIV is transmitted.

### ■ How can government fill the gaps in HIV/AIDS prevention for youth?

- **Support universal HIV/AIDS education.** Incorporating AIDS education into the classroom can help ensure widespread coverage, though studies show that it is not included in all school curricula. Every school should provide HIV/AIDS education in a life skills based context to help youth communicate better and negotiate difficult situations. Teacher training is integral to this process. Successful programmes have been the result of collaborations between Ministries of Education and Ministries of Health. For example, public schools in New York City are required by law to teach students a minimum of six lessons annually. HIV/AIDS education should also reach beyond the classroom; in the Democratic Republic of Congo, there are six postage stamps dedicated to AIDS prevention messages. Four of the six are directed at youth and are part of a “delayed debut campaign” that urges delaying sexual activity and using condoms.
- **Ensure that HIV/AIDS prevention programmes take gender inequalities into account.** Current prevention programmes often do not have their desired effect because they assume an idealized world in which everyone is equal and free to make empowered choices and because they ignore inequalities that shape people's behaviours and limit their choices.

- **Develop gender-sensitive and youth-friendly health and social services.** These services should include voluntary and confidential counseling and testing, condom distribution, sexual and reproductive health services, drug and alcohol use prevention and counseling, and referrals for specialized counseling. Access to good services will allow young people to determine their HIV status and encourage them to adopt safe behaviors whether or not they are infected.
- **Support the protection of youth at higher risk of HIV, such as injecting drug users (IDUs), migrants and those involved with commercial sex work, by providing accurate information about HIV transmission and alternative means of living.** In some countries, over half of infected young people are injecting drug users; policy makers can tailor campaigns and outreach to prevent HIV transmission among these populations. Creative programmes targeting vulnerable out-of-school youth must also be included in the national plan. In some areas, married adolescent girls are a vulnerable population and have high rates of unprotected sex compared to sexually active unmarried girls underscoring the need to include married youth in HIV prevention.
- **Guarantee that condoms are available free of charge to young people and develop a national strategy to increase access.** Condom use may be promoted with health and life skills education. With education about HIV transmission, sexually active young people are more likely to use condoms and reduce their number of sexual partners. The design of prevention programmes should recognize that many young people are sexually active and should equip them with the tools necessary to protect themselves. Young people also need the support of their families to make informed decisions and sound reproductive choices.
- **Give youth the opportunity to reach out and inform their peers.** Peers can play a significant role in helping each other make informed and responsible decisions about their sexual health. Young people are often the most efficient at reaching their peers with positive messages; however, their activities must be informed and strengthened by adult cooperation. The protection of young people may be enhanced through their participation.

The face of AIDS is different in every country, and all governments must employ a multi-sectoral national strategy complemented by appropriate financing plans to address the root causes of young people's vulnerability. With the right information, support, care, and treatment, people with HIV/AIDS have a better chance of living vigorous and productive lives.

## ■ How can government better care for people living with and affected by HIV/AIDS?

- **Scale up high-impact food and nutrition interventions.** Food is the primary necessity for sustaining life, but food becomes even more vital for people infected with HIV/AIDS. Good nutrition is the first line of defence in warding off the debilitating effects of the disease. While it is no substitute for drug therapies, nutritious food can help people infected with HIV stay healthier, longer so that they may be productive members of their communities. Enshrined in the Declaration of Commitment on HIV/AIDS, which emerged from the UN General Assembly Special Session in 2001, is the call to integrate HIV/AIDS care, prevention, and treatment into development and poverty reduction strategies.
- **Minimize the risk of young women transmitting HIV to their babies through the provision of free antiretroviral treatment and through guidance to new mothers and fathers about safe feeding habits.** Many HIV-positive young women are aware of the risks of breastfeeding, but infant formula is financially out of reach or the stigma of not breastfeeding is too great.
- **Promote and strengthen family and community-based care for vulnerable youth and orphans affected by HIV/AIDS.** To achieve this, it is important to prevent the institutionalization of youth, and provide ways to keep siblings from being separated. The majority of orphans are adolescents and they should have equal access to education and receive the support they need to stay in school through, for instance, financial support for uniforms and books where necessary or the abolition of school fees.
- **Monitor and review school policies and practices concerning enrolment among AIDS-affected youth.** This population should include orphans and youth who have family members who are ill. At the policy level, governments should create links between ministries of education and national human rights commissions to develop a strategic plan for preventing systemic discrimination in access to education for AIDS-affected youth. Ministries of education should also consider appointing a focal point on HIV/AIDS who has expertise with AIDS-affected young people, reaching out to youth, and integrating HIV/AIDS education into the general curricula.
- **Develop or reform laws and public policies to protect people living with HIV/AIDS and their families from any discrimination or abuse, including policies that secure their inheritance, property, land, education and employment rights.** As part of this effort, school officials should be restricted from barring children from school for actual or perceived HIV status, the status of their parents, or difficulty meeting expenses or administrative requirements.

Young women also suffer disproportionately from the epidemic in that they bear the burden of caring for people living with HIV/AIDS. When programming and funding decisions are made, the work involved with this type of care is unpaid and is uncounted. AIDS makes the effects of poverty more acute and can often exacerbate the inequalities that frequently are a root cause of poverty. Poverty in areas of high prevalence may prove to be lethal if there are few to no economic opportunities or where there are unequal property and inheritance laws. For example, even though they may understand the risks, young women may still engage in risky behaviours such as sex in exchange for money or food. Thus, youth who are economically self-sufficient are less vulnerable to HIV. In addition to legislative reform and gender equality legislation, access to education and employment can mitigate the desperation felt by people affected by the epidemic and can provide additional choices so that dangerous decisions are not made and gender-based abuses that fuel the spread of HIV/AIDS are not committed.

Young people, especially women and girls, often become caregivers or heads of households when adults are sick; they are also often without the tools or legal recourse to guard against the economic shocks associated with AIDS in their households such as those caused by the costs of funeral expenses or medical care. This is especially true in rural communities that experience the burden of care. However, youth who are in school are often forced to leave when affected by HIV/AIDS due to additional household expenditures. As their time is absorbed by care duties, youth's opportunities to advance their education, achieve some financial independence through income generation, or build skills can fade.

### ■ **How can government help youth cope with caregiver roles and alleviate the socio-economic and human impact of the epidemic?**

- **Prohibit the application of customary law or local practices that undermine women's rights, specifically property rights that affect their assets.** In some countries, women over 18 remain legal minors even after marriage, reducing women's economic security. The lack of enforcement of young women's property and inheritance rights may leave young HIV/AIDS survivors and caregivers destitute.
- **Provide food and income subsidies, as well as guidance on making wills and ensuring youth's well-being on the death of one or both parents.** Actions should always enforce opportunities for youth to stay in school, even when a family is in distress. Other mechanisms that may buttress economic stability at the family level include tax relief and grants for community-based orphan care. Rural areas should not be sidelined in these efforts as many city dwellers return to their villages of origin when infected with HIV.



- **Give economic and social support to families and caregivers as well as support for improving home- and community-based care.** Options for resolving care issues include: cooperative day care and nutritional centres that assist caregivers with their workload, nutritional and educational assistance for orphans, home care for people living with or affected by HIV, labour sharing and cooperative income-generating projects.
- **Set out clearly, in law and policy, the rights and responsibilities of all individuals and organizations caring for youth affected by AIDS.** National AIDS commissions should include representatives from civil society as well as people living with HIV/AIDS (PLWHA).

## GIRLS AND YOUNG WOMEN

Without gender parity in such key areas as education, health and employment, the goals of the World Programme of Action for Youth will not be achieved or sustained. As such, the WPAY calls on governments and youth organizations to promote an “active and visible policy of mainstreaming a gender perspective in all policies and programmes”. While the situation of young women and girls relating to their rights and development has been discussed within the context of all the other areas of this action guide to the WPAY, this section on the situation of women and girls focuses on the elimination of gender-based violence; in short, the security of women and girls to fulfil their dreams and live full and productive lives *without fear*.

Most gender-based violence is perpetrated by men against women, specifically by intimate male partners behind closed doors. Young women exposed to violence experience traumatic effects that have a lasting impact on their futures, extending for years after the abuse is committed.

The majority of cases of violence against women and girls go unreported. If women are aware of their legal rights and know how to access services that will protect them, they are more likely to report violence and abuse. Simply outlawing abuse is not enough; the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) requires states to take “all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women.” One way to prevent abuse is to ensure that in law and in policy women and men have the same rights to seek separation, divorce or annulment of a marriage. It is often these discriminatory laws and customs that prevent women from seeking help in an abusive relationship or reporting abuse.

As violence against women invades every economic level and social stratum, the United Nations Special Rapporteur on the subject has called for the development of strategies to respond to violence against women at the national, community and



individual levels. Though progress has been made in establishing gender-based violence as a human rights concern, more attention needs to be devoted to improving both health and legal services for women who have experienced violence.

However, young women sometimes do not view the justice system as a viable option for addressing issues such as domestic violence. Crowded courts and unnecessary or unofficial fees conspire to create insurmountable obstacles to having women's cases heard. A young woman's economic situation should not be a factor in her ability to access justice.

The management of cases of violence against women by hospitals and by law enforcement is deeply flawed and many incidents do not receive the attention of the judiciary. Sometimes when cases are reported, hospitals do not report incidents to police and police do not encourage or facilitate medical attention.

A state's responsibility to protect women from non-discrimination extends to ensuring "public authorities and institutions shall act in conformity" to take "all appropriate measures to eliminate discrimination against women by any person, organization or enterprise." The 1993 General Assembly Declaration on the Elimination of Violence Against Women (DEVAW) set forth ways in which governments should act to prevent violence and to protect and defend women's rights.<sup>10</sup> DEVAW holds states responsible to "exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the state or by private persons". Thus state actors along with private actors are to be held accountable when they perpetrate violence against women and girls.

## ■ How can government scale up protective services for victims and eliminate violence against women?

- **Take steps to enact and enforce laws that make domestic abuse illegal and treat rape, including rape within marriage, as a crime deserving severe punishment.** According to the Special Rapporteur on Violence Against Women, legislation shall clearly state that violence against women in the family and violence against women within interpersonal relationships constitute domestic violence, a serious crime that will not be tolerated or go unpunished.

<sup>10</sup> According to General Assembly Resolution 48/104, violence against women shall be understood to encompass, but is not limited to: (a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; (b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution; and (c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

- **Establish family protection units in all police districts and recruit and train more female police officers.** Often law enforcement does not treat domestic violence as a crime or fails to report it as a gender based offense; these practices render police records inaccurate in measuring prevalence. Police should be trained and sensitized to address domestic violence not as a private matter of the home but as a crime capable of being prosecuted and punished by law. They should also encourage women to seek a medical examination in the case of injuries and help to locate alternative accommodations for her and her children if the perpetrator is a husband or partner.
- **Create and publicize a toll free hotline where women can access referrals to shelters and arrange for free transportation to shelters.** A well publicized number is a lifeline to safety where victims are confined by violence itself and the threat of violence, and should be integrated into resources and websites frequently used by female youth and young families. Trained hotline workers or volunteers should be able to brief young women on their options; if women are aware of their rights, they are more likely to file reports on violence and abuse.
- **Remove barriers to the effective prosecution of gender-based violence cases by training police and hospital staff to gather and preserve evidence.** The collection of physical evidence is critical to prosecuting cases of violence against women. When women are aware that these structures are in place, they are more likely to report abuse and seek care and safety.
- **Governments must articulate a comprehensive national program to provide post-exposure prophylaxis (PEP) to all sexual violence survivors free of charge as part of broader protocol and documentation guidelines for health care facilities treating sexual violence.** When the prevalence of HIV is high in the community, the likelihood of being exposed to HIV from a sexual assault increases. As part of a package of care that includes counseling, PEP is taken for 30 days starting within 72 hours of an assault to reduce the possibility of HIV transmission from an HIV-positive attacker. Measures need to be taken to ensure its availability and accessibility to all young women. The guidelines in South Africa cover both public and private health facilities; some universities also voluntarily provide PEP.
- **Develop a programme of action to reduce or remove the significance of bride price or dowry.** This enduring custom of the payment of a bride price upon marriage often acts as a mechanism that tightens men's control over women and property. Bride price acts as a form of bondage to many women and can be a major contributing factor to domestic violence. These transactions also prevent young brides from exercising power to negotiate safe sex in marriage or to leave abusive relationships. In addition to education and economic empowerment, governments can redefine bride price as an optional marriage gift and prohibit refunds that prevent women from leaving abusive relationships.



## YOUTH AND DRUG ABUSE

It is during the younger years that most substance use begins. If a person has not begun to use alcohol, tobacco or an illicit substance during this period, it is unlikely he or she ever will. Young people in almost all countries tend to use these substances to a greater extent and in riskier ways than do older people, and this behavior can result in significant problems in the short and long terms.

Sometimes young people, in an effort to assert their independence, will experiment with a range of ideas, products and lifestyles. Research in developed countries has found that the early initiation of alcohol use is associated with a greater likelihood of both alcohol dependence and alcohol-related injury later in life. Studies also show that in the United States and in several European countries the levels of drinking among young women have started to match or even surpass those among young men. The use of all types of drugs has risen sharply in Eastern Europe and Central Asia since the 1990's. In developed countries, drug use is associated with all income levels, while in developing countries it is generally linked to those with greater financial resources. While efforts to reduce the supply of drugs have met with limited success (beyond having the effect of ensuring that prices do not decline), it is imperative to shape people's perception of drug use from an early age. Prevention is a continuing process that needs to be reinforced at different stages in the development of children and adolescents.

### ■ What are some underlying factors that cause youth drug abuse?

- Girls often are induced to use alcohol and other drugs to become or stay slim, manage stress, appear mature, be popular with peers of both sexes, or escape overwhelming problems.
- Young people may use drugs due to feelings of low social worth resulting from a lack of opportunities for gainful employment and activities which provide recreation and skills development.

- Drug use has been integrated into some youth sub-cultures; this is especially dangerous given the recent trend of the globalization of youth cultures.

Multi-faceted strategies are the best way to approach issues as complex as drug abuse. Ideally, interventions should combine knowledge building and behaviour change with health promotion, self-esteem enhancement and peer pressure resistance skills.

Prevention strategies should foster and enhance individual strengths to develop resilience factors that protect individuals in stressful situations and environments, providing specific skills for resisting peer pressure to use drugs. It is also important to offer young people accessible and low-cost opportunities to meet, cultivate an appreciation for the arts, play sports and take part in other challenging activities that develop self-confidence. Some parents fear that safety-oriented discussions of drugs that cover topics ranging from the dangers of driving under the influence to mixing substances may lead to experimentation; however, knowing the risks can help youth follow a safe and productive path into adulthood.

### ■ How can government prevent and decrease drug use among youth?

- **Provide education and awareness programmes for youth, parents, teachers, social workers and others who work directly with young people.** Ensure that parents, social workers and teachers have the capacity to provide assistance, referrals, and information to prevent harmful activities. Like sexual and reproductive health messages, prevention activities should be integrated into the school curriculum. As youth have become skeptical of scare tactics, peer-to-peer education, where youth inform other youth of the hazards of drug abuse, is often an important addition to more traditional methods of providing education. When facilitated by trained and knowledgeable staff, focus-group discussions are a particularly effective format for young people to obtain information from other youth. Repeated exposure is most likely to result in behaviour change.
- **Reduce the demand for drug use, including alcohol and tobacco, through media campaigns.** Youth, just like others, are greatly influenced by the mass media and popular culture. The glorification of drug use, as is sometimes the case in some counter-cultural groups and in the portrayal of musicians and other celebrities, can often be a powerful influence. Equally, the portrayal of drug abuse as not cool and harmful can be equally powerful if presented as such by influential figures. Therefore, it is important to forge coalitions of celebrities and role models to join in that effort. Part of this prevention effort should include tighter restrictions on the marketing of alcohol and tobacco so they do not appeal to the curiosities of youth.

- **Ensure that prevention and treatment programmes include high-risk populations.** As mass media campaigns might have difficulty reaching higher-risk youth, they may need more extensive and geographically flexible interventions. It is important to bring drug abuse prevention to the streets and to discos, places where prevention messages are most needed and where these high risk youth congregate. Governments can partner with local non-governmental organizations that often have the trust of at-risk youth and populations that engage in potentially dangerous behaviors. Additionally, agreements between ministries of health or local health departments and nightclub owners can facilitate on-site outreach by trained youth, social workers, or health professionals. Youth involvement in the design and development of this strategy is crucial to its success.
- **Consider heavy taxation on alcohol and tobacco products and the passage and enforcement of minimum drinking age laws.** Youth are very sensitive to price fluctuations, and the manipulation of the cost of harmful substances has had an effect on abuse. To avoid the dangerous mixture of drinking and driving, provide youth with taxi vouchers or coupons for use on weekends in areas where there may be little public transportation.
- **Train youth leaders to set examples and promote healthy lifestyles.** Youth organizations can play a key role in designing and implementing education programmes and individual counselling to encourage the integration of youth into the community, to develop healthy lifestyles and to raise awareness of the damaging impact of drugs. The programmes could include the training of youth leaders in communication and counselling skills.

## ■ **How can government better treat and reduce the dependency of youth who abuse drugs?**

- **Explore viable alternatives to imprisonment and reforms in the juvenile justice system that address addiction and dependency.** The consumption of drugs is traditionally considered a crime and is often punished with imprisonment. However, the incarceration of young drug users may not always be the most appropriate response. Prisons tend to be places where offenders are punished rather than rehabilitated to disengage from dependency on drugs. Governments should consider alternatives to incarceration, especially for youth who have not been found guilty of violent crime or other drug-related crimes. These alternatives include community service, enforced attendance in education and rehabilitation programmes and reparation where the offender is ordered to make amends with the victim of the crime.

### Needle Exchange Programmes (NEP) for Injecting Drug Users

HIV/AIDS among injecting drug users was previously viewed as a limited phenomenon, affecting injectors and their immediate sexual partners without having an effect on a more generalised spread of the virus. However, recent studies have proven this view incorrect. Globally, it is estimated that 5%–10% of all HIV infections are attributable to injecting drug use, mostly via the use of contaminated injection equipment. According to the July 2005 United Nations World Drug Report, in many countries of Europe, Asia, the Middle East and the Southern Cone of Latin America, the use of non-sterile injection equipment has remained the most important mode of HIV transmission, accounting for as much as 80% (Russia) of all reported infections. Acknowledging this link between what has been labelled “twin epidemics” is key to shaping measures to prevent HIV in this high risk group which is mostly made up of young people. The provision of clean needles for injecting drug users reduces the damage to the young user as well as to his or her social network, and lessens the public health impact of substance abuse and HIV on society at large. In addition to curbing the spread of infectious disease, these services can also help prevent overdoses, provide treatment referrals and methadone substitution, and increase exposure to services that may impact behaviour change.

To enhance the success of NEPs in stemming the spread of HIV and other infectious diseases, it is also necessary to decriminalize the possession, distribution, and sale of syringes. While some might object to these programmes due to an expectation of increased drug use, studies have shown needle exchange programmes have neither increased the amount of drug use by the clients of these programmes nor changed overall community levels of drug use. To complement sites of needle exchange, barriers should be reduced or eliminated to allow for the availability of sterile syringes in pharmacies. Successful NEPs require the coordination of many actors at different levels including drug control agencies, the Ministry of Justice, the Ministry of Health, local police and in some cases, the donor community. In the case of Kyrgyzstan, information sharing was crucial to the process as government officials went on study tours to learn about NEP in the Netherlands and Romania, and subsequently welcomed partnerships with NGOs and donors.

Funding for NEPs has been unstable but should be scaled up in light of the economic toll of the growing HIV/AIDS epidemic. Consultation with affected communities that raise concerns should be undertaken before an NEP is launched.

*Source:* Wolfe, Daniel (2005). *Pointing the Way: Harm Reduction in Kyrgyz Republic*. Bishkek and New York: Harm Reduction Association of Kyrgyzstan and Open Society Institute.

School of Public Health, University of California, Berkeley and the Institute for Health Policy Studies, University of California, San Francisco (1993). The public health impact of needle exchange programs in the United States and abroad: summary, conclusions and recommendations. Retrieved April 21, 2006, from <http://www.caps.ucsf.edu/publications/needlereport.html>.

- **Create guidelines and standard minimum rules to assist national and local authorities in law enforcement and prison systems in the initiation of treatment and rehabilitation services.** Such actions constitute a long-term advantage to society, as the cycle of dependence, release, repeated offences and repeated incarcerations constitutes a heavy burden on the criminal justice system, in addition to the squandered human capital and personal tragedies which result from drug dependence and criminal behaviour. In the medium term, programmes that seek to break a cycle of dependence may have an effect on lowering drug-related crime. Incarcerated youth who are drug dependent should be targeted as priority candidates for treatment and rehabilitation services and should be segregated as appropriate.

- **Provide health services and care to current users that do not require total abstinence before the provision of assistance.** The primary logic behind such services is to increase the drug user's exposure to qualified professionals thus increasing the likelihood of behaviour change and ultimately the abstinence from drug use. It is also important for authorities to provide other drug users with assurances that they need not fear arrest when informing emergency services or the police of overdose victims, thus enabling witnesses to assist overdose victims and prevent the unnecessary loss of life.
- **Support the provision of assistance to recovering users to socially reintegrate them into the community.** Governments should provide recovering drug users incentives and assistance to facilitate their reintegration into society. Services should include assistance in finding adequate housing, gainful employment and education. Programmes should include roles for families and communities to reinforce positive lifestyles in the stages of recovery.

## JUVENILE DELINQUENCY

Young people constitute one of the most criminally active segments of the population. It should be noted that many young offenders do not commit violent crime but participate in less serious offences such as shoplifting, graffiti, or nuisance behaviour that is sometimes labelled as “anti-social”. Policy makers should bear in mind the varying degrees of legal and social norms violated by young people and that eventually most young people will desist from criminal and deviant activity.

There is seldom one simple reason for the increased tendency towards criminal behaviour; however, inequality, especially horizontal inequality (disparities between groups), increases its likelihood. Another risk factor is the inability of a growing number of countries to fully integrate youth into society, especially in terms of employment. A higher level of education is usually correlated with a lower likelihood of delinquency, but this can change in environments of economic downturns and high unemployment, especially in urban areas. Juvenile offenders have often been exposed to violence in their childhood. Youth faced with bleak prospects, difficult circumstances and feelings of injustice, can feel isolated and may turn to violent behaviour. However, it should be noted that socio-economic status is not the only risk determinant.

The United Nations Guidelines for the Prevention of Juvenile Delinquency, also known as the Riyadh Guidelines, assert that prevention of youth delinquency is key to reducing the overall crime rate in society.

## ■ How can government prevent youth delinquency?

- **Ensure equality of opportunity among youth in education and employment.** While poverty alone may not create or aggravate conflict, youth may experience strong resentment and be more inclined to engage in illegal activity when they experience inequality, feel frustration and perceive a gap between what they have and what they believe they deserve or what others have.
- **Provide mentors to act as role models for youth from disadvantaged backgrounds.** Mentor programmes pair screened adult volunteers with youth from troubled backgrounds to foster self-esteem, guidance, trust in adults and friendship. Interviews with the youth and his or her parent help to facilitate a good match with a volunteer and allow a case worker to track the relationship and the progress of the youth over time. Research indicates that youth who participated in one U.S. mentor programme, Big Brothers Big Sisters, were much more likely than the control group to have better relationships with family and peers and less likely to initiate alcohol use.
- **Conduct training sessions on violence, including gender-based violence, in local schools.** Instilling an intolerant attitude toward violence and reinforcing positive social orientation can act as a buffer against delinquent behaviour. As an exercise in setting standards, youth should be included in defining school policies related to all forms of violence.
- **Provide free psychosocial support to young people living with the effects of violence.** Juvenile offenders have often been exposed to violence within the family. In order to prevent this violence from becoming learned behaviours, programmes should teach youth with difficult childhoods how to communicate and build relationships free from violence. As there is a high correlation between juvenile delinquency and alcohol and drug abuse, these services can also help youth cope so they do not adopt these destructive habits or addictions.
- **Whenever possible, involve parents in any interventions targeting youth delinquency.** Successful interventions can help parents improve their “life skills” and help them deal with everyday issues such as work stress, depression, marital conflict, housing, and money matters. To become better equipped to manage these common life issues, interventions should provide training on how to nurture and communicate effectively with their children and how to parent more effectively.

- **Empower local youth groups to take part in improving their own communities.** Juvenile delinquency is largely a group phenomenon; however, the propensity of youth to identify strongly with peer groups can be channeled into more positive activities to reinforce the link between low crime rates and social inclusion and to promote respect for the law. Increases in after-school youth programs have allowed youth to participate in more constructive activities and stay off the streets.

## ■ Access to Guns

The circulation of small arms has an incalculable toll on health, security, education, and economic development. In his 25 July 2005 report on assistance to States for curbing the illicit traffic in small arms, United Nations Secretary-General Kofi Annan noted that small arms and light weapons pose a “complex and multifaceted challenge to international peace and security, social and economic development, human security, public health and human rights, among others”. According to UN Habitat, youth homicide rates can be up to three times higher than national homicide rates in some parts of Latin America, illustrating how youth are central to the increase in violence in the region. Stricter regulations could make guns more difficult for youth to obtain and facilitate law enforcement efforts to combat gun-related crime.

## ■ How can government prevent unsupervised youth access to guns?

- Explore enacting bans on all handguns to civilians or certain cheap models that are attractive to youth.
- Consider the establishment of effective means of marking and tracing firearms.
- Establish consumer product requirements so that guns are equipped with safety features such as trigger locks. These features could make guns more difficult for youth to fire, and technology may soon allow guns to be “personalized” so that only authorized owners may fire them.
- Strengthen government licensing procedures to ensure that the firearms industry operates within a legitimate framework and only has relationships with legitimate law-abiding dealers.
- Develop a system where buyers undergo background checks and obtain a safety license before the purchase of a firearm.
- Call for restrictions on the number of guns that can be purchased in a one-month or one-year period.

## ■ Rehabilitation and Alternatives to Detention

Rather than relying on punitive measures, it is possible to institute community-based approaches that promote social inclusion and strengthen the overall well-being of youth. According to the Beijing Rules, “whenever possible, detention pending trial shall be replaced by alternative measures, such as close supervision, intensive care, or placement within a family or in an educational setting or home.”

As youth delinquency usually begins with non-violent or petty offences, this behaviour can be corrected through community or family environments. Any commission or ministries involved in juvenile justice should serve as advocates for youth. Most delinquency interventions are driven by referrals from the police or local courts. Thus the cooperation and partnership of community and social service agencies as well as civil society are essential to the success of youth rehabilitation. To facilitate fluid and effective referrals or sentencing procedures, it is necessary to establish judicial and police units specialising in youth issues to deal with the background and alleged crime of each youth and reintegrate the individual.

Article 10(1) of the International Covenant on Civil and Political Rights (ICCPR) and the United Nations Rules for the Protection of Juveniles Deprived of their Liberty (1990) should also be part of the international standards incorporated into national legislation.

## ■ How can government provide rehabilitation services and programmes for youth?

- **Guide juvenile delinquents who have left school to education or employment programmes that focus on skills building or enhancing self-esteem and confidence.** This process requires work with individual youth, their families and communities. Providing marketable skills training and facilitating their entry into the workforce are necessary components of rehabilitation programmes. Such programmes may require coordination between the Ministries of Labour and Education as well as the Ministry of Justice.
- **Use a probationary period for new offenders to target high-risk youth with a range of services such as supervised retreats, community-based sanctions, mentoring and counselling.** Art and photography classes, or other means for self-expression can complement community service requirements of youth probation. Services should be provided based on the individualized needs of youth.
- **Consider alternative forms of youth justice that fit with the local culture and community.** Such programmes can serve to instil respect for the law, provide reconciliation for the victim and the accused, and teach forgiveness. They can also address the fundamental problem leading to the criminal activity.

- **Conduct an assessment of detention policy and practice and examine how they relate to the rehabilitation of youth.** To ensure the safety of young people, ensure that juveniles alleged to be or found to be delinquent shall not be detained or incarcerated in adult jails or correctional facilities. Specialised courts and/or procedures and measures applicable to youth, such as efforts to minimize the time a youth must await trial, should be part of a plan to protect the rights of young offenders. Potential remedies might include revisions in criminal procedures or building the capacity of key actors in the justice system to deal effectively and fairly with youth offenders. Efforts to reform the juvenile justice system in Thailand involved a partnership among the Office of the Attorney General, a subcommittee on law reform, the Department of Public Welfare, the National Youth Bureau (NYB), child and youth NGOs and UNICEF; all the key players in the juvenile justice system, including social workers, family court judges, prosecutors and police, received training and guidance to adapt to the new system.
- **Engage in capacity building to provide a continuum of services for youth.** A minimum of six months of follow-up is integral to ensuring the non-repetition of juvenile crime and to divert youth from further involvement in the criminal justice system. To achieve the desired outcome, probation monitors or parole officers should be recruited and trained to work effectively with youth.

#### Palau—Restorative Justice for Young Offenders

In Palau's Restorative Justice Programme, a young offender and the victim meet face-to-face with members of the community with the aim of reaching an agreement where the offender will complete a set of restorative actions. These actions, performed within a year of agreement, can include community service, service to the victim's family, or payment of a fine. Both parties have to agree to participate after the Ministry of Justice has referred the case to Restorative Justice. All participants at the conference, including the offender and the victim, determine the appropriate terms to provide restoration for the victim and society. With serious consequences for non-compliance of the agreed terms of the settlement, the programme provides an opportunity for the accused and the victim to identify and acknowledge the delinquent behavior and to address the problems associated with the offense.

Source: UNICEF at [http://www.unicef.org/protection/files/Justice\\_for\\_Children\\_Detention.pdf](http://www.unicef.org/protection/files/Justice_for_Children_Detention.pdf)

## YOUTH IN ARMED CONFLICT

Youth face distinct risks in situations of armed conflict and post-conflict. They are more likely than young children to: be recruited into fighting forces; become targets for sexual violence; need and lack reproductive health care; contract sexually transmitted infections (STIs), including HIV; head households; be forced to generate a livelihood for themselves and others; and miss out on education opportunities. Male and female youth may face all of these risks, but females are often particularly at risk and face distinct consequences. At a critical time of transition from childhood to adulthood, youth affected by armed conflict are forced to take on enormous responsibilities rapidly, with little preparation or support. Failure to support these young people at this critical juncture in their lives poses increased threat to them and their societies, which depend on them for immediate survival and future development.



Despite the upheaval of war, young people do not lose their rights to protection embodied in the full range of humanitarian and human rights standards. Several international agreements offer explicit protections, including the Geneva Conventions, the Convention Relating to the Status of Refugees, the International Labour Organization Convention 182 and the Convention on the Rights of the Child (CRC). Youth who are under the age of 18 have particular protection from forced recruitment into fighting forces in ILO Convention 182 on the Worst Forms of Child Labour and through the Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict. Both prohibit the forced or compulsory recruitment of children under the age of 18 into fighting forces and set standards of practice for both state and non-state actors. The CRC also provides for the psychosocial recovery of children affected by war, rehabilitation and full rights for the disabled, family reunification and other support for children separated from caregivers in war and more. All States that have not already done so should ratify the Convention Relating to the Status of Refugees and the Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict. There is no universal protection for youth 18 years of age and older from compulsory recruitment into state forces. Standards of humanitarian practice also rarely make explicit reference to the rights and needs of youth.

### ■ Why do some youth engage in conflict?

International attention to youth and armed conflict has tended to focus on the involvement of young people in fighting forces. In reality, very few youth engage in violence during armed conflict compared to their overall number in society. Most youth seek constructive ways to cope with their circumstances instead of turning to violence. However, those that do become involved have a major impact on their entire societies as they struggle with the devastation of war. Both males and females may become involved in government or rebel fighting forces. Some choose to join, believing in a cause or because they lack other options to care for themselves; they may find meaning, sustenance and protection among fighting groups. Others are forced. Both males and females may play a variety of roles, including as combatants, cooks, spies and messengers. Females may also be sexually enslaved and sustain dangerous pregnancies, and males may be forced to rape. Despite tremendous abuses they may suffer, including loss of their lives, those who survive their experiences in fighting forces also learn many coping skills that—with appropriate support and opportunities—could be transformed into useful life skills following demobilization.

## ■ **What conditions contribute to an environment that prevents youth from engaging in conflict?**

Among many other things, educational and vocational opportunities for youth can decrease the risk that young people will be recruited into fighting forces. Educational measures emphasizing dialogue and skills in crisis prevention and peacebuilding can also help prevent armed conflict. Supportive family and community structures are also critical to protecting young people from manipulation and exploitation. Special attention is needed to youth-headed households, particularly those headed by females, and orphaned and separated youth.

Periods of stability may be the most opportune to influence youth to resist participating in armed conflict, but preventive strategies are also urgently needed during armed conflict. In these times, youth, community leaders and others can identify recruitment risks and develop prevention strategies. They may involve ensuring schools, youth centers, market places and transit routes are safe. Any recovery and reintegration efforts should concentrate on promoting youth capacities and should take place in an environment that fosters the health, self-respect and dignity of youth.

## ■ **How can government, in partnership with humanitarian and development groups, support youth reintegration?**

- **Support education, including vocational and other skills training, to help youth become self-sufficient and avoid further abuses.**

All youth affected by armed conflict cite education in a variety of forms as critical to their well-being. Learning opportunities are needed during and after armed conflict and should maximize the development of critical life skills. Skills learned during conflict help prepare young people and their communities for transition. Older youth are particularly in need of skills to generate a livelihood. These programmes can help provide alternatives to engaging in armed conflict and increase youth protection. They are particularly important to female youth, who often face greater barriers to education and less access to resources overall than males. Gender- and age-specific programming is needed to ensure the special needs of both females and males are appropriately addressed. Youth heads of household, orphaned and disabled youth also need targeted approaches. Similarly, education and livelihood opportunities for former youth soldiers provide immediate alternatives to armed conflict. However, like those for other young people with special needs, such support should not be provided in ways that increase their stigmatization and must be part of comprehensive, multi-sectoral approaches supporting youth protection and development.

- **Incorporate provisions concerning youth, including former child soldiers, into peace agreements.** Youth are important agents of social change and have central roles to play in reconstruction, peacebuilding, the development of participatory democracies and the achievement of positive outcomes of disarmament, demobilization, and reintegration (DDR) programmes. Including youth in the mediation process as well as the agreements themselves enhance their implementation. DDR programmes and peace agreements must also ensure that gender divides are thoroughly addressed, as well as the special needs of disabled young people. Female youth involved in fighting forces require targeted support to ensure they are not left out of DDR programmes and that their special health and reintegration needs are met. They may, for example, face different challenges than males returning home with children and without the possibility of marriage or livelihood and face increased risks of sexual violence and exploitation. Females may also be neglected in civic participation programmes supporting youth leadership. Likewise, disabled young people face enormous barriers to ensuring their health and well-being. Targeted funds and approaches are also needed to ensure their rights are fulfilled within wider programming efforts for and with youth.
- **Implement programmes to trace and reunite separated youth with their families and other caregivers.** Children and youth may be without family or other caretakers during and/or after armed conflict. Children alone are particularly vulnerable to abuse and exploitation and require assistance to trace and reunify with family when possible. Youth who are 18 or over do not necessarily receive support reunifying with family. Increased attention is needed to assist those youth who may want to receive more support to find family or return home but who do not qualify for this support in adult track DDR programmes. The safe return home or relocation to other places of displaced youth should be viewed as central to reconstruction and security efforts.
- **Support community-based approaches to the reintegration of former youth soldiers.** Healing and community reconciliation initiatives should be adapted to local settings with the goal of psychosocial reintegration of the individual and a durable peace for the community. At times, traditional rituals may be needed to help individuals, families and communities heal. Support should emphasize unmitigated community acceptance and the assumption of a new identity and accepted role for the former soldier.



- **Target young men and women affected by conflict in HIV prevention and treatment programmes.** Although there is no one-to-one relationship between the spread of HIV and armed conflict, several risk factors are often exacerbated by armed conflict. For example, sexual abuse, increased poverty and decreased access to health services in many settings can increase the risk of contracting HIV. Multi-sectoral approaches to HIV prevention and AIDS mitigation, such as those outlined in the Interagency Standing Committee Guidelines for HIV/AIDS Interventions in Emergency Settings, should be implemented by humanitarian stakeholders, including peacekeeping forces if present.
- **Engage youth affected by war in media and public information work to enhance their protection and development, as well as peacebuilding.** Youth are effective communicators about the issues that affect their lives and should be engaged in designing and implementing programmes that target their peers. Media work can focus on issues ranging from health and safety to social reintegration and civic action. The TA Radio programme in Sierra Leone seeks to inform the ex-soldiers about options that are part of the reintegration process. It also provides a forum where this population can discuss issues affecting their lives.



- **Ensure youth issues and leadership are mainstreamed into all ministerial and local government approaches to reconstruction.** Often the issues of particular populations are addressed primarily by one government ministry. For example, a Ministry of Gender and Social Affairs might be the locus of policy action for children and women. Youth issues that cut across these categories and many others, including economic development, are often overlooked completely or relegated to a Department of Youth with limited influence over cross-cutting governmental policy and action. Post-conflict governments must take strong action to ensure youth are not marginalized from political processes and that those with explicit responsibility for supporting youth have full cooperation across ministries and local governmental structures. Action to engage youth as essential civil society, reconstruction and development partners should be supported. If a national youth strategy does not exist, engage youth in developing one, as well as policies and programmes that immediately support their well-being and ownership of the political process. ●

## Bibliography

- Adamchak, S et al. (2004). A Guide to Monitoring and Evaluating Adolescent Health Reproductive Health Programs: FOCUS on Young Adults project, Family Health International (available from <http://www.fhi.org/en/Youth/YouthNet>).
- Blueprints Model Programs: Big Brothers Big Sisters of America (BBBS) (available from: <http://www.colorado.edu/cspv/blueprints/model/programs/BBBS.html>).
- Center for Disease Control and Prevention. *Best Practices of Youth Violence Prevention: A Sourcebook for Community Action*. Chapter 2 (available from <http://www.cdc.gov/ncipc/dvp/bestpractices/chapter2a.pdf>).
- Coomaraswamy R. Report of the Special Rapporteur on violence against women, its causes and consequences (1996). A framework for model legislation on domestic violence. United Nations Economic and Social Council, Commission on Human Rights. Document E/CN.4/1006/53/Add.2 Submitted in accordance with resolution 1995/85.
- Convention (IV) relative to the Protection of Civilian Persons in Time of War. Geneva, 12 August 1949.
- Family Health International. Reaching Out of School Youth with Reproductive Health and HIV/AIDS Information and Services. Youth Issues Paper 4 (available from: <http://www.fhi.org/en/Youth/YouthNet/Publications/YouthIssuesPapers.htm>).
- Freedman, L., M. Wirth, R. Waldman, M. Chowdhury, and Rosenfield A. (2003). *Background Paper of the Task Force on Child Health and Maternal Health*. Washington DC: World Bank.
- Human Rights Watch (2005). Letting Them Fail: Government Neglect and the Right to Education for Children Affected by AIDS. New York: Human Rights Watch (available from <http://hrw.org/reports/2005/africa1005/>).
- The IASC Taskforce on Gender in Humanitarian Assistance (2005). Guidelines for Gender-Based Violence Interventions in Humanitarian Settings (available from [http://www.humanitarian-info.org/iasc/content/products/docs/tfgender\\_GBVGuidelines2005.pdf](http://www.humanitarian-info.org/iasc/content/products/docs/tfgender_GBVGuidelines2005.pdf)).
- In Focus (2005). Poverty and the City. Brailia, Brazil: International Poverty Centre (available from <http://www.undp-povertycentre.org/newsletters/infocus7Sep05eng.pdf>).
- Joint United Nations Programme on HIV/AIDS (2005). *AIDS Epidemic Update*. Geneva.
- Lowicki, J. (2000). Untapped Potential, Adolescents Affected by Armed Conflict, A Review of Programs and Policies. Women's Commission for Refugee Women and Children. E/CN.7/1999/8 Commission on Narcotic Drugs
- School of Public Health, University of California, Berkeley and the Institute for Health Policy Studies, University of California, San Francisco (1993). The Public health impact of needle exchange programs in the United States and abroad: summary, conclusions and recommendations. Retrieved April 21, 2006, from <http://www.caps.ucsf.edu/publications/needlereport.html>.
- Search for Common Ground. "Media and Youth for Peace" (available from [http://www.sfcg.org/programmes/sierra/sierra\\_talking.html](http://www.sfcg.org/programmes/sierra/sierra_talking.html)).
- Stevens L (2001). A Practical Approach to Gender-Based Violence: A Program Guide for Health Care Providers & Managers. New York: United Nations Population Fund.
- United Nations (1985). United Nations Standard Minimum Rules for the Administration of Juvenile Justice (The Beijing Rules). A/RES/40/33. 29 November.
- United Nations (1990). United Nations Guidelines for the Prevention of Juvenile Delinquency (The Riyadh Guidelines). A/RES/45/112. 14 December.
- United Nations Children's Fund (2005). Female Genital Mutilation/Cutting: A statistical exploration. New York: UNICEF.
- United Nations Children's Fund (2004). Justice for Children: Innovative Initiatives in the East Asia and Pacific Region. East Asia and Pacific Regional Office (EAPRO) (available from [http://www.unicef.org/protection/files/Justice\\_for\\_Children\\_Detention.pdf](http://www.unicef.org/protection/files/Justice_for_Children_Detention.pdf)).

- United Nations Children's Fund (2003). What Parliamentarians Can Do About HIV/AIDS. New York: UNICEF, UNAIDS, European Parliamentarians for Africa, The Parliamentary Network on the World Bank (available from [http://www.unicef.org/publications/index\\_19021.html](http://www.unicef.org/publications/index_19021.html)).
- United Nations Department of Economic and Social Affairs, Programme on Youth (2005). *World Youth Report 2005. Young People Today, and in 2015*. New York: UN DESA.
- United Nations Development Programme (2004). *Croatia's Human Development Report 2004*. Zagreb: UNDP Croatia and Institute of Economics.
- United Nations Economic Social and Cultural Organization (2005). HIV/AIDS and Human Rights: Young People in Action. Paris: UNESCO and the Joint United Nations Programme on HIV/AIDS.
- United Nations Fund for Population Activities (2005a). *Our Voice, Our Future: Young People Comment on Progress Made on the UNGASS Declaration of Commitment*. New York: UNFPA.
- United Nations Human Settlements Programme (2004). State of the World's Cities: Trends in Latin America & the Caribbean Urbanization & Metropolitanization. UN Habitat Features/Backgrounder (available from <http://www.unhabitat.org/mediacentre/documents/sowc/RegionalLAC.pdf>).
- United Nations Rules for the Protection of Juveniles Deprived of their Liberty Adopted by General Assembly resolution 45/113 of 14 December 1990.
- United Nations Office on Drugs and Crime. *2005 World Drug Report: Volume 1: Analysis*. Vienna: UNODC.
- United States Department of Justice. Toolkit to End Violence Against Women. Washington: U.S. (available from <http://toolkit.ncjrs.org/>).
- Wolfe, D (2005). *Pointing the Way: Harm Reduction in Kyrgyz Republic*. Bishkek and New York: Harm Reduction Association of Kyrgyzstan and Open Society Institute.
- World Health Organization (2005). Domestic Violence: A Global Health Crisis. WHO Multi-Country Study on Women's Health and Domestic Violence Against Women. Geneva: World Health Organization.