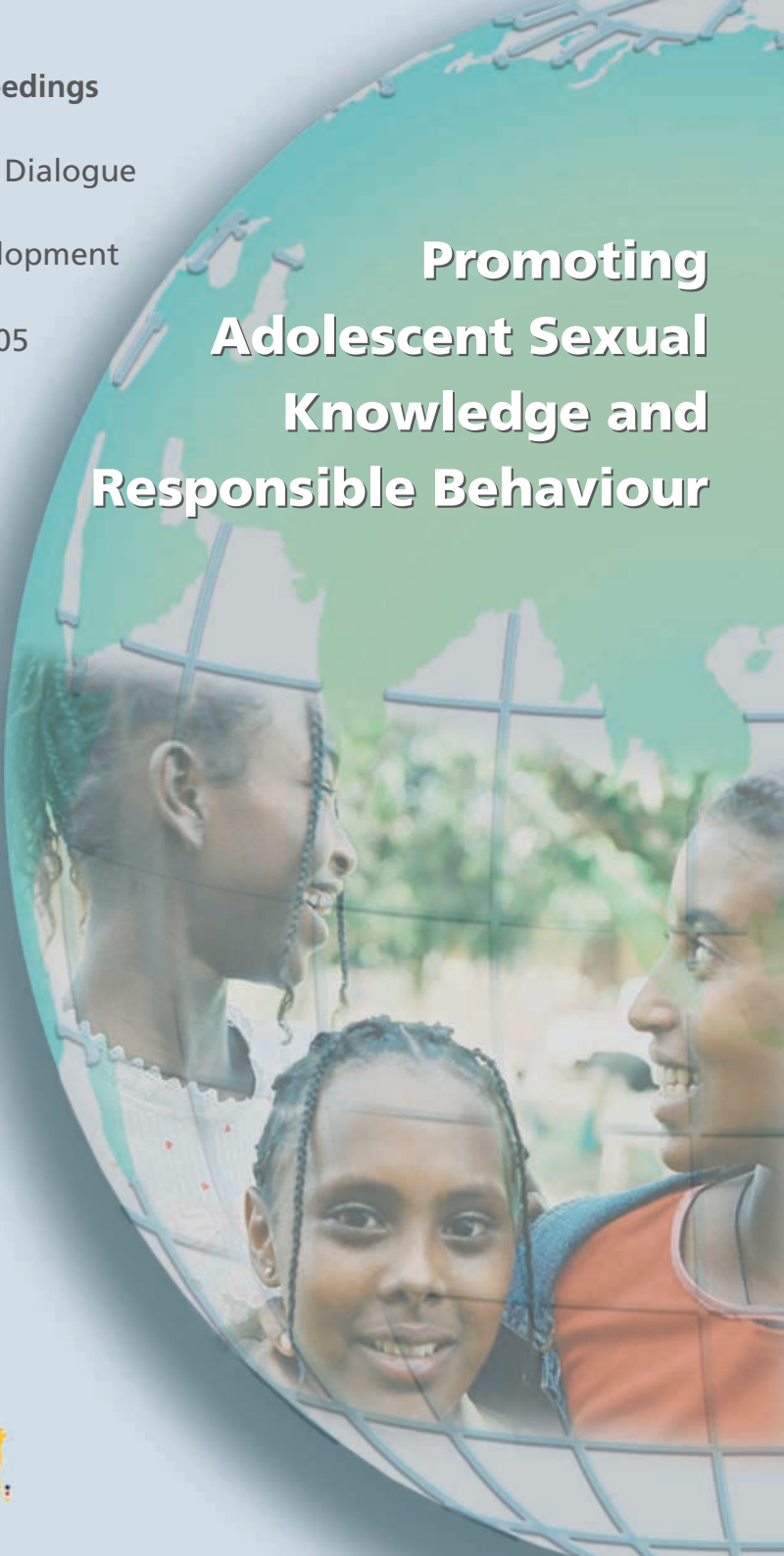
Conference Proceedings

4th International Dialogue
Population and
Sustainable Development

November 14, 2005
KfW House

Promoting Adolescent Sexual Knowledge and Responsible Behaviour



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Federal Ministry for Economic Cooperation and Development

Our World

4th International Dialogue
Population and Sustainable Development

Promoting Adolescent Sexual Knowledge and Responsible Behaviour

November 14, 2005
KfW House
Behrenstraße 33, D-10117 Berlin

Schering AG would like to thank all participants who made this 4th International Dialogue a success. We would like to express our thanks to the organizations German Foundation for World Population (DSW), Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), International Planned Parenthood Federation (IPPF), the Federal Ministry for Economic Cooperation and Development (BMZ) and especially to Dr. Wolfgang Bichmann from KfW Entwicklungsbank (KfW development bank) for supporting this conference.

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Published by
Schering AG
Social Healthcare
Programs
D-13342 Berlin
Ph. +49 30 468 157 28
Fax +49 30 468 167 74

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g+h communication GbR
Leibnizstraße 28

D-10625 Berlin
Ph. +49 30 236 246 02
Fax +49 30 236 246 04

Graphic-Design by
Wissens-Design
Belziger Straße 25

D-10823 Berlin
Ph. +49 30 797 007 07
www.wissens-design.de

Photos by
Schering AG
D-13342 Berlin
and
g+h communication GbR
D-10625 Berlin

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Berlin, March 2006

Editorial

The "4th International Dialogue - Population and Sustainable Development" took place under a very special star: the aim was not, as is so often the case, to talk "about" young people, but "with" them, with the declared aim of entering into an equal dialogue. In this spirit, the convenors not only invited health, economics and civil society experts, but also 30 young participants to join in the process of discussing and debating issues, and learn from one another. The young participants were, on the one hand, experts active in their own home countries in speaking out for young people's reproductive and sexual rights and, on the other hand, students on the Master's programme "Health and Society: International Gender Studies Berlin" run by the Humboldt University Berlin.

The 4th International Dialogue took "Promoting Adolescent Sexual Knowledge and Responsible Behaviour" as a sub-heading - an acknowledgement of the fact that nearly fifty per cent of the population in the less developed countries is under 25 years old. Never before have there been so many young people in one generation and never before has any single factor determined their behaviour as the Aids pandemic does - and never before have their lives and health been as dependent on political decisions.

Many young people have no access to information or advice facilities. Frequently, this lack of knowledge leads to early and often unplanned pregnancies, and infections with sexually transmitted diseases such as HIV/AIDS. In many societies even today, not enough weight is given to respecting the rights of girls and young women, and often this is accompanied by sexual abuse, violence and exploitation. On the other hand, young people are very interested in accessing information and quite ready to integrate positive changes into the way they behave – underlining the need for information to be specifically designed for, and offered to, this age group.

Consequently, it is more vital than ever to develop reproductive and sexual health programmes that target this group. And this is why the "International Dialogue Population and Sustainable Development" had dedicated its fourth conference exclusively to this concern.

On behalf of Schering I would like to thank the chairs and speakers but also all participants, both young and not quite so young, for their active participation in the conference and for the interest they have shown – it is only in this way that conferences can come alive in their own right. We also would like to express our gratitude to the organizations – German Foundation for World Population (DSW), Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), International Planned Parenthood Federation (IPPF), Kreditanstalt für Wiederaufbau and the Federal Ministry for Economic Cooperation and Development (BMZ). Our special thanks also go to the KfW Entwicklungsbank (KfW development bank) and Dr. Wolfgang Bichmann for their kind hospitality.

Dr. Ulrich Köstlin
Member of the Executive Board
Schering AG, Berlin

Opening Address

Dr. Hanns-Peter Neuhoff
Senior Vice President America, Africa and Middle East
KfW Entwicklungsbank (KfW development bank)
Frankfurt, Germany

It is a great pleasure to welcome you all to the 4th International Dialogue Population and Sustainable Development in the Berlin offices of the KfW development bank. In the meantime, this series of conferences, jointly organized by the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), the KfW development bank, the German Foundation for World Population (DSW) and the International Planned Parenthood Federation (IPPF), in cooperation with the Federal Ministry for Economic Cooperation and Development (BMZ) and Schering AG, has become established as a "fixture". The broad spectrum of decision-makers and practitioners with direct experience from the field always guarantees a stimulating and fruitful exchange on key topics concerning population policies.

I believe that this year's topic of "Promoting Adolescent Sexual Knowledge and Responsible Behaviour" is vitally important, and it is a pleasure to welcome so many young people to the conference here today.

Never before have there been so many young people in one generation - especially in the developing countries, where children and adolescents account for a third of the population. Given continuing high population growth, we cannot expect to see the aim of halving poverty by 2015 becoming a reality, in particular, in the least developed countries.

Children and adolescents are especially effected by socio-cultural change processes, widespread poverty and AIDS, and hence bear a far-reaching and momentous socio-economic responsibility. How well they can master this challenge depends crucially upon the educational and economic opportunities their societies offer them and the essential life skills they are able to acquire including the ability to plan their life, to actively shape it and, in addition, to take responsible decisions about their sexuality.

The young people of today are the decision-makers of tomorrow. They are a key factor in reproductive health and in the battle against sexually transmittable

diseases. For this reason, "youth" is a very topical theme – as it is in development policy debate too. The pertinent development organizations, including the World Bank, are increasingly occupied with the situation, in some aspects quite dramatic, facing young people in developing countries, with the aim of finding joint solutions.

In four of the eight Millennium Development Goals (MDGs), children and adolescents are the main target group. At this juncture, I would like to highlight the significance of the 1994 United Nations International Conference on Population and Development (ICPD), an importance again confirmed by the World Summit on the MDGs held in September this year, underlining the right of men and women to plan their families and lead a self-determined, fulfiled and healthy sexual life. Since Cairo, the question of how far this principle includes young people, and how far they have the same rights, has been a topic of much heated debate – and is, ultimately, one reason for the conference today.

Financial Cooperation's Contribution and Future Prospects

At present, we are confronted with the social challenge of creating conditions allowing young people to grow up in good health, to develop an awareness of how to act responsibly and to acquire the ability to shape their own future. Hence, in the view of the KfW development bank, education and employment, for instance, and reproductive health and HIV/AIDS prevention are central areas of support that are especially addressing young people too.

For example, we support partner countries in providing area-wide coverage for the provision of contraceptives and in carrying out information and education campaigns. In doing so, young people are addressed directly, both as those affected and as actors an approach used, for instance, in the "100 pour cent Jeune" information campaign, specifically developed for young people as part of a social marketing programme in Cameroon. Such efforts create spaces, for example, via radio shows, where young people can exchange experience and views on reproductive health issues with their peers or with specialists and try to find practical solutions together.

A different project on HIV/AIDS prevention in the Ivory Coast, supported by Financial Cooperation, led to creating, at the end of the 1990s, the soap opera "SIDA dans la Cité" ("AIDS in the City"). This directly targeted young people and

became a runaway success. The series was also hugely successful when exported to other African countries – adapted, of course, culturally and performed in the broadcast country language.

No doubt funding in education and for information campaigns for the next generation build a crucial foundation for socially compatible development, yet they do need to be flanked by additional social investment. For this reason, we have a range of measures to support partner countries, including, for example, moves to create sources of income and work to curb youth unemployment. Such measures offer young people perspectives to the future, helping them develop as active and responsible citizens.

Opening Address

Erich Stather
State Secretary
Federal Ministry for Economic Cooperation and Development
Germany

I am very pleased that we are able for what is already the fourth time to welcome numerous participants from all over the world to Berlin for an International Dialogue on issues related to population and development. This meeting has become an established element of the discussion process on the issues which brought the global community together eleven years ago for the International Conference on Population and Development in Cairo.

Thanks to the joint efforts of the developing countries, the donors and many nongovernmental organizations active in this field, we have made a great deal of headway since Cairo. Access to contraceptives has improved for many women and men. In many societies, women's and girls' rights have been strengthened and taboos that impeded related awareness-raising have been overcome.

Yet the implementation of the Cairo goals continues to be an urgent challenge even more than ten years on. The data on maternal and child mortality which you all know provides ample evidence of that. The central challenge in the coming years will undoubtedly be the sexual behaviour of young people and its consequences.

Let me give you some figures to describe the situation:

- Today's generation of young people is the largest ever. 1.2 billion people are adolescents between ten and nineteen years of age.
- 85 per cent of all young people live in developing countries. Almost half of these young people have to get by on less than two US dollars a day, they live in poverty.
- Every year, 14 million children are born to mothers who are between 15 and 19 years of age. In some countries, more than 20 per cent of the girls in that age group get pregnant. These girls' risk of dying during pregnancy or childbirth is twice as high as the risk of women over twenty.
- The 2005 State of World Population report shows that 15-to-19-year-old girls from the poorest population groups are three times as likely to give birth as

girls from wealthy families. A large number of these pregnancies are unwanted. They are often a consequence of sexual violence and coercion. Among other things, they lead to millions of unsafe abortions every year.

- Moreover, one fourth of all people infected with HIV are younger than 25.

We need to accept that there is such a thing as adolescent sexuality, that there is premarital sex, and that adolescents are exposed to special risks because such sexuality is ignored, not accepted, or condemned.

It is an imperative of human rights in general and of women's and children's rights in particular that we give young people greater access to information, sex education and contraceptives. I would also like to draw your attention to the Millennium Development Goals (MDGs): we must not ignore either the multifaceted potential of young people, or the protection of young people, or their rights. This includes, above all, their right to make their own decisions about their lives and about pregnancy and marriage.

If we fail to give adequate attention to this issue, sustainable poverty reduction and the achievement of the MDGs will fade into the distant future.

The international community has long since laid the foundations for action: in the Convention on the Rights of the Child adopted in 1989 and at the Conference on Population and Development in Cairo in 1994. At the time, the international community made a commitment to take account of young people's needs and rights in the area of reproductive health.

Where and how should we start?

- From my point of view, the crucial point is acceptance within society. The international community must encourage greater tolerance and overcome taboos in the context of adolescent sexuality.
- Second, we need approaches which are in line with young people's needs, the way they talk, and their behaviour. This also includes targeting and including male youth.
- Third, advisory services must be integrated in comprehensive health services so as to facilitate the dissemination of requisite knowledge.
- Fourth, there is a need for a greater say for young people, for instance within the framework of relevant national action plans.
- And finally, donors must be sure to take account of specific cultural characteristics and choose appropriate approaches accordingly. This means taking account of social structures, cultural conflicts and culturally accepted language.

However, it is also clear that there must be no watering down of the relevant human rights conventions or of the statements contained in the Cairo Programme of Action.

The work of multilateral institutions – especially United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), World Health Organization (WHO) and nongovernmental organizations, I would like to mention the International Planned Parenthood Federation, in particular – is indispensable in this context. These players, with their broad legitimacy and their multicultural background, are perfectly placed for as sensitive an issue as adolescent sexuality.

The German Government, too, supports the goals of Cairo and of the Beijing Platform for Action without reservation. We have increasingly mainstreamed human rights and gender equality in our development cooperation and support these rights with the total set of our instruments.

In total, the German Development Ministry has made available more than a billion euros so far for the implementation of the Cairo Programme of Action. In this context, support is provided, among other things, to activities in the area of sex education and reproductive health that target young people.

One small and yet successful example of our work is the tantines project in Cameroon. Tantines means "aunties" and stands for young single mothers who are active in education campaigns because of their own experience. Through school programmes or as individual peer educators, they pass on knowledge to girls of their own age and are available if their peers need to talk or have questions.

I think this is an exemplary project because it combines many of the openings for action that I mentioned. Integrated into larger programmes, it advocates greater acceptance by allowing young people to share their experience in a credible way and to target their peers.

We cannot close our eyes to reality by relying on the principle of abstinence.

I was very impressed by a quote from a South American youth which I read in UNFPA's State of World Population report. He said: "Some groups think we are too young to know. They should know we are too young to die." I think this thought should guide us in our deliberations.

Keynote Address

Dr. Philip Smits
Head of Global Business Unit, Gynecology and Andrology
Schering
Berlin, Germany

When I look around me, I can't help but notice that in contrast to many other conferences I attend where frequently the audience's average age would place them close to retirement, I can see an unusually large number of young faces with us today. This makes me personally very glad – I'm happy to see that, alongside such renowned and knowledgeable speakers and participants, so many young experts have come to join us. You have come here especially for this conference from countries such as India, from East European countries such as the Ukraine, from South America, from all over the world basically.

This 4th International Dialogue on "Population and Sustainable Development" is, as you know, especially focused on young people and their "Sexual Knowledge and Responsible Behaviour". The conference organizers attached considerable importance to not only talking about young people, as is so common at so many other meetings, but also with them. In that spirit – thank you all for coming here to join in what I hope will be a stimulating exchange of ideas and, as it is so nicely phrased, a dialogue on equal terms.

Schering, as a research driven pharmaceutical company, is the world wide leader in contraception and family planning. We are pretty much the only large pharmaceutical company left, that still makes a considerable investment into research in this area. One of the fundamental reasons why we will continue our research efforts in this area is the ongoing what we call "unmet medical need".

50 per cent of all pregnancies around the world are unintended. 50 per cent of those end in abortion. That is a pretty sobering statistic that many of you may not be familiar with. And for us, Schering, it is an impetus to continue to do what we have been doing for so long.

How does Schering's participation in a conference like this fit in? Is Schering truly interested in "Sexual Knowledge and Responsible Behaviour"? The answer is of course an unequivocal: "Yes"!

Our target group, comprises women of childbearing age and, consequently, consists primarily of young women. It is in our very own interest if this section of the population - which, as we all know, has never been so large before in the history of mankind - learns to deal with their sexuality in a responsible way. As a leader in family planning and contraception our intent goes beyond just selling contraceptives: we want to inform, we want to help educate, and we want to do that free of religious or any other bias. Today, we are going to consider the question of what do information campaigns for young people look like and how, and if, they can be given a gender-specific design. We are going to critically examine the issue of whether abstinence alone, can be a successful method of contraception. We will also be asking if sex education and access to modern, safe and reliable contraceptive methods depend on notions of morality, if they have to be subsumed under the dictates of taboos, or if they rather fall under the right to health, hence making them a human right that needs to be secured.

In 1851 when Ernst Schering started his "Grüne Apotheke" or "Green Pharmacy" here in Germany, and laid the foundation for the global enterprise that Schering AG is today, he could not have imagined how closely the world he knew would grow together. Nor the responsibility that large, globally-active companies like ours would one day have to shoulder.

The Federal Government's strategy for sustainable development, "Perspectives for Germany", has noted the consequences of this increased global integration. I quote: "It follows from this that there can no longer be local or national islands of prosperity and security in the long term. On the contrary, global sustainable development can only be achieved if developing countries are also able to take advantage of their opportunities and the poorest also have a share in the advantages of economic development and international networks." In this process, responsible industrial business development provides an indispensable basis for efforts to improve the living conditions of the poor.

Let me switch gears and briefly address my main topic which is "Public Private Partnership and Family Planning". Since as early as 1961, Schering has been active in the family planning sector in developing countries, an involvement that started with projects in India and Columbia. The basic idea at the time was, and still is, to give all women the chance, as far as possible, to obtain reliable and safe contraceptives. In Germany, we simply take it for granted that whenever people want to, they can decide on a specific kind of contraception, access it,

and use it, but such notions simply do not apply in many of the poor countries around the world. Yet the demand for contraceptives is expanding rapidly, and here I would like to cite the German Foundation for World Population (DSW), which has noted that within the next 15 years, the number of those wanting to use contraceptives will probably grow by around 40 per cent - over 210 million people. In developing countries, they report, where access to contraceptives is largely dependent on donor support from companies like Schering, demand is even predicted to increase by as much as 90 per cent.

Women's access to contraceptives means many things: It obviously means a reduction in unwanted pregnancies and therefore a reduction in abortions. Numbers show that the lower acceptance rate for oral contraceptives the higher abortion rate. There is a direct inverse relationship between the utilization of oral contraceptives and the rate of abortions.

Women readily having access to reliable and safe contraceptives potentially also means a reduction in poverty - a point made by the European Parliament's Committee on Development and Cooperation, which stated, that it is obvious and broadly acknowledged that there is a direct link between combating poverty, women's rights, and sexual and reproductive health. A United Nations Population Fund study, even found that the lack of contraceptives and health care globally is responsible for one third of all illnesses and deaths among women aged between 15 and 44 years.

Therefore, for state and interstate organizations like the United Nations, Schering is an important partner in the battle against global poverty. At the request of such organizations, Schering provides contraceptives such as the "pill" at cost price, without any profit mark-up whatsoever. These contraceptives are then distributed on-site free of charge to women. This cooperation stands as an example of a Public Private Partnership (PPP) that has been functioning extremely well for over 40 years.

Conclusion

Coming to the end of my presentation, a couple of concluding remarks: It goes without saying, that Schering supports responsible and sustainable development initiatives. Even more obvious is our support to promote adolescent sexual knowledge and responsible behaviour. Our mandate goes well beyond purely profit making. Bearing in mind a corporate social responsibility we globally want

to fulfil, we see our license to operate in contraception and family planning going hand in hand with a commitment to poorer people that typically would have no access to reliable and safe contraceptive methods. Our company slogan is "Making Medicine Work". Public Private Partnerships are also part of "Making Medicine Work". And we are very happy to be part of that.

Keynote Address

Dr. Nina Puri
President (ret.)
International Planned Parenthood Federation (IPPF)
London/Delhi, UK/India

Adolescents, namely "young people" are fast becoming a major building block of International Planned Parenthood Federation's (IPPF's) work and worth throughout the Federation which now works through 149 Member Associations in 183 countries. I would like to share with you the validity of this statement by highlighting some areas of action, and some specific examples of how we can make a difference.

We have the largest generation of young people in history (approximately 1.3 billion) undoubtedly a "Youth Bulge" the world will ever witness, and it is perhaps time that we address their concerns and needs in the sphere of sexual and reproductive health (SRH) and rights, because even here there is a conspiracy of silence owing to the lack of answers and knowledge. The dynamic transition in this stage of life has as much to do with biological aspects as with socio-cultural conditions – married, unmarried, rural, urban, illiterate-literate migrant, street children, marginalized and under served heavily embedded under religion, custom and tradition.

Adopting a rights based approach to SRH is the key to ensuring that the sexual and reproductive health needs and rights of adolescents are met while respecting their own cultural values and identities. For example if SRH information and services are provided in a non-discriminatory manner, are not prescriptive or judge mental but value the choices young people make it will most certainly enhance the independence and self-esteem of adolescents and provide them with the skills to negotiate relationships and safer sexual behaviour in a manner that best suits their individual needs.

IPPF recognizing this need for some time has been working with young people for several years. In 1998 IPPF adopted a Youth Manifesto and thereby committed itself to protecting and upholding the sexual and reproductive health and rights of all young people. Building on this commitment, set out in IPPF Policy 4.7, adolescent sexual and reproductive health and rights become a strategic priority in the IPPF Strategic Framework approved of by the Governing Council two years ago.

IPPF celebrates its work with young people, and believes that all young people have SRH rights. The right to accurate and comprehensive sexual and reproductive information and services; the right to be active citizens in their society; and the right to have pleasure and confidence in relationships and all aspects of sexuality. Our presence is needed now more than ever.

Every year:

- 111 million new cases of curable sexually transmitted infections, and half of all new HIV infections occur among young people;
- 4.4 million girls aged 15-19 seek abortion, the majority of which are unsafe;
- ten per cent of world births are by teenage mothers;
- maternal mortality rates are twice as high in the 15-19 age group than women in their 20s;
- rates of reported sexual abuse range from 7-34 per cent for girls and 3-29 per cent for boys;
- thousands of young people commit suicide, often due to emotional and social problems related to sexual and reproductive health.

This is unacceptable!

At IPPF we know that young people's vulnerability to sexual and reproductive ill health is influenced by many inter-related factors, such as: a reluctance to accept young people as sexual beings, a lack of quality youth friendly sexual and reproductive health information and services, discrimination and poverty. As a Federation committed to providing high quality services and serving the most marginalized and vulnerable young people, we can and should make a difference.

How are we making a difference?

IPPF is one of the major players in the field of SRH. By being an organization that reaches young people through its Member Associations more than 150 countries worldwide we really can make a difference. How? IPPF has made efforts to become a more balanced ship by getting young people on board. First of all because we have made young people our equal partners; and secondly because we support and empower them to become leaders both now and in the future.

IPPF believes strongly that it needs to work in full partnership with young people themselves, and encourages them to participate. We have a long history of

working together with young people: since IPPF has been in the unique position of having 20 per cent of the members on its Governing Council aged under 25. There has been a shift from relying solely on the peer education approach as a means of reaching young people to focusing on building their skills and involving them at all levels of the Federation as well. This example has been followed by all the Regions and a large number of our Member Associations.

To enhance youth participation at the programmatic level of the Federation, Youth Action Movements (YAM) have been established by young people in more than 20 Member Associations in the African and Western Hemisphere Regions. These bring together young people and peer educators and provide a forum to define their priorities for, and role within, the Associations' programmes.

IPPF promotes the participation of young people, and their capacity building potential, at international conferences and meetings such as the International AIDS Conference and Countdown 2015. IPPF's International Youth Working Group has enabled young people to share experiences and learn from each other, as well as strengthen their programming and leadership capacity.

How has this made an impact?

Firstly, the start of the inter-generational dialogue at all levels has changed our attitudes towards young people; IPPF is listening to their critical voices – although that has not been always easy – but they brought in a new way of thinking about their needs, their views on life, sexuality, and how they believe their SRH needs and rights should be addressed at all levels of the Federation.

Secondly they made us think and talk about their role as advocates in promoting safe abortion, safer sex, youth-friendly services, comprehensive sexuality education, the empowerment of vulnerable groups such as young people living with HIV, and those who have diverse sexual lifestyles. But most of all, they made us aware of the need to think differently about how to become real partners at all levels.

Thirdly, young people in IPPF have become much more confident to speak openly and without fear, because we invested time and effort to build their capacity to become advocates and our leaders for now and the future.

It is still a work in progress, but we believe that they have become the gems of creativity to IPPF.

IPPF makes a difference by providing youth friendly services

IPPF's internal survey in 2004 confirmed that the majority of Member Associations are involved in youth programmes through the provision of services and/or information and education. However, there is a need to constantly reassess the quality of those services to ensure that the interventions are appropriate to each Member Association's setting and take into account non-discrimination, choice, gender sensitivity, confidentiality, the community, and the wider development of young people.

Furthermore, IPPF makes a difference by providing services for the most vulnerable. Some examples:

1. Young women and mothers

Many of the young women IPPF wants to reach are already married at a young age. We also work in societies where it is not appropriate for young men and women to socialize too closely, this has meant that young women have been discouraged from attending the clinics. However, there is ample evidence to support the importance of addressing the needs and rights of young women if we are to tackle maternal mortality and morbidity, HIV/AIDS, and gender based violence.

Example: Young Mums Club in Tonga . Our Member Association (MA) started the Young Mums Club and Young Girls Club in February 2004 to provide a haven for young single mothers (Young Mums Club) and young women (Young Girls Club) under the age of 25.

Most of the women in the clubs come from poor or broken families and are unemployed or out of school. Members of the clubs participate in daily counselling sessions which discuss self-esteem, life skills training, decision making, contraceptive use, and sexual and reproductive health. Once a week, they come together in recreational activities such as hairdressing or craftwork which also give them skills that may earn them income in the future. The clubs are designed to be positive havens where they can feel accepted, respected, and useful.

2. Young people living with HIV

The IPPF Strategic Planning Survey in 2003 revealed that Member Associations focused primarily on the prevention of HIV rather than addressing the sexual and

reproductive health needs of young people who were already infected. However, positive prevention helps young people living with HIV/AIDS to protect their sexual health, to avoid new sexually transmitted infections, to delay HIV/AIDS disease progression, and avoid passing their infection on to others. We must urgently address the gaps in the prevention needs of the HIV positive community while also exploring innovative ways in which young people living with HIV/AIDS can engage in mainstream prevention initiatives.

Last year Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) funded an international course: HIV/AIDS: Vulnerability, Rights and Young People Course in Johannesburg, South Africa. The course focused on the policy and programmatic linkages between HIV/AIDS, vulnerability, human rights and young people including young people living with AIDS, and led to a number of innovative action plans.

Other examples, the Member Association in Botswana included rapid HIV testing services within its youth center. This has resulted in a significant increase in attendance and referrals to this service and the formation of 20 positive living groups using existing youth clubs such as football teams, a traditional dance troupe, a drama club, and a volleyball club. It is hoped that other associations will undertake similar HIV care and treatment activities in the near future.

3. Gay, Lesbian, Bisexual, Trans gender and Questioning Youth (LGBTQ)

IPPF identifies the needs of young people with different sexual lifestyles.

For example: Our MA in Brazil is implementing a project entitled "Sex and Survival: colors of the Rainbow", which centers on the provision of appropriate information and services to meet the needs of LGBTQ youth living in a shantytown of Rio de Janeiro. Major achievements of this project include the training of nearly 30 GLBTQ peer promoters, as well as youth led educational and condom distribution activities, including a presence at Carnival and the Gay Parade. The project also provides information on HIV testing and services at a discounted price.

Young people in Asia

At the turn of the new century, there were 1.7 billion people between the ages of 10 and 24 (Comprehensive programmes for adolescents – State of the World

Population 2003, UNFPA). The vast majority, 87 per cent are living in less developed countries in highly diverse economic and social situations, family structures, cultures and localities. The largest share of adolescents and young people is and will continue to be in Asia.

In 1997 the South Asia Region was documented "as the poorest, most illiterate, malnourished and least gender sensitive in the world". With 25 per cent of the world's young people residing in South Asia – 434 million, we cannot ignore nor be hypocritical about their needs and their critical input in the planning process. China and India alone have 44 per cent of young people residing within their borders.

One of the biggest dilemmas in the Region is discrimination the "Girl Child". From creation to cremation they have been discriminated, even enlightened men realize this. What natural biological laws of human reproduction have given man made laws, customs, traditions and religious beliefs have taken away by their having a lower status in society. An Indian proverb symbolizes this – "bringing up a daughter is like watering a plant in another's court yard". A Nepalese proverb of the Maithili people fortifies this belief even further – "When a girl is born the earth sinks by a foot, but when a son is born it rises up one foot to greet him". Indeed the son preference syndrome has been diagnosed in almost all countries of South Asia. The moot question remains as to the "how" in tackling this centuries embedded mindset. For girls particularly on the rural landscape (over 70 per cent population in South Asian Countries) adolescence can best be defined as the period which starts with the premature end of education and ends with the premature start of pregnancy and child bearing. Indeed, these girls have become too old for toys, but are too young for producing babies. Behavioural patterns during adolescence often last a lifetime. Designing youth oriented services will assist in changing fertility patterns of the young, and the seeds of their creativity other than procreation will get a chance to blossom before they are damaged through the course of frequent pregnancies.

Sexual Transmitted Infections (STIs) and HIV/AIDS and services for youth also remain a problem throughout most of the South Asia region. The region has the fastest rising infection rate after Sub-Saharan Africa and, as more than half of new HIV infections are in young people, these issues are important and also linked. Across most of the region this is a result of conservative social norms and some cultural and religious resistance. Providing information and services for

adolescents is also increasingly under attack, particularly from the United States and its abstinence only policies. IPPF recognizes this slow pace of change and the growing threat to adolescent services and advocates for adolescent and youth services across the region.

The South Asia and Arab World Region of IPPF comprises of 25 per cent members under 25 years of age who have an equal policy planning mandate in its governing bodies. At the national level the voice of youth volunteers is also heard and respected at the policy planning level which is often translated into action. The South Asia youth caravans are criss-crossing the map of South Asia making a difference in the sexual and reproductive health needs of young people.

Looking ahead and moving forward

A current challenge is reaching adolescent males. Many patriarchal societies still heavily influence young men to behave in a negative way towards women and girls. We need to help them break that cycle for their own sake and that of women. We also need to include the issue of preparing them to become responsible fathers as part of their socialization process.

Young men tend to be neglected in general sexual and reproductive health programmes and services. Reaching young men should be about addressing their own sexual and reproductive concerns and needs and not only about addressing women's needs. In other words sexual and reproductive health communications should not only focus on violence against women and preventing pregnancy, but include messages on how young men can express their own sexuality, be comfortable with their bodies and be healthy. Such an approach will not only improve the sexual health of young men themselves, but also help to highlight the important and proactive role young men can play in improving the health of young women, and their children.

Gertrude Stein once wrote, "money is always there but the pockets change". Friends, adolescence is a very impressionable age and we really need to invest in this pocket, both in financial and human resources for a better tomorrow.

Keynote Address

Dr. Venkatraman Chandra-Mouli
Coordinator Adolescent Health and Development
World Health Organization (WHO)
Geneva

It is my privilege to represent the World Health Organization (WHO) at this meeting. I make my presentation with humility and with respect to the young people present, to the front line workers working with young people around the world and those of you who are working to support them.

What do adolescents need to grow and develop in good health? WHO defines adolescence as the second decade of life. The age-band is the period between ten and 19, but we are very conscious that adolescence is a phase and not a fixed time period, a phase in which enormous physical, psychological and social changes take place, a phase when an individual is no longer a child, but not yet an adult.

Once again: What do adolescents need to grow and develop in good health? To answer this question, I will use a analogy: An eight-year-old girl who needs to cross the road every day to go to school needs information and skills – where to look, what to look for, when to cross, when not to do so. She needs a safe and supportive environment because she is a child living in an adult world. A zebra crossing, traffic lights that work, or a traffic warden in position, drivers who respect traffic rules or if they don't do so are punished. She may also need health and counselling services if she stumbles and falls.

The only problem with this analogy is that at present health services are in a curative context. I'm sure you'll agree that health workers in health services have very important roles to play in promotive and preventive health as well – but I will come to that in a minute.

Who needs to contribute to the health and development of adolescents? To answer this question, it is useful to think of these players in concentric circles of contact and influence. At the centre, there is the adolescent himself or herself. Parents, siblings and some other family members are in immediate contact with the adolescent and constitute the first circle. The second circle includes people in

regular contact with them – relatives, friends, family friends, teachers, sports coaches, health workers and religious leaders. The third circle includes musicians, film stars and sports figures, who have tremendous influence from afar. Finally, in the fourth circle, politicians, journalists, bureaucrats, affect the lives in small or big ways through their lives and deeds.

Adolescents are a diverse group with different stages of development, different circumstances, different needs, different problems. A boy of 12 is very different from a young man of 19. A boy of 12 is also very different physically, but also psychologically, from a girl of the same age. A boy of 12, who is growing as part of a caring and financially secure family, is very different from one who has run away from home to escape physical violence. Two boys of 12, growing up in very similar conditions develop in different ways. All these different categories of adolescence have different needs, but also changing needs, needs that can change from one day to the next.

These differing and changing needs apply in relation to sexual and reproductive health as well. The needs of adolescents who have never had sex, those who have sex occasionally, those who have sex regularly within or outside the context of marriage, are different. Those who are forced into having sex and those who acquire an infection or a pregnancy-related problem, have different needs, as well. All these different needs for health information and services need to be recognized and addressed.

That brings me to my second question: Why do we believe that it is important to provide adolescents with the sexual and reproductive health services they need? A key aim is to prevent and respond to pressing public health problems. Previous speakers have talked about HIV. This is a very important case in point. Another is maternal mortality. As part of a broader strategy, the provision of information and health strategy must aim to do three things: Prevent too early and unwanted pregnancies, prevent unsafe abortions, and where they do occur reduce deaths from unsafe abortions, and prevent deaths from pregnancy and childbirth.

Our actions must certainly aim to prevent mortality and morbidity but they need to go beyond that. The WHO Constitution was formulated nearly 60 years ago and I'm sure you'll agree, it is nearly as relevant today as it was then. It inspires us to believe that we need to go beyond mortality and morbidity to provide adolescents with information and advice, counselling and health services, so that they can understand themselves and feel well about themselves.

But moving beyond health, there are rights. With the mandate to contribute to global public health, we view the provision of information and health services as a means to the end of good health. However, alongside this, we fully recognize that improving adolescents' access to information and services is an end in itself. As an intergovernmental agency, we believe that we have a very important contribution to make in helping fulfil adolescents' rights as are claimed in the Convention of the Rights of the Child.

What are we doing to insure that adolescents are able to obtain the health information and services they need? I will touch on four issues to give you a sense of what we do. One, we carry out research to address knowledge gaps and misconceptions. Sexual health education does not lead to early or increased sexual activity. A clear statement emerging from an exhaustive review that was carried out to respond to a widely held belief that sexual education corrupts children and adolescents. An issue that comes up again and again. We use research that we do, but we also use research that other organizations do. My colleague Dr. Sharon Camp from the Alan Guttmacher Institute will speak later. We are inspired by the work of the institute, and draw upon their research and the research of other organizations like the Population Council to make the points that we need to make.

Secondly, we communicate our viewpoints clearly, respectfully, but firmly, making every effort to explain what our viewpoints are based on. At a high-level meeting held in 1999 to review progress made in the five years since the Cairo Conference, Gro Harlem Brundtland, who was then our Director General, did this very well and she said, "Young people need adult assistance to deal with thoughts, feelings and experiences that are accompanying physical maturity. By providing this help, we are not encouraging irresponsible lifestyles."

We use the statement because you can't say it any better than the way she did. As Dr. Brundtland stressed, providing adolescents with information and advice can help them take the necessary steps to protect themselves. However, in many places, factors beyond their control, such as poverty and gender discrimination, hinder their ability to do this, making them vulnerable to health and social problems. We are working on reducing risk but also reducing vulnerability. You need these actions together as we now claimed in the UNAIDS Framework for Action.

The third thing we do is to support countries in developing national policies, strategies and operational plans and applying them. There are many good NGO initiatives in many countries but the limitation is that they remain small and are unable to scale up. I do not criticize NGOs, I worked for ten years in Zambia with a community-based organization working on HIV prevention and AIDS care and support, so I respect the work of community-based organizations. However, it is true that we need to scale up their work and this is what we are trying to do. This is an example from Tanzania: We are working with them, supporting them to apply good science, but also good management practice, in improving the quality and expanding the coverage of health information and services to achieve clearly defined health outcomes. We use quality improvement, methodology, and apply it in ways that are totally relevant to a developing country context.

What we are doing is we are helping to develop national standards for adolescent friendly reproductive health services in an open and concentrative manner. Standards are developed with the full participation of all the relevant stakeholders, especially adolescents themselves. We are also supporting their implementation and monitoring.

The fourth thing that we do is that we are trying to build capacity of health workers as well as other stakeholders by developing teaching and learning materials to build the capacity of health workers, materials that have a clear focus. What do I need to know and do differently if the patient who walks in through my door is 16, not six or 36? And what do I need to do as a change agent, to help influential people understand and respond to the needs of adolescents? And we use real-life situations to understand how they can apply it in their work.

I will give you two examples from our training materials. A young woman of 16, whom you have known as a child and whose parents and siblings you know very well comes to your clinic for help. She says that she thinks she is pregnant and wants you to give or prescribe for her some emergency contraceptive pills or some other mechanism to get rid of her pregnancy. She insists that she does not want her parents to know about this. How do you react to this situation? What would you do which is in the best interest of the adolescent? A concrete example of taking child rights principles and applying them in everyday practice of health workers.

Another scenario: a young man comes to your clinic and says he has no problems. He just wants some condoms and has come to you because the shop nearby was shut. When you begin to take the history, he tells you he is 18, knows about AIDS and does not want to listen to a lecture on morality. How do you react to this situation? This is what we in WHO are strengthening the ability of health workers to do. To apply rights principles in their work - in this case, taking into account the evolving capacity of the child or in this case, the young adult.

Going beyond health workers, we are also developing training materials for other stakeholders such as teachers. We have a lawyer in our team who stresses that when there are rights, there also are duty bearers who are obliged to meet those rights. Duty bearers include health workers but also various other stakeholders in the community.

Now my last question: How are we using the international development goals to push the agenda forward in this area? We in WHO are committed to the Millennium Development Goals. Dr. Lee Jong-wook, Director General, has committed to strengthening country-level institutions and making a difference in countries. Two years ago, when he said that we were going to meet the "three by five target", reaching three million people by the year 2005 with Antiretrovirals, many of us thought that this was not at all feasible. Today we have made tremendous progress in meeting that target. What Dr. Lee has shown us is that with vision, with support, you can make the near impossible happen.

The Millennium Development Goals (MDGs) and other international development goals have provided us with a clear focus, a clear sense of purpose and a framework for accountability. They have also strengthened our commitment to building and strengthening partnerships for health; partnerships with players whose strengths complement ours. Partnerships of equals. That is one of my main reasons for being here at this conference. I'd like to conclude with a sentence from the WHO's reproductive health strategy, which was adopted by the World Health Assembly last year: "Meeting the needs and protecting the rights of 1,200 million adolescents worldwide are essential to safeguard the health of this and future generations".

Keynote Address

Dr. Sharon L. Camp
President, Alan Guttmacher Institute (AGI)
Washington DC, USA

The presentation addresses the current controversy around abstinence-only education, including some recent research findings about what works and what doesn't work, and also some brand new data from the Alan Guttmacher Institute, being released here today, on the substantial and growing unmet need for sex education in the developing world.

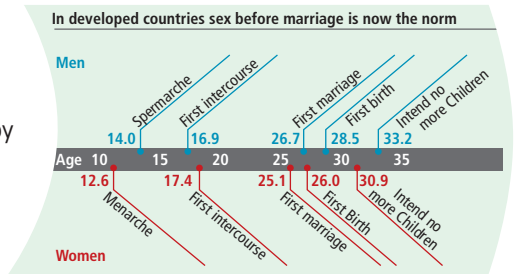
The issue of sex education in developing countries is critical. That is because over the next several decades, more than a billion adolescents – the largest generation of adolescents in history – will move through their reproductive years. The way they manage their sexuality will determine the course of world population stabilization and also the course of the HIV/Aids epidemic. If these billion plus adolescents marry and begin childbearing early, as their parents did, then the momentum of world population growth will continue for many decades. If these adolescents delay marriage and childbearing but still become sexually active in their adolescent years, as do most adolescents in the developed world, then they could help fuel the HIV/Aids epidemic, as well as the global epidemic of unsafe abortion.

Or they may not. If their parents, teachers and political leaders give them the information they need to protect themselves, today's adolescents will become a source of positive change in the world.

I want to start this discussion with some thoughts on what we can learn from the experience of developed countries.

The slide is a little bit complicated, but basically it shows that in the developed countries, most teens reach puberty in their early teens and become sexually active by their mid – to late teens. But they don't marry until they reach their middle to late twenties, and this results in a gap of about a

Slide 4

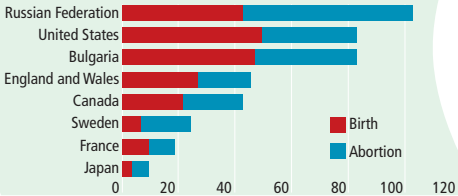


decade when they are at special risk of unintended pregnancy and sexually transmitted diseases. Increasingly, these patterns of teenage sexual debut and later marriage are beginning to characterize many developing countries, as well.

Although the pattern of early sexual debut and late marriage is common throughout the developed world, there are significant differences in rates of adolescent pregnancy, birth and abortion.

Slide 5

U.S. adolescents have higher rates of pregnancy, birth and abortion than in other developed countries



In the United States, adolescent pregnancy is almost twice as high as England and Canada, and almost four times the rate of Sweden and France. Compared to adolescents in Western Europe, US adolescents are less likely to use contraception at first sex, less likely to use the most effective methods of contraception, more likely to have short relationships and more likely to have multiple sexual partners, all of which put them at high risk of sexually transmitted infections, including HIV/AIDS.

Countries with very low rates of adolescent pregnancy birth and abortion (mainly in Western Europe), have a number of traits in common. Adults in these countries tend to be more accepting of sexual activity among adolescents. They also give adolescents clear and unambiguous messages that sex should occur within committed relationships, and that sexually active teenagers are expected to take steps to protect themselves and their partners from pregnancy and disease. These countries also provide adolescents with the tools they need to be sexually responsible, including comprehensive, age-appropriate sex education.

Slide 7

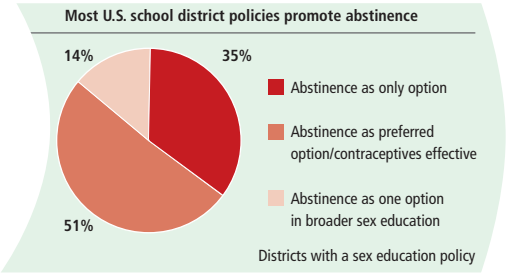
Countries with the lowest rates of adolescent pregnancy provide:

- Acceptance of adolescent sexuality
- Clear prevention messages
- Strong condemnation of adolescent parenthood
- Social supports for young people
- Greater access to contraceptive services
- Early and comprehensive sex education

This is in contrast to current policies in the United States, policies that reflect the ambivalence of adults in the United States about adolescent sexuality. In 1999, the Alan Guttmacher Institute found that only 14 per cent of school districts in the US offered what

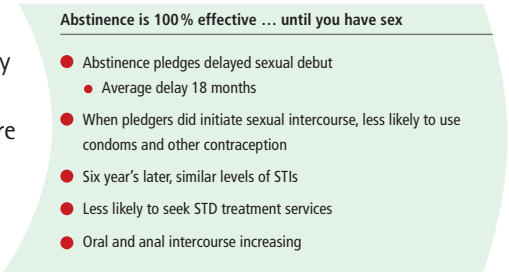
might be called comprehensive sex education. These are programmes that promote abstinence, especially for young teens, along with information about contraception. More than a third of programmes promoted abstinence until marriage as the only acceptable standard of behaviour. This despite the fact that in the United States, 95 per cent of people have sex before marriage. Although more recent data on sex education programmes are not yet available, this situation has presumably worsened in the United States as a result of rising funding levels for abstinence education, over a billion dollars in the last decade, and restrictions on federal government support which prohibit the discussion of contraception, except to talk about failure rates.

Slide 8



Do abstinence programmes work? So far there is no scientific evidence that abstinence-only sex education programmes work. Some may actually have negative health consequences. I know that some of you will argue that abstinence is 100 per cent effective, which is right. Until you have sex. The fact is that around the world, most adolescents have sex whether they are married or not by the time they reach their late adolescent years.

Slide 10



On this slide are results from a recent Harvard University study of young people who took the "virginity pledge". Many of you have heard of the "Silver Ring Thing". Well these are adolescents who took the virginity pledge. The good news is that by pledging abstinence, they did delay the onset of sexual activity by about 18 months. But they almost all "fell off the wagon", as we say. They eventually had sex before marriage and when they did, they were less likely to use contraception, less likely to understand their risk of sexually transmitted diseases, less likely to seek diagnosis and treatment. And as a result, six years after taking the "virginity

Slide 11

Evaluations of sex education programmes show:

- No evidence that abstinence messages alone promote responsible behaviour
- Considerable evidence that programmes providing both abstinence and contraceptive education can help teenagers:
  - delay sexual activity
  - increase contraceptive use
  - reduce number of partners

pledge", they have the same level of sexually transmitted diseases as adolescents who did not take the "virginity pledge". There is also some suggestion in recent survey data that virginity pledgers are using oral sex and anal sex to replace vaginal sex, even though all of those behaviours carry the risk of sexually transmitted disease.

There have been a number of evaluations of sex education programmes, including a very recent and yet unpublished study of 85 programmes worldwide by Douglas Kirby, and the conclusion is that abstinence messages alone, in the absence of information about contraception, fail. More comprehensive approaches which encourage abstinence for younger adolescents, but also provide complete, medically accurate, age-appropriate information about contraception, have in some cases resulted in a delay in sexual debut, an increase in contraceptive use at first sex, and a reduction in the number of sexual partners. What works, is comprehensive information.

Despite the fact that there is no scientific evidence to support the success of abstinence only programmes, the United States is now promoting abstinence only as the preferred solution to the HIV/AIDS epidemic and unintended pregnancy around the world. The President's Emergency Programme for Aids Relief, generally known as PEPFAR, reserves only 20 per cent of the 15 billion dollars pledged, for prevention efforts.

Slide 12

Abstinence is actively promoted in U.S. development assistance

- PEPFAR
  - 20% for prevention
  - 33% of prevention dollars for abstinence until marriage
- Reductions in condom availability
- Funding for religious conservatives
- Misinformation and censorship

And of that 20 per cent some one third must be spent on abstinence only promotion. In actual fact, when one looks at last year's numbers, half of the funds for prevention are going to faith-based organizations, religious groups, to promote abstinence. As a result, condom supplies are lacking in

a number of countries, particularly in Africa, and there is an active campaign of misinformation, designed to discredit the effectiveness of condoms.

Let me turn now to the data that we are releasing today, which is a new study of 30 countries in Africa and Latin America. Here I will focus just on the results from Africa because that's where the impact of US policy seems most serious.

Slide 14

U.S. policy ignores the reality of developing countries

- African women aged 15-19 sexually active:
  - 40 % or more in 20 of 24 countries
  - 50 % or more in 16 of 24 countries
  - 60 % or more in 9 of 24 countries
  - Half unmarried 13 of 24 countries
  - Less than 7 % married in South Africa

These are data from 24 African countries that will be published this month in the Journal of Sex Education. We found that 40 per cent or more of African adolescents aged 15 to 19 were sexually active, in 20 of the 24 and 50 per cent or more in 16 of 24 countries. Although many of the young women were already married, in more than half of the countries, at least half of those who were sexually active were not married. In South Africa, for example, 7 per cent only, of those adolescent women who were sexually active, were married. And of course, as we know, from recent experience in Africa, marriage does not automatically protect a woman from either an unintended pregnancy or a sexually transmitted disease. Indeed, in some African countries, young married women are at greater risk of HIV/AIDS transmission than young sexually active unmarried women.

We also found that in all 24 countries, a significant portion of young people don't know that a healthy person can have AIDS, that HIV can be transmitted from mother to child, that condoms are safe and effective in disease prevention and that condoms must be used consistently. In another study that we'll be publishing next year, of 20.000 adolescents in four African countries, a lot of adolescents claim to know about one method of modern contraception, but their actual knowledge was quite poor. One in four think that you can't get pregnant the first time you have sex, or that you can't get pregnant if you have sex standing up. Both of those assumptions are wrong, by the way.

We found increasing use of condoms in the countries we studied, but only a small proportion of young men who reported condom use used condoms all of the time, and in fact, among young men who had sex in the last three months, less than half of all sexual acts were protected by a condom.

Slide 16

Knowledge of pregnancy and contraceptive methods is poor

- 4 in 5 have heard of a modern contraceptive method
- Yet 1 in 4 (or more) also think:
  - You can not get pregnant the first time you have sex
  - You can not get pregnant if you have sex standing up

It is also of particular note that there is a significant level of coerced sex, especially among young adolescent women and especially at the time of first intercourse.

Slide 17

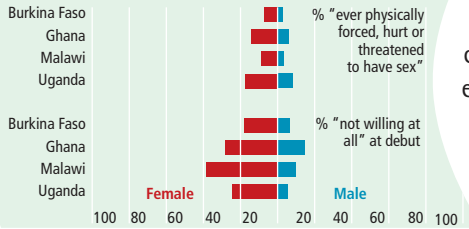
Consistency of condom use

- The proportion of sexually active young men who consistently use the condom is generally low and nowhere near the 100% required effective protection.
- Less than a half of all sexual acts among men aged 15-19 who had sex in the last 3 months were protected by condom use.

In Uganda for example, you can see that about one in four young women, said that they had been physically forced or threatened into sex. And in Malawi, two in five adolescent females were not willing at all the first time they had sex.

Slide 18

Coercive sex among 12-19 year olds



To conclude - sex education in developing countries is an urgent priority. That is so because adolescents are sexually active, many are engaging in risky sexual behaviour, their knowledge levels are low, sexual coercion is widespread, and half of new HIV infections are among youth under the age of 25. And the problem of unsafe abortion, a major contributor in many countries to maternal mortality, is widespread and growing. I would like to believe that one day soon there will be generous support for real sex education programmes from the United States government. But for now, we will need to rely on European donors and people in the developing countries themselves to provide leadership on this critical but controversial issue.

Panel 1

Contraception or Abstinence – a Controversy?

Henri van den Hombergh
Senior Project Manager
Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)
Eschborn, Germany

Doortje Braeken
Senior Adviser Adolescents
International Planned Parenthood Federation (IPPF)
London, UK

Ute Theisen
President
Deutsche Pfadfinderschaft Sankt Georg
Neuss, Germany

Joana Almeida
You Act European Network for Sexual and Reproductive Rights
Portugal

Powerpoint Presentation

Henri van den Hombergh
Senior Project Manager
Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)
Eschborn, Germany

Slide 1

Promoting Adolescent Sexual Knowledge and Responsible Behaviour

Contraception or Abstinence

A Controverse?

Slide 3

Reproductive Health Policy in a Socio Cultural Framework

Supply	**Demand**
Health Programme	RH-Education
Contraception	Abstinence

Slide 4

Reaching the Targetgroup

Ministery of Health and Public Sector

Ministery of Education and Parents

Development-Partners NGOs and FBOs, Civil Society

Slide 5

You can't reach the youth with one method only

Slide 6

GTZ Adolescent Sexual Reproductive Health Programmes and Projects (64) 350 Million

- BMZ SRH Sector Strategy (Right of sexual selfdetermination and access to family planning)
- Cairo-ICPD
- Youth centres and youth sex education programmes
- Y2Y and peer educating programmes
- IEC and BCC programmes (Q&A on RH booklets-8)
- Join in circuit
- Hands-on-manual
- Inter-generation dialogue

Slide 7

Issues and Policies for Youth and Adolescents

- Access
- Youth friendliness
- Quality assured services

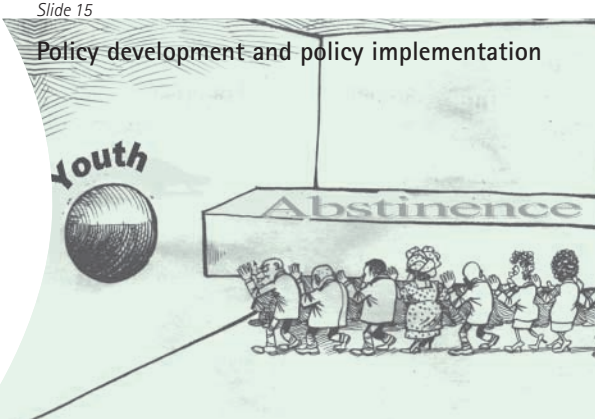
Slide 8

Acces

- Free structure
- Rural versus urban
  Public versus urban
- Age-specific guidelines

Slide 15

Policy development and policy implementation



Slide 9

Quality

- Commodity supply
- Communication skills
- Attitude and motivation of service providers

Slide 10

Youth Friendliness

- Branded products
- Opening times
- Communication & dialogue

Slide 14

- Abstinence should be a free choice befitting socio cultural values.
- Abstinence is not a modern method of contraception!
- Like for any unreliable method, a back-up service must be available.
- Delay of sexual debut versus abstinence
- Support (specially female) youth in per communication skills
- Who knows what responsible behaviour is?
- Abstain from ...? Set and respect boundaries.

Where would the Controverse be?

Slide 13

Bottom-up policy development

Statement

Doortje Braeken
Senior Adviser Adolescents
International Planned Parenthood Federation (IPPF)
London, UK

Human Rights and Reproductive Health

We from IPPF believe strongly that rights and health are very closely intertwined. We already said that in the International Conference on Population Development (ICPD) in Cairo, 1994, and it was confirmed again six years ago and was confirmed again one year ago in London. I think this debate has become very much a "moral debate", more than a "health debate". We are not here to save souls, we are here to save lives. I think we should remember that all the time. I think the prescriptive nature of the abstinence approach often results in morality and judgement. I think the same of the ABC Approach (A-Abstinence, B-Be faithful, C-Condom use). I have problems with these three letters, because I think sexuality is about "A to Z", and not only from "A to C". But even if we are promoting the ABC Approach, it's very much "A", and a little bit of "B", and a tiny bit of "C", if you can't do anything else. I think we have to be very clear about that. For IPPF it's not whether abstinence is better than being sexually active, it's about "choicing", and it's about promoting choices. Giving young people unbiased information and education, and access to contraceptives.

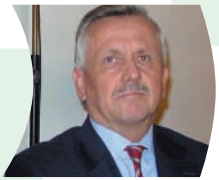
The second point I want to make to this debate "Contraception or Abstinence": this is all about protective sex. But I think we have to talk about "safer sex". For me "safer sex" is much more than protective sex. It's much more than preventing HIV or Sexual Transmitted Infections (STIs), or unwanted pregnancy. It's about

feeling safe, feeling comfortable, being happy with yourself, being happy with your partner. We don't dare to say the word "love" any more. I think it's a dirty word almost. We don't talk about, how do we negotiate, how do we fit sexuality in our lives. I think if there is one thing that happened with HIV which is maybe a positive, it's that we are able to talk more openly about sexuality.

But what do we do? We again talk about risks, about death, about all negative things. Even in our research on young people's sexual and reproductive health, young people are seen as "risk-takers", "joy-seekers", don't know what to do. We have absolutely no trust in young people. I think that's something we have to look at. There was a very interesting research in the UK where they looked at the newspapers. They followed the newspapers for one year. 99 per cent of all the messages about young people were negative. There was not one positive message. If you look at the reality of young people – and we know that in IPPF – the moment young people are involved, they bring your organization forward. They are the ones who dare to talk about things that we adults don't dare to talk about.

Nina Puri talked about the US Manifesto in 1998. You know what was the most controversial point of the US Manifesto? We young people, it says, have the right to enjoy our sexuality. This wording created so much controversy. Young people enjoying sexuality? Well okay, we know we should not have risks and we should do something about risk management, but enjoying? No way!

If you look at the world, there is this commercial sex world – billions, billions of dollars. Then we are here – public health, voluntary sector, public sector, and we talk about responsibility, responsible lifestyles, gender. What are they talking about? "Pleasure", "intimacy", "sensuality", "orgasm". Who do you want to listen to? To us, or to the commercial sex industry? I think we have to find the right synergy between us as public health workers, and not deny that there is a



commercial industry out there. We should regain the words again which are about pleasure. Because if we can make "safer sex" sexier and more attractive than unsafe sex, I think then we go much further than we have been doing now to talk about risks, and other risks, and risks again.

What we are trying to do in IPPF is very much looking at how young people can support us to move this forward. In last October – and there were some young people I see here as well – we started to think about, how can we make guidelines for comprehensive sex education as an answer to this abstinence-only nonsense. I'm sorry, I have to say it like that. Also to find ways how to make better bridges between the reproductive health and the HIV/AIDS, work. I think, here this morning, to be very honest, I saw again, you have here the family planners and you have here HIV. Well, that's not how we have sex: one part of our mind thinking about, how do I prevent unwanted pregnancy, and the other how do I prevent HIV. We have to find a bridge. We're still too much compartmentalized.

I have to say, what happened in London in October, young people came up with the most amazing ideas how to make them responsible sexually active citizens. Together with Pop Council we will publish guidelines for comprehensive sexuality education in the near future. The other thing we are going to work on, is to look at those young people whose sexuality is even more denied. That is young people living with HIV. There's a whole group of young people who are born HIV positive, who come now to their adolescence. We have no answer to their questions: When can I become sexually active? What about motherhood, what about fatherhood? We will present a project at the "World Aids Day" about positive fathers. What it is about to be a father and to be HIV positive. I wanted this to be a young father. The other group we are going to look at next year is young people with disabilities – a totally neglected group.

Statement

Joana Almeida
You Act - European Network for Sexual and Reproductive Rights
Portugal

This panel is about "abstinence versus contraception" and if there is a "controversy" I don't think we feel that way. The panellists pretty much agree that "abstinence only" is not having a good effect on the world, and so in our lives and in young people's lives.

But what I feel is that politically, we either defend one, "abstinence-only" or the other "contraception". So sometimes we don't respect really the effect this has in real lives of people. In You Act we advocate for several things and so regarding this, I think I would pretty much repeat the rest of the panel, but it's worth anyway to say - we will have to say it over and over again.

We want "comprehensive" sex education for everyone. Comprehensive because it's for all ages. We believe that children can also talk about sexual issues. Not necessarily about sex, but why not do HIV prevention in these ages? Why not do violence and discrimination prevention at very, very young ages? And comprehensive also because we need to integrate all sexual orientations, too. We cannot ignore some sectors of society. Also sexual orientation must stop being a taboo and must be in our speeches every time. Comprehensive also because we need to share all the information, not only the information we think is appropriate, but all the information there is must be available. Then each one should choose what

to believe and what to choose, but all the information is necessary of course for all genders, not only for girls. Because of course girls can suffer directly from unwanted pregnancies, directly from a special vulnerability for HIV transmission, but boys are also partners in this.

In order to have this, we believe that access to services that are youth-friendly or just adapt to all sectors of society are really important. We cannot continue thinking that young people don't have sex. I mean, we have sex, we know what sex is, adolescents also know – I don't need to repeat the numbers, the rest of the panel kind of makes my work here easy – but I think we all live in this society that is very sexualized all over. So it's hard not to know that sex is out there, and sexuality too. Comprehensive sex education and youth-friendly services also need to develop our skills. To say "yes", but also to say "no", also to say "please". Well, abstinence-only are not teaching this to everyone. We need of course knowledge, responsible behaviours, but healthcare services must be targeted at young people but also even younger people. Why not adults, why not elderly. We mustn't forget – even when we're talking in a conference about adolescents, we mustn't forget all sectors and all ages. Because society is made by all of us, not only one little part of it. We at You Act believe that the poorest of the world have less opportunities to choose, and as a result, they should have access to free supplies. Supplies on condoms, supplies on contraceptive, other scientific evolution that are not reaching everyone either, and I mean medication of course, and I would also like to remember that the poorest are not necessarily developing countries or the countries we are usually to see as very far away from our Western countries. Sometimes it's also important to note that many of the poor countries are on our own doorstep. And I'm pleased to know that we have Eastern and Central Europe

groups representatives here, including people from the World Health Organization – they can also help us sometimes. We hope that in the future, these conferences in Germany will also include the poorest and the poorest that are very close-by, and sometimes even next to us.

Now coming back to the abstinence-only programmes. It's a very dangerous approach and it's very dangerous to preach this as the only option available. When we talk about the "Silver Ring", for example - I always remember the young people that just take off the ring, have sex as they want, and put the ring on again. This is not honesty, we can't keep letting this happen. Therefore I invite you all to create partnerships, to build friendships all over the world, between countries of course, but also between people, and between all ages and all society sectors. I think it's very important this kind of conferences, when we can listen to each other and we can share good practices. Of course to do this in the society we are living in, we need to talk about fundings, too.

Statement

Ute Theisen
President
Deutsche Pfadfinderschaft
Sankt Georg, Neuss, Germany

I am not the German Bishops' Conference, merely a convinced Catholic. But clearly I am also a youth organization representative – at least, I would characterize myself as such. Our members – numbering 30 million all over the world – are primarily children and young people. They are not all Catholic but are a broad interdenominational mix. This is why I truly believe the Catholic Church has, through us, the opportunity to say something on this topic and believe that it would be, in my view, a serious delusion to imagine, for example, the Catholic Church could be replaced in Africa. In the past, Catholic Church structures and the opportunities they offered were certainly not always only used for the best in Africa. I certainly cannot, and would not want to deny that in any way – yet, at the same time, it is just those structures and opportunities, especially in the community of Orders and in other welfare organizations, that are enabling such very, very good work to be done today. We also have HIV/AIDS prevention programmes in Rwanda, South Africa, Togo and Benin – in many countries where it is a major problem.

In today's world, as I have often remarked, I believe everything is possible. Tolerance is one of the most crucial values – but sometimes it goes so far one no longer perceives any borders whatsoever. And I am absolutely convinced that

children and adolescents need just such borders for their development and growth. They need an orientation to have any kind of critical thinking or dialogue at all – simply to be able to decide for themselves what it is they want and what they do not want. And this applies equally to sexual issues as well. For this reason, the Church offers these answers and is, at least, part of it, ready to engage in dialogue. Of course, some parts of the Church are not prepared to discuss these issues, but perhaps one should simply begin with those who are – for instance, with ourselves as a youth organization, or with various Bishops.

Discussion

Question

You mentioned that one of the most discussed issues was, young people have the right to enjoy sexuality. And I'm curious to know who's opposed to that thesis. Are these the parents, are these fundamental movements from the society, are these churches? *(Hermann Kügler, Catholic priest and psychotherapist, Germany)*

Answer

Doortje Braeken, Senior Adviser Adolescents, International Planned Parenthood Federation (IPPF), London – I think people often have a problem with the word "sexuality", which they think is having sex, which are two different things. I think we should also try to unpack what we mean by sexuality. And the other thing is, I think the "opposition" is everywhere. It's not necessarily the church. The opposition is within IPPF as much as anywhere else. There are still service providers who actually may say something but don't really mean it. And I think that's something that young people are very allergic to. I know I was in Zambia and we did a role play with young people, and I said, "If you want to get a condom, what do you do?" The guy did the role play, and he went to the Family Planning Association. He said, "I have to give a lecture on HIV/AIDS in the classrooms. Can I have a condom?" The problem was, he couldn't ask that every day, but he said that was the only way for him to get a condom without a talk about, you know, being responsible, and so forth.

Question

I would also like to talk about the right to have a choice. I believe that having the choice is dynamic. I just want to know if you consider these young people, where they come from, and the environment where they live. How are they coming to have the choice. Because when you look in Europe, the social structure allows the young people to have the choice. To tell their parents "enough is enough", I'm

going. But in my country where I come from, it will not be easy to say "enough is enough". *(Florence Sissako, Cameroon, International Gender Studies, Charité, Berlin)*

Answer

Doortje Braeken, Senior Adviser Adolescents, International Planned Parenthood Federation (IPPF), London – I think the opposition is everywhere. I think there's the issue of the parents. I think there are a lot of young people in the world who almost have double lives, have a life at home and have a life outside. Now of course – I mean, I have children – of course they should be different with, I mean I understand that. But if there is too much of a discrepancy, it's very complex. And I think we made sex education a little bit too professional. I think we have to give sex education back to the parents again, and help parents, support parents, to come to grips. Because all parents want good things for their children and not see them as our opposition as well.

Question

It's very difficult to talk about abstinence among injecting drug users, who are a very big part of the risk population for HIV/AIDS, for Sexual Transmitted Infections in Eastern Europe. Are there any specific tools for intervention which can address the issue of sexual behaviour, the issue of reproductive health among this population? *(Igor Oliynyk, Ukraine, International Gender Studies, Charité, Berlin)*

Answer

Dr. Sharon L. Camp, President, Alan Guttmacher Institute (AGI), Washington – It will not surprise you, the US government is not only promoting abstinence but it is opposing programmes like needle-exchange programmes that would in fact, in some parts of the world, help reduce HIV transmission. So we are playing a very unhelpful role on the HIV issue, regardless of what the underlying epidemiology of the epidemic is in a particular country.

Panel 2

Practical Experience Shared: Gender- and Sex-Education-Programmes for Adolescents

Dr. Stefani Klos
Senior Project Manager
Sector and Policy Division Health,
KfW Entwicklungsbank (KfW development bank)
Frankfurt, Germany

Holo M. Hachonda
Adolescents and Youth Officer
International Planned Parenthood Federation (IPPF)
Africa Regional Office, Nairobi, Kenya

Verónica Correa
Coordinator Centro Latinoamericano Salud y Mujer (CELSAM)
Montevideo, Uruguay

Boravann Mam
Deputy-Chief of the Essential Drugs Bureau
Phnom Penh, Cambodia

Powerpoint Presentation Best Practice Africa

Dr. Stefani Klos
Senior Project Manager
Health Sector and Policy Division
KfW Entwicklungsbank (KfW development bank)
Frankfurt, Germany

Slide 1

Promoting Adolescent Sexual Knowledge and Responsible Behaviour

Slide 2

KfW Entwicklungsbank (KfW development bank)
Financial Cooperation in the Health Sector

- Infrastructure
- Supply of Drugs
- Prevention of Diseases
- Reproductive Health
- Sector Programmes, Programme Financing
- Regional Programmes
- Private Sector Participation

HIV/AIDS prevention through Social Marketing

- 26 countries,
- EUR 273 million

Slide 3

Behaviour Change Campaign (1): Approach

- Social marketing agencies
- Sale of subsidized condoms / contraceptives via commercial channels
- Conducting of baseline studies, customer surveys, KAP-studies, etc.

Slide 4

Behaviour Change Campaign (2): Approach

- Extensive use of mass media
- Advertising and educational work on typical target groups

Slide 5

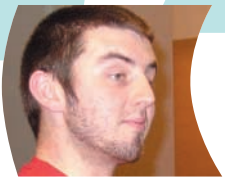
Behaviour Change Campaign (3): Instruments

Mass Media

- Ads on radio, television
- Soap operas on radio, TV
- Cinemobile
- Printed media (news papers, comics, hanging posters along country's main roads)
- Painting of product logo on house walls, busses, etc

Group Media

- Advertising of messages at sport events or in bars
- Theatre, role-playing
- Condom presentations that include small raffles or tombolas
- Peer educators
- Other key persons, etc.



Slide 6

Programme example (1): Cameroon – "100 pour cent Jeune"

Cameroon Social Marketing Programme

- implemented since 1996 by the Association Camerounaise pour le marketing social
- financed by KfW since 2001
- Partners: international NGO Population Services International (PSI) and USAID
- uses target group specific marketing mix and services
- Youth campaign: "100 pour cent Jeune"

Slide 7

Programme example (2): Cameroon – "100 pour cent Jeune"

- Ads on TV and radio
- Radio broadcasts

"Slogan: Let's talk about Sex"

Slide 8

Programme example (3): Cameroon, Guinea, Burkina Faso, etc.

- Youth magazines, cartoon, periodical

Slide 9

Programme example (4): Cameroon, Guinea, Burkina Faso, etc.

- Role-playing, theatre, peer educators, etc.

Slide 10

Results / Achievements (1)

- Prevention and use of condom has increased and achieved a positive image
- Improved self-efficiency in terms of purchasing correct condom use
- Empowering of young women
- Increased parental support for condom use

Slide 11

Results / Achievements (2)

- Discouraging of risky sexual practices and of unprotected intercourse
- Less stigma attached to condom use, sexual negotiation and HIV in general
- Social taboos gradually loosened
- Young people are enabled to behave responsibly in their sexual practices

Statement Best Practice Africa

Holo M. Hachonda
Adolescents and Youth Officer
International Planned Parenthood Federation (IPPF)
Africa Regional Office, Nairobi, Kenya

My first part of the presentation will focus on, what in my opinion has worked, working with young people in the region. I'm going to talk about participation, I'm going to talk about services and then I'm going to touch a bit on access to information and services.

Participation

I think youth participation in general is integral for any kind of programmes. It is important because you involve young people and make them decision-makers in planning, implementation and management of programmes. How does that benefit programmes, or how does that benefit those of us who have become funders, or donors, of these programmes?

It enriches relevance and appropriateness of services. If the services are not appropriate, the young people will not want to use them and therefore by involving young people you find that you are actually implementing programmes that they perceive as relevant and meet their basic needs. It builds skills in young people beyond reproductive health. Because at the end of the day, the young people will not eat reproductive health skills. They do not eat condoms. They do not go home when they get married and use condoms to feed their children. So some of these processes of involvement do enrich them by empowering them, by having skills that they can use to get jobs and therefore lead adult, responsible lives.

Youth participation overall increases ownership and those of you who have been working in development can realize that if governments do not own their programme, if communities do not own their programme, if young people do not own their programme, the chances of failure for that programme are high. Therefore, by involving young people, their perception of the programme being theirs is enriching and that is a vital element.

I think Nina Puri talked about how we from IPPF are getting young people to sit on management boards. We have set up youth advisory boards that also sit on the main national boards in 38 of 44 countries in Africa and that has been replicated in other regions as well. We are making an effort in youth participation.

Services

I think what has worked is comprehensive services that are tailored for young people. There is a difference between services that are held, or are based, in a facility that is community-centred as compared to those that are focused on providing services for young people. I think it's important that as we start increasing services for young people, that we start tailoring services for young people. This is where we have been talking about youth-friendly health services. There are many models that are working in Africa either through United Nations Children's Fund UNICEF initiatives, either through the IPPF service points, and through different donor organizations. So youth-friendly health services are another model that we should continue supporting. We need integrated reproductive health and HIV services approach where we don't only have standalone reproductive health services but that when the young person comes for HIV counselling they are also exposed to family planning, reproductive health services, and so on. They have the options, a wide range of options, offered to them.

Access to condoms is an essential element. I think it was my brother from Zambia who asked the question, if a young person comes and says, I know all this stuff about HIV and all this reproductive, all I want is condoms, how would you deal with it? Sometimes young people just want condoms because they just want to have sex. So we should be able to avail these services to young people so they can actually be able to enjoy their sexuality.

Voluntary counselling and testing (VCT) is an important element that we are yet to expand, especially in Africa. We have voluntary counselling, we have the testing and yet we do not have a treatment. What if I know my status? What then? Everybody's talking about treatment these days, but nobody's talking about treatment for young people. We need to start having programmes that are tailored to meeting and treating those young people that have the courage to find out what their status is, and ensuring that they're able to sustain their lives after they find out what their status is.

Challenges

The big challenge starts with the donors, we are a part of these days. I think as donors, there is this great fear among communities of increasing donor influence in the management of programmes. How programmes are implemented at community level. The donors are getting their hands into the dirt more and more, therefore pushing their own priorities. I think we need to start watching out and go back to consulting with communities what is actually supposed to be implemented at community level. If there's a shift in donor priorities as what has happened with the US government and President Bush's Emergency Plan for Aids Relief (PEPFAR) and its sudden focus on abstinence. I mean, these are issues that we need to start asking ourselves: How do we ensure that our agenda does not

hinder progress on what is actually needed by communities themselves. The involvement of young people living with HIV – this segment has been neglected. We have tried working with people living with HIV through support groups and organizations and networks, but yet there's no, or very few, youth networks that are focused on young people living with HIV because in the first instance, we don't even know where to find the young people living with HIV. We need to start building into programmes incentives for young people to come out and share their status with the communities.

Impact Mitigation

Very few programmes are now working with or supporting young people who are supporting siblings, or supporting parents dying from HIV. Do we have programmes that are looking at that? Most of these community-based programmes, community-based organizations, work with primarily parents and adults. But what about the young people who are now taking on the responsibilities of parenthood when they're 15 because they've been orphaned by HIV? We need to start looking at that.

I think finally, we need to harmonize. I mean the challenge of harmonizing and maximizing the use of available minimal resources for an audience that is very diverse in needs. With the minimal basket that we have of funds, it is becoming more and more of a challenge to prioritize where we focus in the next year. Because you have people living with HIV, you have street kids, you have orphans, you have young people who are gays and lesbians, and all them have special needs. The challenge for us is, how do we start breaking down that word "vulnerable" in a way that will start prioritizing the funding of programme, and ensuring that we start availing the necessary resources?

Powerpoint Presentation
Best Practice Latin America

Verónica Correa
Coordinator Centro Latinoamericano Salud y Mujer (CELSAM)
Montevideo, Uruguay

Slide 1 + 2

Uruguayan experience

Contents

- General information about the Uruguayan situation
- Project:
  - Why
  - Objectives
  - Strategy
  - Activities

Slide 3 + 4

República Oriental del Uruguay

Facts

- Population: 3.241.003
- The average of the beginning in sexual activities is 14 years old.
- 50 per cent of those teenagers don't use a contraceptive method in their first sexual relation.

Slide 5

- More than 50 per cent of the children and teenagers of Uruguay are under the line of poverty.
- In 2004: 23 per cent of the births in our main public hospital were from teenagers.
- 18 per cent were premature births.

Slide 6

Connotations

- Teen mothers tend to abandon school or any plan of education.
- The rates of population only grow in this under-privileged sectors of society.
- The cycle of poverty continues.

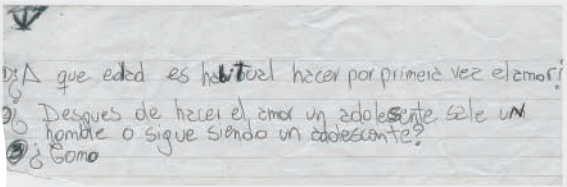
Slide 7

So, why are teens getting pregnant?

Because of the Lack of Information
Because of the Lack of Life Projects

- For nine months they are important.
- Something of their own.
- A project of life.
- A future.
- Validation as a woman.

Slide 19



At which age is it normal to make love for the first time?

After making love, is an adolescent still an adolescent or is he a man?

celsam

Slide 8

The Project

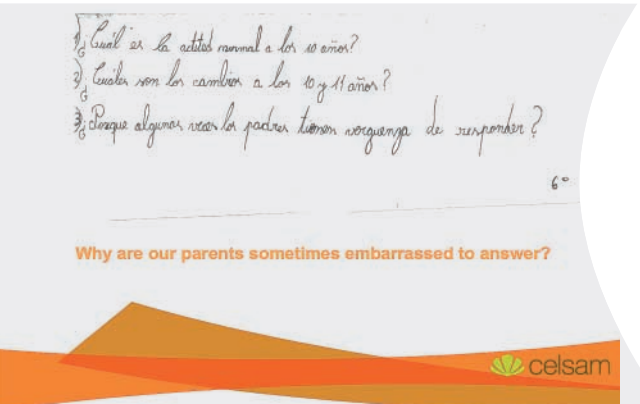
- National Day For Teenage Pregnancy Prevention
- Launched three years ago, as a consequence of the high rates of teenage pregnancy
- As opinion leaders in women's health in Uruguay as well as in Latin America, we have a responsibility to the society

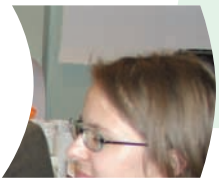
Slide 9

Objectives

- Put the topic in the public opinion.
- Generate spaces where teenagers can find information and discussions around sexual and reproductive health.
- Involve society: schools, parents, private industry and associations in a common cause focus on teenagers health.
- Generate activities with enough interest so the media would cover them and reply to the problem.

Slide 20





Slide 10

Objectives

With/to whom:

- teenagers
- government authorities
- non profit organizations
- educational institutions
- media
- parents
- general public
- private industry

Slide 11

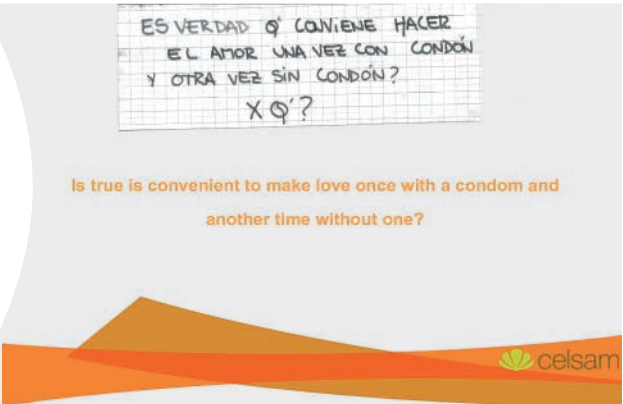
Strategy

- Develop the concept: Logo/colours
- Long-term agenda for activities:
  The day is an excuse.
- Alliances: Find partners: authorities, non profit organizations, health and governmental authorities, educational figures, youth authorities, private industry, media (legitimization)

Lobby

- Law project pending approval from Senate.

Slide 21



Slide 12

What did we do?

- Lobby
- Press conference.
- Sexual and reproductive health information leaflet
- In educational institutions
- and organizations focuses on teenagers
- Talks and discussion panels about:
    - "Teenagers and sexuality"
    - "Love yourself, take care of yourself, inform yourself",
      "Do you know your rights?"
    - "Sexual education in Uruguay,
      The pending topic".
      "What about sex?"

Slide 13

What did we do?

- Workshops for parents in different neighbourhoods about sexual education (SE)
- Training meeting for teen leaders in SE.
- Teen leaders in the streets distributing postcards and leaflets with information and the addresses where kids can find professional assistance.

Slide 14

What did we do?

- Cinema cycle about teens and sexuality.
- One to one donation programme.
- For every pack of contraceptive pills sold, our main sponsor (Schering) donated another to the Health Ministry.
- Contest for journalists about teenagers and sexuality.

Slide 16

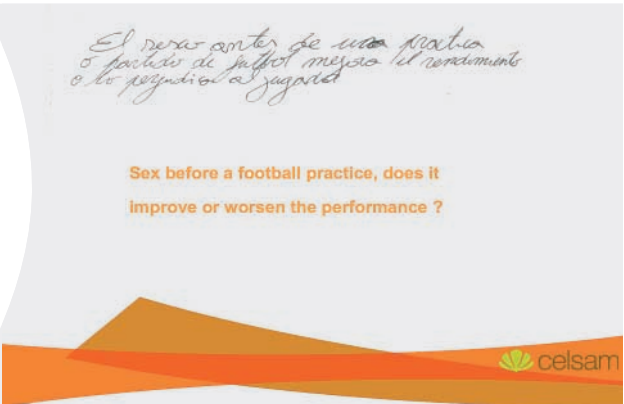
And now?

Thanks to alliance promoted by CELSAM
(Centro Latinoamericano Salud Mujer)

Latinamerica conmemorates (and works in favour of)

The National Day for Teenage Pregnancy Prevention

Slide 22



Powerpoint Presentation
Best Practice Asia

Boravann Mam
Deputy-Chief of the Essential Drugs Bureau
Phnom Penh, Cambodia

Slide 2

Outline

- Background
- Adolescent Reproductive and Sexual Health (ARSH)
- Increase Youth Awareness on ARSH
- Social Marketing
- Specific Programmes for Males & Females
- Peer Education
- Taboos Related to Sex-Education
- Does Sex-Education Teach Ethical Values?

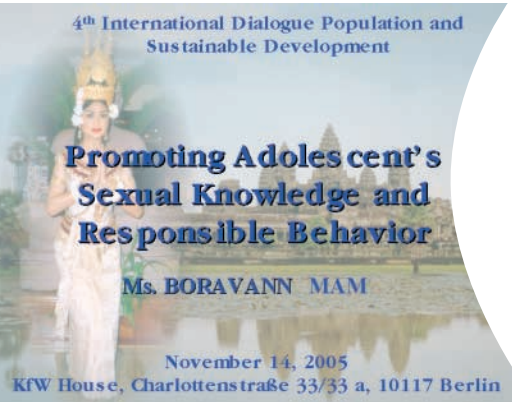
Slide 3 + 4

Background

National Reproductive Health Programme (NRHP):

- RH status in Cambodia is poor due to long periods of civil war and political instability.
- NRHP was established in 1994 to meet the RH needs of people of Cambodia

Slide 1



The overall goal of the NRHP is to improve the well-being of the Cambodia people through:

1 Better reproductive health nationwide
2 Increased gender equality and
3 A more sustainable balance between population, resources, and socio-economic development.

Aims of the NRHP:

To reduce maternal mortality (particularly unsafe abortion), infant mortality, unwanted pregnancy, HIV/AIDS, and gender-based violence in Cambodia.

Slide 5

Adolescent Reproductive and Sexual Health (ARSH)

1 ARSH Status

- ARSH is relatively new for the NRHP.
- RH interventions are closely linked to maternal and child health, the public health system mainly reaches married women of reproductive age, and not the large population of potentially sexually active young people.
- Little is known about the prevalence of premarital sex in Cambodia (lack of baseline data on sexual knowledge, attitude and behaviour of young Cambodian).

Slide 6

- However, there are strong cultural norms against pre-marital sex in Cambodia.
- There are moves to address these issues by increasing young people's access to RH services.

2 Opportunities

- Supports from policy makers, donors and technical assistances provide a good environment for promoting ARSH and youth-friendly services.
- The NRHP has developed a draft protocol for adolescent friendly reproductive health and sexual health (ARSH).
- Sustained support by international donors.

Slide 7

- The Ministry of Health, Ministry of Women's Affairs, Ministry of Education, Youth and Sport (MoEYS) are developing an integrated national policy for ARSH.
- Introduction of ASH in school by MoEYS, especially on HIV/AIDS
- No policies prohibiting or limiting youth or unmarried people in accessing to RH information or services.

Slide 8

3 Constraints:

- Limited public infrastructure and trained providers for adolescent RH counseling.
- Cost and privacy issues
- Cultural norms against discussing sexual issues.
- Lack of appropriate messages on ARSH

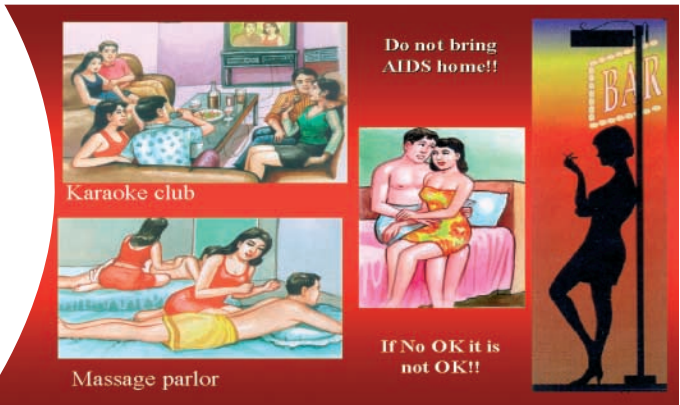
Slide 9

Increase Youth Awareness on RSH

1 Youth camp 2004 (UNFPA)

- Communities and families support the rights of young people to participate and get better understanding of RSH and HIV/AIDS.
- Government and NGOs should collaborate and provide centers for training, services and information throughout the country.
- Increase RSH/drug education in schools
- Expand use of media on ARSH

Slide 11



Slide 10

Increase Youth Awareness on RSH

2 Adolescent focus group: Their priorities for more information are:

- Prevention of sexual violence
- HIV/AIDS prevention and testing
- Condom negotiation
- Prevention of unwanted pregnancy
- Drug and alcohol abuse
- Nutrition

Slide 12

3 Outreach services/Peer education – Factory workers, street children, rural youth, monks

4 Young men's programme

Slide 13

Social Marketing

- Promotion of condom/contraceptive use during special events:
    - Water festival
    - Khmer New Year
    - World AIDS Day etc.

Slide 14

Peer Education and Peer Counseling work

- Culturally appropriate
- Community-based
- Accepted by their target audiences
- Economical
- Peer education occurs in a variety of settings and includes many different activities.

Slide 15

Special Programme for male and female

- Recently CARE has carried out HIV/AIDS and STD awareness sessions in garment factories, funded by the USAID DAP in garment factories.
- So far, the awareness sessions have taken place in five or six factories which each have a staff of 500 - 600 young women.
- The organization has created two shows - one for boys and one for girls which are performed twice a week at its centre for children from the streets, children living at the centre or boys in custody in the Phnom Penh Youth Rehabilitation Centre.

Slide 16

Taboos related to sex-education

- Cambodian traditional morality is seen as prohibiting some sexual behaviour, especially for young women, whose virginity at marriage can be regarded as a reflection of family honor. However, it is a mistake to assume this morality is monolithic.
- Cambodian women are unwilling to talk about sexual knowledge.

Slide 17

Sex-education teach ethical value

- Educators need to be sensitive to youth culture and habits, which may be increasingly at variance with those of their elders.
- Traditional culture and rebellious activities both need to be acknowledged and responded to in ARH interventions.
- The special needs of commercial sex workers must be addressed, their position should not be marginalized in ARH education.

Slide 18

Discussion

Moderation: Dr. Jörg F. Maas, German Foundation for World Population (DSW), Hanover, Germany

You have heard a variety of different options and possibilities to reach out to young people from the different continents. I think it is always the fact that in order to reach out to young people we need to understand that young people speak a different language, that they have different ways of perceiving and expressing themselves. As we all remember when we were young, our peers understood us much better than our parents or our teachers did. I think the example from Uruguay, "Dr. Sommer" giving the answers to the questions coming from young people, is exactly the way forward. We need to speak the same languages. On the other hand we also learned the variety of possibilities. Holo said that, just to pick out one idea, he said that it's not enough to provide sex education. It's equally important to provide skills and training to young people because they also have to earn their income and they also have to gain some skills to start a family or to start a career.

We also heard from Dr. Stefani Klos that the social marketing programmes of KfW Entwicklungsbank (KfW development bank) were particularly successful because social marketing campaigns have been combined with mass media activities. The same has been said by Verónica. I think the important and successful intervention of CELSAM in Uruguay is also based on the fact that you involved the mass media and the media in general in your political and awareness campaigns. Last but not least, what we also heard from Boravann, was also that I think in a country with a relatively young democratic structure like Cambodia, it's a particular challenge to combine mass awareness activities for sexual and repro-

ductive health. We have heard that there are new avenues to reach out to young people, to serve young people better, through soap-operas, through media partners, through public events such as "100 per cent young".

Question

I wanted to ask the panel whether they attach a lot of importance to evaluation of the programmes which they implement, and also whether they have any data that they could report to us about whether the programmes changed behaviour at all. Obviously they create awareness, but it's the end result we need to be interested in so that we can modify them should they needed to be altered. *(Cliff Shelton, Member, You Act European Network for Sexual and Reproductive Rights, UK)*

Answer

Holo M. Hachonda, Adolescents and Youth Officer, International Planned Parenthood Federation (IPPF), Kenya – First of all, I disagree when you say the end is more important. I think the process is as important. Sometimes the outcomes in the process of involvement, implementation of programme, actually enriches the young people more than the end, which sometimes will be prevention from HIV or an STI. The process is as important as the end result. Second, I think there's little information on the success of peer-focused or youth-focused HIV/AIDS or reproductive health programmes because simply that we haven't invested enough. Most youth programmes that have proved to be interesting or have shown signs of success are not adequately funded, they are not long-term, they are short-term, they are pilot-based. I think first of all we need to start investing aggressively in areas of youth programmes. That's the only way – we have to invest long enough so we can have time to learn about them and be able to

evaluate them. Most programmes that are implemented, for example in Africa, do not adequately budget for evaluation of the programmes at the end of it all. You're given a 100,000 to reach this number and they do not talk about evaluation, but yet the results are expected at the end of it all.

Answer

Verónica Correa, Coordinator Centro Latinoamericano Salud y Mujer (CELSAM), Uruguay – I mean, for example in my country, this project, it is not easy to measure whether it's a success or not a success. But, for example, for us it is a success because three years ago, to have the media talking about sexual behaviour and about the need to have sexual education in schools – it was something that we couldn't imagine, now it's normal. I think the success of those projects is in the little and small steps we can do.

Question

Boravann Mam you mentioned that in your country and in your culture, virginity is regarded as a reflection of the family honour. To express myself a bit in black-and-white terms, as far as I can see the Western European culture is more individualistic and it seems that your culture is more communitarian. And what I ask myself is, do these programmes withdraw young people from their background, from their family, and do we have to accept this or do those family-planning programmes in the long term, do they bring the necessity to withdraw young people from their families, from their clans, from their background? *(Hermann Kügler, Catholic priest and psychotherapist, Germany)*

Answer

Boravann Mam, Deputy-Chief of the Essential Drugs Bureau, Phnom Penh, Cambodia – In our country the culture is the one important problem, but we are still working, even though the lady is unwilling to talk about sex and the virginity

is reflected to the family honour before. But now, step by step, according to the education and our Ministry of Health with other NGOs, we try to educate the family on the whole national level, even in the provinces in remote areas. Now, after the survey, we found that the rural mother nowadays accepts the concept of reproductive health programme. We try to convince, to educate their daughters to know how important these information are, because it's not only to protect the daughter but too, if the daughter is married, to saving the economic income.

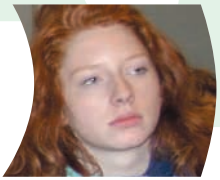
Answer

Dr. Nina Puri, President, International Planned Parenthood Federation (IPPF), London/Delhi, UK/India – I'd just like to give you two examples. To the question raised about culture: About 20 or 30 years ago, one of my sisters-in-law said that: you know, I have to keep the door open between my mother-in-law's bedroom and my bedroom. Every single day, and it's only when she would like me to have sex with my husband that she closes the door.

So there is the difference between your individuality and our culture. That still goes on. In Sri Lanka, when a girl is married, there it is changing to some extent, but the tradition is that if the bed has a red spot, that means that there is a red rose. And if it isn't, it's a white rose and that means that the girl has not been a virgin. Here again, you have a cultural divide. This whole question about things of collective family as far as sex and sexuality is concerned, which is more for procreation than anything else.

Question

How are we going to finance social marketing programmes, because there is no stop? If we start helping governments and countries to subsidize the condoms and then spend about four times as much on all the activities around the subsi-



dized condoms, how will we manage to do that and can we, what is your experience within KfW in continuously convincing people, that you will have to do this for the next hundred years? *(Henri van den Hombergh, Senior Project Manager, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), Eschborn, Germany)*

Answer

Dr. Stefani Klos, Senior Project Manager, Sector and Policy Division Health, KfW Entwicklungsbank (KfW development bank), Frankfurt, Germany – In developing countries we are working with local governments. After the third, second phase of project implementation of KfW funded programmes, KfW covers nearly the whole subsidized condom procurement for the whole country. That's the aspect of prevention which has become very crucial for the countries because now priorities of donors changed. It's no longer possible for us to finance nearly the next 20 years condoms. There must be also a change in the mentality of local partners. In some countries like Burkina Faso and Rwanda, the partners realized that it has become a very crucial aspect, and they integrated it in their national HIV strategy as a component. They start to take over their own responsibility for this area. But it takes quite a lot of time. And until now we have bridged a gap of condom. And in some countries no other financial sources are here to finance condoms, and other condoms which are spread for nothing are not in the higher reputation, and they are on a stock, and they are not demanded, there's no demand for the free condoms. So it's a problem.

Question

Is the very fact that parents are unable to speak about "sex" and "sexuality" not worth considering, to think we should really address the parents and their inability all around the world to address this most vital aspect of their life?

(Dr. Hanns-Peter Neuhoff, Senior Vice President America, Africa and Middle East, KfW Entwicklungsbank [KfW development bank], Frankfurt, Germany)

Answer

Verónica Correa, Coordinator Centro Latinoamericano Salud y Mujer (CELSAM), Uruguay – We believe that parents are the first reference that kids have at home, of course. That's why we had those talks, seminars for parents. Because the problem is, sometimes parents don't have the tools or don't have the language, or they don't know how to teach their kids, how to talk with them about sexuality. They feel embarrassed. They don't feel comfortable talking to their kids about a sexual relationship. That's why first, it's important to educate parents. But when you have a teenager – teenagers do not like to talk with parents in general. I am not saying that all teenagers do, but when the kids grow up and you now have a teenager who has grown 15 years old for example, for them it's better that a peer comes and talks with him about sexuality than their parents. The parents have to talk, I think, in the first years, when you must know everything about sexuality, so then you don't have to ask a peer or a friend about sexuality. But if your parents didn't talk to you when you were a child, then when you are a teenager, the most common thing you are going to do is to go to talk with a friend, not with your parents. Maybe you talk with your parents, but it's not the frequent thing.

Answer

Holo M. Hachonda, Adolescents and Youth Officer, International Planned Parenthood Federation (IPPF), Kenya – I have one example of parent-child education, and this was my version of education from my dad. We were walking to the market one day and he said, "Son, you know, I want to talk to you about women." I said, "Okay." And he said, "Women are very good. You can learn from them. But don't shop." That was it. So – women are good, you can learn from them, but don't shop – first of all, what is shopping? What I'm trying to say is

that peer education is there to fill the gap that sometimes parents do not leave out because they are not comfortable to have that conversation with their child. I think the formula is not peer education, the formula is peer education plus parents plus all institutions that are concerned with youth development, or young people's development.

Question

I'm working in office as a pastor for mission ecumenism and global responsibility. We in the church are not so good in marketing some of our products and projects on HIV and AIDS. I was therefore quite fascinated how you were telling that you promote condoms all over. On the one hand, what about those people who are not really in the market – those women who are never going really to the market, who might not even have a radio in Africa, and are they also targeted in a certain way? How they can get access to.

And the second one about femidoms: We always talk the whole day about condoms. But there are also female condoms, femidoms. Why is there not any strategy on marketing that? I lived for several years in Southern Africa and there we tried that at least. Also from the side of the churches. But for many people it was not really a question. I think there is still perhaps a marketing strategy missing also for women. But it would empower women, I think so. *(Ute Hedrich, Westphalian church, Dortmund)*

Answer

Dr. Stefani Klos, Senior Project Manager, Sector and Policy Division Health, KfW Entwicklungsbank (KfW development bank), Frankfurt, Germany – Of course social marketing is a package of method, of marketing strategies, targeting groups which are able to pay. Of course we have a group of people who don't have money, who are really not capable to pay for it. We cannot cover the whole

population, but social marketing is complementary. It's one instrument, it's one approach to cover certain target groups. We are not able to cover the whole population. That is not our goal itself. We are complimentary, we are looking for complimentary ways to bridge some gaps. This is one aspect.

There are social marketing activities promoting female condoms that you might know, it's a quite difficult method for women – you need quite a whole package of information how to use, and until now we have some experiencing countries, they are high-risk groups, which are going to use it. They like to have it but even this method is not adapted to spread it in the whole female population, but there are different marketing strategies. In Burkina Faso there are market strategies for it.

Statement

Sigrid Tautz, Evaplan, University, Heidelberg, Germany – One of the aspects from the Uruguay contributions was that one of the motivations contributing to adolescents getting pregnant at a very early age was that to them it was something increasing their value. Their feeling of being someone, being cared for, being someone important for at least nine months. But now, in our discussion, in almost all contributions and presentations we are mainly focusing on very technical aspects of information and services. I think there we fall too short of the actual situation. The response must be much broader in addressing societal values, in boosting young people's confidence. Because they probably mentioned that is a problem that is not only important in Latin America – I've also seen it in African countries. I think we mustn't forget about a much more comprehensive approach that addresses a whole value system and a broader response of enables young people to feel important apart from being fertile and having children.

Youth Board

A Critical Reflection on the Conference and Recommendations

Arushi Singh
Volunteer Youth Board International Planned Parenthood Federation (IPPF)
Chandigarth, India

Lene Stavngaard
You Act, European Network for Sexual and Reproductive Rights
Denmark

Ines Eichmüller
Grüne Jugend
Berlin, Germany

Tobias Raschke
Spokesperson
We Are Church – YOUTH
Cologne, Germany

Introduction

Dr. Wolfgang Bichmann, Chief, Sector and Policy Division Health, KfW Entwicklungsbank (KfW development bank), Frankfurt, Germany

The feedback we intend, is that people say what was new, what was good, what was missing the whole day, and we will come to some kind of reflection on what could be recommendations for the future. We have discussed a lot about our experiences, our exposure to cultural norms and we have seen that it is good to have an open forum where we are not only discussing between like-minded people but that we have different parties involved. Now what has not yet been completely verbalized is: what would we expect how development cooperation could act in that field.

Statements Youth Board

Arushi Singh, Volunteer Youth Board International Planned Parenthood Federation (IPPF) Chandigarth, India -

I'd like to begin with taking sex education to a very basic and fundamental level. Doortje Braeken said before me that people create "sex education" and "sexuality" with actually having sex. When I was in college, my girl classmates and I would often get together. We would discuss boys and sex, as young people often do. During the course of our conversation, I realized that these smart and sophisticated 21-year-olds have a lot of incomplete information, including the fact about menstruation and why they menstrutated. These were 21-year-olds, going to the same college that I did, and they didn't know about their own bodies. Some very basic information was lacking in their lives. So when I asked them, had they been paying attention when the teacher was explaining the reproductive

system at school, they said their teacher just told them to read up on the chapter and conveniently moved on to the digestive system. And as you move down the social ladder, the education begins to rely on metaphysics to explain menstruation. Teachers and mothers start attributing it to the female fate, sometimes even considering a menstruating female as "impure." There's a health state in my country India, where women have to live in a cow shed for the four days of the month that they menstruate. These are the prevailing attitudes and the cultural taboos in South Asia which need to be dealt with. You also need to talk just about "having sex" and "safer sex" but about sexual and reproductive health and hygiene, which are issues that are constrained by gender-specific taboos and this whole game of using women's sexualities to wield power over them. They are denied the right to dignity, which is something which didn't really come out in the discussions that we have been having all day over here. I just wanted to bring them up because they are a very important part of my life, so are they a very important part of the lives of young women and young men in Asia.

Double lives

Doortje Braeken also mentioned about young people having to live, double lives, and well, even I have lived a double life, in terms of my parents don't knowing about what I do with my "sexual life" or my "sexuality" or what kind of friends I have. I was addressing a group of parliamentarians from Asia-Pacific earlier this year and there were parliamentarians from India and Pakistan and they were saying: "We don't need sex education because our culture is so good that young people don't have sex so we don't need to tell them about sexuality". One of these parliamentarians had brought her young 22-year-old daughter along to the meeting so in the evening, I sat and talked to her and said, "What do you do? How do you hang out? How do you have fun?" She was from Pakistan. Being an Indian I was curious how the other half of the "continent" lives. She said, "Oh,

you know, we have these farm houses and all the young people get together. But the parents don't know. And we have lots of booze and lots of drugs". I said: "But your mom was saying that you don't have sex and you don't need to learn about sex and sexuality and you're saying that?" You know, so it was an immediate example of this whole double life thing that Doortje mentioned and I'm sure it's the same for young people around most of the world.

Free choice

The other thing which we've been talking about, is the right to have a choice. The young girl from Cameroon already mentioned it. I feel your pain, sister, because young people in Asia and Africa don't have the right to have a choice or to exercise that choice. It's meaningless to talk about abstinence and equally it's meaningless to talk about condoms- male condoms or female condoms - because my first sexual encounter will be when I am 14 and I have been married off to a man who is much older than me.

Talking about abstinence, the choice, that abstinence is a skill, condoms save lives, but when I'm 14, I've just been pulled out of school and I've been married off to this older man and I've been taught to believe that this older man is my "god" and he's going to be my provider for the rest of my life and when he dies it's going to be his son who is going to be my provider. And I am dependant on my husband for everything so I might as well give him his sex and not question him about where he goes and has recreational sex elsewhere. So I might have access to knowledge and information, I might have access to condoms also, but if I can't negotiate with my partner to wear that condom, it is useless for me.

Risky behaviour

The whole discussion about risky behaviour for young people is crazy for me because the largest cohort of adolescence that lives in South Asia is too busy.

They have to look after siblings and have to do the household, while their parents work. Or they're fed with norms about rules and behaviours of good girls or masculine boys by adults. How can you talk about adolescent sexual knowledge and responsible behaviour without addressing all these cultural specific norms which are imposed upon young people from the very beginning and which they learn not to question because that's how we've always been doing things and that's how your grandparents and parents have gone through life so you better not question what your husband is saying or what your father is telling you to do. So we are not allowed to even have an adolescence in a way.

Of course on the other level, there is my youngest sister, who is 16, and she has access to the internet and she watches television channels from around the world, she hangs out in malls and she starts rolling up her eyes when I try to tell her about having a healthy lifestyle or learning about HIV/AIDS. I'm supposed to be representing young people here and talking about how to educate them about their sex and sexuality. There is a large cohort of young people who have access to information, much more than the average. I'm 25 now and when I was 16 I did not know half the things that my younger sister does now, but she still needs to be equipped with skills to cope with all this information and to be able to deal with these very different messages coming to her, and she needs to know how to be safe, how to have a healthy lifestyle.

Youth programmes

Programmes often mismatch. There's often a mismatch between programmes and people's realities. There's one example of how IPPF has used young people to do research in Kenya and Ghana. Young people asked young people the same questions, which older people had done before. The responses where completely different. It just reflected the fact that the programmes that we have are really

not matching up to what young people require and really need down on the ground. They are not going to give you the same answer as they are going to give to another 25-year-old or another 19-year-old.

Ines Eichmüller, Grüne Jugend, Berlin, Germany

Participation of youth

My first point is: it is very positive that at this conference, there are so many young people, that they are invited and that they can take part in the debate. I can say congratulations. I think this is really good. In general, that's not normal, not everywhere, especially not in Germany, though it is necessary to get young people involved, especially in the programmes on sexual and reproductive rights and health. Youth to youth and peer work is very effective and important, and also the right to take part in the decision making process is normally, constantly ignored. Never before have there been so many young people in one generation. I think most of us are under 25 or near 25. And never before have their lives, our lives, and health, been as dependent on political decisions. Young people and their opinion should be heard and action is needed. Action and participation from young people is essential and I think it's really good to use the power of young people in this field, especially what You Act is doing, is really good.

This is also the reason why the European Young Decision Makers Initiative was founded by the European Parliament Forum in December 2003, that's where I am active. This organization is an initiative from young decision makers, young politicians, from all over Europe, with the aim to promote young decision making, especially when it comes up to sexual and reproductive health and rights, and we are working there a lot.

Conference programme

My second point targets the programme: The one point was "Family Planning: A Political Issue - question mark." I think there should be no question mark. And I think there should be no debate needed about it. There's no question – sexuality is a political issue. I was invited as a young decision maker, a young woman in politics, so let me say it clearly. "Abstinence only" is wrong in my opinion and this strategy of the United States is not realistic and only leads to unsafe sex and drastic increase of AIDS and other sexually transmitted diseases and also unwanted pregnancies.

Fidelity

I think to be faithful is good. I guess a lot of my friends wouldn't say that. They don't practice being faithful, but that's normal. Young people aren't always doing, what is good for them. For example here in Berlin, it's normal to take drugs and other things. Still I think that we should be faithful in young people that they are going their way, that they know their bodies and that they are doing what they want. To be abstinent, is not a solution for AIDS and for me that's a match about values and moral aspects. And for me also this conference shows the rising impact of religious groups and thoughts on the political debate.

Influence of representatives of church

When I read the programme I was a bit surprised to see Catholic or other representatives on the programme. They were very nice and it's nice to see them but on other conferences in other countries where I have been, it's not so normal. Last week in Madrid I was asked the question: "What is the influence of the Catholic church in Germany?" So it is good to see it here, though I was a bit surprised to see that. For me, one problem in the last years was that the church in Europe tried to have a direct influence, a direct impact on politics, especially

when it comes to sexual and reproductive health and rights, especially in this part. Representatives of the church have no democratic legitimation. The Pope, the bishops and other stakeholders do not always represent the opinion of the members of the church in the issue of sexuality. My opinion is that church and moral aspect should not get a special huge space in conferences like this.

Lene Stavngaard, You Act, European Network for Sexual and Reproductive Rights, Denmark

Reponsibility

First of all, I want to mention the responsible choices. I was actually very surprised when I saw the headlines of this conference, which are promoting "responsible behaviour". I was very happy when Dr. Henri van den Hombergh also mentioned what is "responsible". Responsible is many things and I actually think it is a very wrong word to use in this context, because who is to say what is "responsible"? Well, it is responsible to take care of your health and your partner's health but besides that, what is responsible behaviour? I think adults do not only have the responsibility to accept that young people are sexually active, they also have the responsibility to accept that it's not only about being sexually active, it's also about having the freedom to have the sexuality you want to. Here I am not only talking about sexual diversity but also behaviour. I also think, when you say responsible, it's a kind of insulting to young people because you are assuming that young people are not able to be responsible for themselves and that adults have to teach young people to be responsible.

Sexual education

That will lead me to my next point, about "sexual education". I think that the whole point about having sexual and reproductive rights, and that we are

fighting for sexual and reproductive rights, is that you have the right to have all the information, have all the education, and then you can pick and choose what you want to use. Sexual education is not about telling people what the best practice is, or what the best kind of sexuality is, or what the right family solution is. It's about giving all the information and making people have the free choice of what they want to use and what they don't want to use. Because I think it's important for every human being to have the free choice of forming your own sexuality, of forming your own identity.

I really also like what Doortje said about the ABC process, that I want to learn the whole alphabet. Really. I want to learn "desire", I want to learn "erotic", I want to learn about "feelings". I want to learn everything. I don't only want to learn about abstinence and be faithful and condoms. There is so much more to sexuality than that. Doortje also mentioned about the word "love". I know, that she really liked us to reclaim the word love, because sexuality is also about love. But I also think that we should feel free to use the word "lust" because sex is not only about love. Sometimes it's love, sometimes it's lust and sometimes it's a combination and that's fantastic.

Then I also want to talk a little about Venkatraman Chandra-Mouli who was making nice comparisons with traffic. Young people living in an adult world, they need to know when to cross the road, how to cross the road, and what's the safest way to cross the road. I think in some point it's right because they need the information and at the same time this is not only the adults' world. We are not only "the future". Young people are really also "the now". We are living in a world where adults are deciding all the rules for how we are supposed to live and that is wrong because we are half the population. I also think it is important to know that you also have the free choice of when to cross the road, how to cross

the road and which safe way I want to use to cross the road, and maybe I don't want to cross the road. I don't know, maybe I'll take another road.

Rights

I think actually, the answer to how to promote safe behaviour and to promote young people's knowledge about sexuality is youth participation. I am happy that my colleague also mentioned it and I think it is the solution and that it is also a right. To continue with the rights, because that is something that we are really missing. We are talking a lot about "rights for young people", "parents' rights", but there are a lot of other people who have rights: for example HIV-positive people and I think that was really missing. They also actually have the right to have an enjoyable sex life and they also have the right to reproduce and I also think that homosexuals have the right to reproduce. A lot of people will disagree with me but personally I believe that they have the right, that the whole right base is about no matter who you are, you are entitled to practice your human rights, you are entitled to practice your sexual and reproductive rights.

Therefore I was also a bit opposed to the opinion, the comment about the extinction of families. What families are we talking about? The extinction of the heterosexual family? I think there are a lot of other kinds of families than the heterosexual model and if we allow people to practice their rights, their reproductive rights, then it won't be a problem. I don't think the human race will die.

Taking the point that the parents should do the sexual education. I think it's a combination. I am sure, there are a lot of things that young people are really "much better" at than adults. For example, we young ones can answer the questions that you would never, ever ask your parents. Most of the questions are actually: "I'm really considering that, I want to have anal sex". You would never say that to your parents because your parents would say, "No, don't do it", and

then your problem would never be solved. Or talking about "orgasm", or "feelings". You can discuss "feelings" with your parents. But if you're in love with somebody you will go to your friends and talk about this because if you are talking to your parents about "love", they will start spying on you, seeing if this person is actually an appropriate girl or guy for my daughter or son. If you look at it in a development context, I think that youth participation is really the answer, and that's the development that needs to be practised. Not only talked about, but practised.

Comments to the Statement of Lene Stavngaard

Statement

I'm 30 years old, I consider myself young, and I just want to say that personally I believe in responsibility. I mean you can be young and not be afraid of the word. You have to "become" responsible and you "have to be" responsible. You have to learn that. I just wanted to say, that I think it's right to use that word in the title. *(Conference participant)*

Statement

I think Lenes Stavngaard is so eloquent in speaking for a "vision of sex" that is positive and wonderful. On the other hand, I see that in the world today – I am Brazilian but I live in the US where the influence of the right wing is so strong, and it's not only in the US – I think all over the world fundementalist forces are growing. They appeal to people's feeling of insecurity and the fear of sex and I'm afraid our vision, if it's unilaterally positive without addressing people's fears and insecurities, will fail because we'll be overcome by them. *(Conference participant)*

Statement

When I hear about this notion of freedom for women, I have something quite different going on in my mind – for women in Africa, the situation is absolutely extreme. Through my work, I know a large number of women and they also visit me privately and stay at my home. That leads to more open discussions. These amazing women, between 25 and 35, have good jobs – but they would be totally confused if they'd heard what was said here: Their choice is between sexuality (often meaning death) and life. In their situation, their husbands or partners do not use condoms regularly. Accordingly, the women have to decide for themselves: do I want sexuality and tenderness and love, with a family and children and if I do, sooner or later it will be my death – or do I want to live? The women I'm thinking of, who I know from my work, have small children and have decided for a life without sexuality the speaker beforehand was so advocating. They want to live for their children and that means that they have already had to live for years without sexuality.

Listening to the speaker beforehand, I thought – My god, that's Berlin and the fantastic situation in the West. But since this pandemic exists, the reality in most of Africa is horribly different – and also the reality in terms of violence against women is a completely different one. We've also hardly touched that issue: the number of reported rapes in South Africa alone is 55,000 a year. You can imagine how high the number of undisclosed cases is!

Of course, our work is in the area of educational campaigns, condom distribution, availability of contraceptives. But we also have to ask what makes men use that degree of systematic violence against women in Africa – just to take the continent I'm more familiar with. And then we rapidly arrive at a question about something far beyond. The psychologists say it's an underdog mentality, it's

inferiority complexes, the men's feeling of hopelessness, unemployment. And that brings me right to the whole issue of development. We have to give these men an economic perspective for the future and offer them chances in order to really address the topic of massive violence used against women. Of course, that is an overarching issue. That's one level higher – more abstract, addressing the general socio-cultural context - than what we've been talking about today - which was about health sector concerns only. *(Dr. Claudia Radeke, First Vice President, East and West Africa, KfW Entwicklungsbank [KfW development bank], Frankfurt, Germany)*

Tobias Raschke, We Are Church – YOUTH, Cologne, Germany –

First of all: I realize that these issues are a joint challenge, that we face by adults, by adolescents, by the whole society, not on a national level, not on a local level, but on a global level. And all the different people have their share in a solution for our problems. What I think was the best in this conference is, that there was no talk "about" young but "with" young people as already mentioned.

The second is, I had no knowledge about what Schering and KfW are doing in this field. It seems to be a very secret thing, they are not sure of themselves, whether they can talk about this in public and should people know about it or not. I think the German public could be proud of what these companies are doing and they should be more going out and saying, "Look, we are going out and taking our corporate responsibility, this is something we do, and where we help people in the developing world and we are proud of it". I think the shareholders will be proud of it too.

We had a lot of international exchange. People from different parts of the world here, I think that was very positive, also that we had some people with a religious background, which I think is not so common in these kind of fora, but is also very important. I am also a proud Catholic, and you know good Catholics use condoms, as all good Catholics do. The influence of church and religion is different in different societies but this has to be addressed and I am happy that we discussed that here.

Coming to the question of how could especially German development aid change. If you are a normal person, you don't really know what the Development Ministry is doing. It's not a high-ranking ministry, even though the Minister believes it, and I would say that sexual rights and reproductive health issues should be more the focus of German development aid. There should be a focus and I think there is a responsibility also for a country like Germany. I think there should be special connection of aid they give for other projects, like for water systems or whatever and always connected with education on HIV/AIDS and sexual reproductive health and rights to make sure this is not something that is one-sided but all the things come together, especially putting women and the gender question on the front. Because if the government and the Development Aid Ministry and also if the Foreign Ministry of Germany, whenever they go to a country, will talk about these issues, then probably the ministers in these other countries would understand: "Okay, if the Germans and the other Europeans take this questions seriously, this might be something that we really should consider". I think sometimes there should be a little bit more pressure on countries, also to allow this kind of education and combine in especially this way to help women and young people all over the world.

Discussion, Questions and Answers

Moderator: Dr. Wolfgang Bichmann, Chief, Sector and Policy Division Health, KfW Entwicklungsbank (KfW development bank), Frankfurt, Germany –

I did put emphasis on that question, what should be the focus of development cooperation in the field of reproductive health and rights. It is a subject which is common to the development cooperation not only in Germany but also in Europe has been taken up since the Cairo Conference at various instances. On the other hand, it was surprising to me that it was only one from you who mentioned that there should be free supplies for the poorest and that funding could be a problem. Surprising that this did not come up so much with the older experts who are participating in that forum even though Henri van den Hombergh mentioned it when he asked: "Is the programme sustainable or not?" I think this is the big issue for the future. We have seen a lot of nice programmes with a lot of personal involvement but how can these programmes be sustained, how can they be even scaled up, and there is the question of human resources and of funding.

Comments to the Statements

Comment

I really enjoyed listening to the voices. The one thing that I don't see the panel addressing still, is the issue of "gender inequality" and "gender power relationships". I think that is the major failure of youth programmes all over the world. And I wonder whether any of you have comments on that, because if we don't recognize that the problems are deeply rooted in a power relationship that is embedded in a system in a culture that is related to other power relationships that really put us at risk. *(Conference participant)*

Comment

I would also like to thank the panel for a most interesting and provocative dialogue. Not in a patronizing way but in something which hopefully we look to change. I think in the future, where people have gone up to one stage, taking the whole compact issue of sexual and reproductive health in young people, that this category at least from the culture that I come from, which is at vast numbers. I think we'll need some sort of divide. The other point is, that we have to be patient, we have to be tolerant and we were also young people and we've come a long way. I can hear certain things which maybe the generation before me might have even blocked out. But I think the positive that also came out in the meeting is, that the "why's" are known. *(Dr. Nina Puri, President, International Planned Parenthood Federation (IPPF), London/Delhi, UK/India)*

Question

I have never heard youth talking so frankly about this delicate subject. My question is, could you imagine, that you yourself, and your groups, which are hopefully increasing, speak the same out in the street to the politicians, to the parliaments, to the media. I hardly see any article about the subject in the media. Only if you do it, we will succeed. For years in symposiums like this, we demand more awareness in the public and I cannot see a progress. *(Prof. Robert Zinser, Rotary Fellowship on Population and Development (RFPD))*

Comment

I am American but I've been working in Ukraine for the past year and a half. In terms of sustainable projects, I think I want to speak on behalf of Ukraine, which has a huge HIV problem. Condom distribution, free condom distribution, is something that would be a very interesting marketing technique for the youth in Ukraine today because it's not a very normal culture to use condoms today and the major reason is usually for cost. But the reality is, if youth get used to using

these condoms, because if you give them for free, they will actually in the end start making decisions to buy them. So what I'm saying is, if there are funders here today, it's funny because I'm American and I'm saying this, I think an excellent investment, particularly within the countries in Eastern Europe with high HIV rates, would be distribution programmes, combined with very active members of society like musicians. *(Heather Sarkissian, You Act , Ukraine)*

Statements on Gender Inequality

Comment

I think that of course gender inequality should be more addressed, and especially with a Catholic background, I say especially in a church, people only learn, women have no role and they have no equal access to the priesthood in order to be a bishop and so on, and this is something that really should be further addressed as well as sex abuse. *(Tobias Raschke, We Are Church – YOUTH, Cologne, Germany)*

Comment

My experience is that the youth programmes or the local programmes also, like the political discussions, for example in the European Young Decision Makers Initiative is that young men really become fighters for women's rights because they are fighting against violence against women, they are saying safe and legal abortion is needed. I think 10 or 20 years ago, you would have called it feminist work, doing awareness programmes for legal and safe abortion is sometimes needed. My experience is that questions like this, under the term of sexual reproductive health and rights, bring people together, from different parties, from different groups. The issue brings people together and I think that with a lot of young people involved in the issue there will be a lot of power to get a real change. *(Ines Eichmüller, Grüne Jugend, Berlin, Germany)*

Closing Statement

Dr. Assia Brandrup-Lukanow,
Director, Division for Health, Education and Social Protection
Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)
Eschborn, Germany

On behalf of the co-sponsors - the Federal Ministry of Cooperation and Development, Schering, the KfW, the German Foundation for Population, the IPPF and the GTZ, I would like to thank you all for coming and sharing your experiences on Promoting Adolescent Sexual Knowledge and Responsible behaviour. It has been very inspiring to hear about the different approaches from various regions of the world. We are also very pleased that this meeting brought together colleagues from Ministries, the Foreign Office, Churches, from implementing agencies and youth organizations in inter-institutional and inter-generational dialogue.

The question is: what do we take home?

1. We take home the encouragement that the work being done for and with young people is not only important but will deliver a sound return to the investment.

2. That it cannot be done without involving and taking young people seriously and protecting their rights.

3. We cannot provide information without also providing youth friendly services.

4. That it is not enough to plan and to act based on intuition, personal experience and common sense but that here, too, we do need scientific evidence on what works and what does not.

5. Empowerment of young people, of parents and of grandparents as well as encouragement of communities to take the concerns of young people seriously is key to the success of sexual and reproductive health programmes.

6. The issue of supporting young people needs to be an integral part of the discussions on Poverty Reduction strategies, on basket and budget funding, on Programm-Gemeinschafts-Finanzierung (PGF).

7. Finally, let's not forget that the issues we are dealing with are not identical with disease control and surveillance, but that they are about how to deal with positive life forces such as friendship, love and passion in such a way that they can be enjoyed by young people in the transition to adulthood.

8. We trend to preach to the converted in our own "church". Do we know how to go beyond this circle and to bring on board those whom we need as allies – the media, the policy makers, and others.

Panel Discussion "Culture and Sexuality – a Topic for International Cooperation?"

Questions and Answers

Question

The key question is – how can we help young people to become responsible and confident decision-makers in sexual matters if they might have to cross those cultural and religious borders that are exemplified by the way their parents, teachers or other role-models live? *(Alexander Schurig, Presenter, rbb radio multikulti, Berlin, Germany)*

Answer

Dr. Nina Puri, President, International Planned Parenthood Federation (IPPF), London/Delhi, UK/India – As you know the whole dialogue on sexual and reproductive health of young people within the context of the family planning movement is a much later progression into the subject. Therefore the whole idea of family planning and the way we at IPPF a non government organization affiliating family planning associations around the world, India being one of them and where I've been part of it since 1972, address this issue, not because of the issue of demography, but because we want to fight unwanted births. It is a coincidence that people in India marry early. The whole family is involved. It is not the individual who decides. Because of the lack of information and the social-cultural socialisation process a girl, whether she is 12 to 14, or 15, has to deliver a son.

All those impediments must be broken through. "Children come by choice and not by chance", has been the first challenge that we have had to address. The population in India is a young one with many unmarried persons. Out of that has grown the need of a population where it is a young population, where it is also the unmarried. In India sex, sexuality knowledge is all right within the confines of a family and a married couple. But when it comes to young people, that is the challenge, a challenge for our association for the last, I would say 20 years.

In the beginning therefore we had family clinics. This was the place - in a family planning environment – where we wanted to address young people. But it turned out, that is was not the right place. So we set up sex education and training centers which were not within the complex of the family. Another challenge for us was that the government set programmes only within the married context. So we had to increase to sexual and reproductive health. We learned that there is a demand by young people and partnership with other NGOs leads to strength.

Question

Where are the boundaries inside Islam, what can be discussed in sex education, where are the taboos? *(Alexander Schurig, Presenter, rbb radio multikulti, Berlin, Germany)*

Answer

Najem Wali, Journalist, Bonn, Germany - First of all, we need to realize we can't lump all the so-called Islamic societies together as one single society. You'll very often find social structures determining religion far more than religion determines society - and that's why we also find very different kinds of approaches to sexuality. For example, the family law is very different in Saudi Arabia, in Iraq, Lebanon or Tunisia. In Saudi Arabia it is very progressive. In Tunisia family law is so liberal that even unmarried young people can live together as husband and wife, something you don't find in other Arab countries.

What's more, young people have their own way to go and that's important; today there's the Internet and web sites and communication via Internet sites, and that's all a part of it.

Secondly, there are conservatives such as, for instance, the Wahibits. The Wahibits' ideology has tried to use Arab money to anchor itself in many different ways in all Arab countries and the entire world via Al Qaida or other sources. They have a problem with the history of Arab literature because it spoke quite openly about sexuality until the time of the conquista in Spain. We have old texts, for example, that talk about everything. I've experienced this personally with my novel which, here in Germany, is published by the Hansa Verlag press. It did initially appear in Beirut in Arabian and was then banned and put on the Index in five Arab countries, including Saudi Arabia. Nonetheless, I've had amount of emails from young people, and especially from women. And why? Precisely because the novel deals with virginity. Where I come from it's not supposed to be discussed. Women have to remain chaste until they marry. For example, if they sleep with their friend, still there is a method to be a virgin: we have illegal practices where the hymen is sewn up again like a sock. But that's not something one is supposed to talk about – and that's why the novel was banned. However, the emails have just confirmed how great an interest there is in discussing it, in particular in these so-called conservative societies.

Question

Ms. Radeke, you control the funds and implement projects in various African countries. What do you do in those countries where there are cultural restrictions on sex education, or talking about reproductive health? How do you set about finding your partners there? *(Alexander Schurig, Presenter, rbb radio multikulti, Berlin, Germany)*

Answer

Dr. Claudia Radeke, First Vice President, East and West Africa, KfW Entwicklungsbank (KfW development bank), Frankfurt, Germany –
As KfW development bank, we are a part of government development aid and, therefore, our partners are also governments. Accordingly we are working with the public sector and in any case reproductive health and combating AIDS are not controversial issues in developing countries – it is evident that there is no real resistance.

Of course, the health ministries as the direct recipients of the funds, are very keen that we finance projects in the public sector. If we have a choice – and especially in the two areas of sexual and reproductive health and HIV/AIDS education campaigns, we do have a choice – then we focus on working with local NGOs since they are much better connected with the "grassroots level" in communities and are usually managing the tasks of educating and changing people's behaviour very well.

On Funding

Yes, it is a fact that some of our co-financing arrangements with USAID were not continued. In this set-up, we are constantly trying to think about our role. In the recent past, we gave intensive support to Social Marketing projects for information campaigns and supplying condoms, but nowadays we attribute a higher priority to comprehensive reproductive health approaches. In that context, we may compensate for the loss of American support to some extent and contribute to ensuring contraceptive availability.

On Taboos

Activities as for example street theatre, funded in Social Marketing programmes, have an openness and flexibility that is absolutely incredible. Two weeks ago, I

was in Burkina Faso. A street theatre performance there dealt with contraception and the actors took huge penises and demonstrated the correct use of condoms. These events took place in public and I was thinking – well, how would that be received in Frankfurt am Main? A few days later, I was in the east of the country in a little village where KfW development bank is financing information campaigns against genital mutilation and, again, theatre and public discussions are standard instruments in the campaign. A committed group of young women and men played the injuries caused by a woman circumciser including a young girl's death in such a drastic way – and this I found totally amazing. In other words, I rarely have this impression of taboos surrounding issues of sexual behaviour and customs.

We rather sometimes find obstacles from a quite different side, where one would never have expected it. We have talked a lot about the difficulties associated with Islamic views. But we also have to mention the occasionally negative effects of Protestant sects and their influence on partner countries in Africa. For instance, in Uganda at the beginning of the year, sects as well as the Ugandan President and his wife used their influence to interrupt supplies of condoms, which are financed by German development cooperation, for months on the grounds that condoms were preventing life and, consequently, use of condoms was treated as a taboo.

Question

In a nutshell, the Catholic Church's official line is no contraception – since sexuality is designed to serve procreation. Abstinence has acquired a positive meaning. In your experience, I'd like to know how likely it is that the call for abstinence will actually be heard – and what difficulties will it raise? *(Alexander Schurig, Presenter, rbb radio multikulti, Berlin, Germany)*

Answer

Hermann Kügler, Catholic priest and psychotherapist, Munich, Germany –
The Catholic Church may be a global organization, a global player, but I wouldn't want to present a global overview here. Instead, let me just limit my comments initially to our own cultural circles, here in central Europe. To answer your question briefly – as I see it, no one keeps to that, not even among Catholics either, at least no more so than any other young people. And if you asked me why – it was, after all, different a while ago – then I'd say one turning point was the 1968 Encyclical Humanae Vitae. For those of you who aren't so familiar with the workings of the Catholic Church, an Encyclical is a circular letter sent out by the Vatican with the Pope's supreme blessing. In 1968, this Encyclical said – of course, originally in Latin – "All artificial birth control methods are forbidden." And the impact of that Encyclical on our cultural surround was that it gave a major impetus to shaping the consciousness of the young generation at the time, now the generation of 60 year olds. Since then, no-one will allow any Church authority to have any say in how they organize their own private, intimate relations, whereas before Catholics really were very much concerned with the question: What does the Pope allow and what is forbidden?

Question

Mr. Raschke, you have taken as your motto: "We Are Church". First of all, that's a very clear statement: "We are the Church". Your slogan of "Lift the ban on condoms" is clearly calling for the use of condoms. How's that gone down? Does it put people off, especially young people? What are the points of resistance?
(Alexander Schurig, Presenter, rbb radio multikulti, Berlin, Germany)

Answer

Tobias Raschke, Spokesperson, We Are Church - YOUTH, Cologne, Germany - Our experience was mixed - but the echo from the German audience at the Catholic World Youth Day in Cologne was very positive: "It's great that you're there". We were the only critical Catholic voice. Fortunately, that was also taken up by the media to show that there's more than just the young people blindly following the Pope.

Admittedly, there were an amazing number of groups at Cologne who leant towards fundamentalism, primarily groups from the USA. I saw there how these sects work, these Catholic fundamentalists, which are taking their people in a specific, very narrow-minded direction. I believe this is very dangerous. In general, far too little thought is being spent on this because they are constantly gaining greater influence and are not open to any kind of reasonable argument. However, the entire sexual and reproductive health community is going to have to deal with them because this is something that will continue to concern us. This comes over from the United State where there's a mad debate on pro-choice / pro-life.

Question

We also have a societal problem too, don't we? In the developing countries, many young people, many of them skilled, are all unemployed and that generates discontent, social decline and a pressure to migrate. Basically, that's just as clear as the way you can become infected through unprotected contact with someone who's HIV positive. This hasn't been a conveyable message in the past, just as lots of people thought the infection message couldn't be conveyed. Why is it so hard to get rational arguments across to populations? *(Participant)*

Answer

Najem Wali, Journalist, Bonn, Germany – You've just mentioned one point yourself – unemployment. And that also means that many young people have no access to schooling and training and many of them cannot speak any other languages. In other words, even if the message is disseminated via satellite, the Internet or radio, it has to be in their own Arab language. In my view, broadcasters from European countries, for instance, could directly approach these countries and speak directly to young people there. Unfortunately, this isn't happening. There are one or two broadcasters who do – the BBC Arabic service in England or the Deutsche Welle in Germany. But the problem is, when the Deutsche Welle itself for example propagates Islamic tought (in texts and terminologie) to the young people in the Arabic world, if the Deutsche Welle has respect for the suicide!

The rulers in Arab countries don't want these young people to have access to education and for that reason sexuality is suppressed too. Now we can see that sexuality plays a large role in our discussion on suicide bombers if they are promised 77 virgins in paradise and so on. I believe we have to find new approaches, for instance, via radio multikulti. One has to create access to young people via radio, via health organizations, via United Nations Educational, Scientific and Cultural Organization (UNESCO) and via the United Nations Organizations.

Question

In quite practical terms, how can one get a message across to young men?
(Alexander Schurig, Presenter, rbb radio multikulti, Berlin, Germany)

Answer

Dr. Nina Puri, President, International Planned Parenthood Federation (IPPF), London/Delhi, UK/India – There is a question of values and moral values and I think the moral values are far more sort of articulated in the urban areas or even in the Western world. The urban areas of Bombay, Calcutta, who identify with Western values. In the rural areas it is far more free, far more less puritanical. You mustn't forget, India is the land of the Kama Sutra, India is the land which can teach everybody everything. Today we are a country with a billion people. We calculate we have about eleven million abortions, six to eleven million abortions in a year. Abortion is legal in India, but not even 50,000 are safe. It is happening in the rural areas where there is no access to services, there is no access to family planning contraception. And these are the problems. No one will come to a clinic, will come to my clinic, and they will come with the mother or somebody, they will never say that she is unmarried, they will say she is married but she is having sudden problems or wants to know about sex or whatever. But when we go for quality care of looking after that abortion, there is no address, there's no name, there's nothing. In the socialization process, we are still very conservative, we've got a long way to go.

We have another issue in India, which is an issue of the girl child, an issue of gender discrimination, which is a huge question, and there is a moral dilemma between wanting abortion just because it is a girl child. That's where the nexus begins between religious authorities in India. The church and Islam are pushing themselves into India. It's a real problem at the moment. The issue of abortion, the fact that India at least gave lip-service to it. But as far as we consider, the issue of main responsibility is not entirely a question of male responsibility. I would put 50 per cent blame for this kind of patriarchal and this male chauvin-

istic attitude on women. It has come from the woman, the mother: "My dear son, here you have a glass of water. My daughter go and pick it up, clean his dishes". The same sort of treat by the mother-in-law, with the husband being the the superior, when she gets married. Later it's my chance again to do the same. So the cycle goes on with the kind of discrimination where the woman is equally responsible in creating that rift between. It is male, but it is also women who have given their share of this negative socialization process for India.

Statements

The Catholic Church's Contribution to Sexuality in International Cooperation

Comment

Hermann Kügler, Catholic priest and psychotherapist, Munich, Germany – In my view, the Catholic Church contributions have two levels, and two aspects that are less desirable. The two contributions the Catholic Church can make are "Advocacy" and "Education". Advocacy means standing up for the rights of those who are unable to speak out for themselves. I know from African nuns that they are a sign of hope for women, perhaps for those you are discussing, perhaps for others too, since they are not letting themselves be defined by giving in to their husbands or becoming a mother of as many sons as possible but, instead, they have a dignity in themselves – in other words, advocacy. The second point is Education. We have discussed that too. Poverty is a major factor but so is the lack of education and the lack of knowledge. Here, I see a wide range of possibility for cooperation with many different organizations.

But to ensure we're fair, we also have to take a look at the less positive sides. I see one drawback in there not being sufficient thought within the Catholic Church in the areas we've mentioned, namely that one aspect of human sexuality

is that it is central for human identity, and then there's the aspect of lust in sexuality. In the Catholic Church, that is practically demonized and not sufficiently theoretically acknowledged and it is not adequately reflected in theological considerations.

Comment

Najem Wali, Journalist, Bonn, Germany – I believe that if there is going to be a liberalization then it will come from the Arab-Islamic countries and not from the European ones. The problem in the Arab countries is that – in contrast to the Catholic Church – we do not have centralized power structures. We don't have a Vatican that can pronounce on certain decisions needing to be adhered to. That remains open. From the European side, one ought to support young Muslims in a society such as, for example, Tunisia, where the youth are much more open than in other Islamic countries. That's important – but it has been a problem for decades that the liberals in Islamic countries, and the developing countries, feel left to their own devices by the Europeans or, as a major power, the USA. Dialogues have been carried on for years with the Imams. But, on the contrary, they've used that to secure their own power and that doesn't make the society more open. I believe one also has to go via European development ministries and here, in Germany too, view sexuality and abortion as human rights. This is the way to help the liberals in the Arab countries as well.

Rapporteur's Report

Dr. Sabine Grund
Journalist
Berlin, Germany

"Promoting Adolescent Sexual Knowledge and Responsible Behaviour" was the topic of the 4th International Dialogue Population and Sustainable Development in Berlin 2005. Its focus on youth and sex education derives from the fact that young people constitute one third of the population in many developing countries. The conference day was led by **Dr. Ulrich-D. Madeja**, Schering, Germany. Thus giving them educational opportunities and guidance to actively plan their lives has become the trend in development cooperation, as **Dr. Hanns-Peter Neuhoff** of KfW Entwicklungsbank (KfW development bank), Frankfurt, Germany emphasized. In his words, KfW strives to provide full access to contraceptives and sex education for all people in the countries.

State Secretary **Erich Stather** from the Federal Ministry for Economic Cooperation and Development (BMZ), Germany stressed the goal of the new German coalition government to increase ODA (official development assistance) to 0.5 per cent of GDP by 2010. He underlined that access to contraceptives had been improved since the Cairo Conference of the UN in 1994 and that taboos have been broken and women's rights strengthened, yet the mortality rate of mothers and newborn infants remains high. Thus the sexual behaviour of young people and its consequences will be the main challenge for the coming years. 1.2 billion people today are adolescents between the ages of ten and nineteen, 85 per cent of them live in developing countries and half of them on less than two dollars per day. Adolescent girls from poor families are three times more likely to get pregnant than girls from wealthy families, often as a result of sexual violence and leading to unsafe abortions. Therefore, access to sex education and contraceptives is essential for young people.

Stather emphasized the need to overcome taboos in the context of adolescent sexuality, to target male youth behaviour and for greater donor awareness of cultural characterisitics. The German Ministry has so far provided more than one billion euros for the implementation of the Cairo Programme of Action. One small yet successful example is the tantines project in Cameroon, where young single

mothers are working in education campaigns to teach others from their own experience. Stather underlined that the principle of abstinence is not helpful.

Schering AG, the global leader in contraception and family planning, not only wants to talk about young people but rather have a dialogue on equal terms with them, according to **Dr. Philip Smits**, head of the company's global business unit on Gynecology and Andrology, Germany. He stressed that Schering is the only large company to undertake major research efforts in contraception, this against the facts that 50 per cent of worldwide pregnancies are unwanted and 50 per cent of those end in abortion. Schering wants to inform and educate women free of religious bias. Smits quoted the German Foundation for World Population which estimates that the number of people wanting to use contraceptives will be growing by 40 per cent or over 210 million people in about the next 15 years. In developing countries, where access to contraceptives is largely dependent on donor support from companies like Schering, demand is predicted to grow by 90 per cent. More access to contraceptives would reduce unwanted pregnancies and thus abortions as well. The UN Population Fund found that lack of contraceptives and health care is responsible for one third of illnesses and deaths among women aged 15 to 44. Therefore, Schering is an important partner of international organizations in the battle against poverty. Schering provides the pill at cost, which is then distributed to women free of charge, an example of Public Private Partnership (PPP) that has been functioning extremely well for over 40 years.

"When I started in this field I was 22, now I am 62 years of age, and we have come a long way", stated **Dr. Nina Puri**, president of the International Planned Parenthood Federation (IPPF), London/Delhi, UK/India. She saw a conspiracy of silence in the rights-based approach to reproductive health. Therefore, it is a strategic priority of IPPF to provide young people with skills to negotiate relationships and to provide high quality services to the most marginalized young people. Puri underlined the need to address the needs of youths with different sexual lifestyles. In addition, she considers it important to change the preference for sons in South Asia, a region which also has the highest rate of HIV infections after Sub-Saharan Africa as a result of conservative social norms. Many societies still encourage young men to behave aggressively towards women, a negative cycle that has to be broken. Instead the young men have to be taught to become responsible fathers. In Puri's view it is urgent that the neglect of young men in sex education programmes be corrected and their needs be addressed as well.

Dr. Venkatraman Chandra-Mouli of the World Health Organization (WHO) in Geneva stressed the need to change focus regarding adolescents, from health services in the curative context to more preventive health care, especially as far as HIV/AIDS and maternal mortality are concerned. The WHO conducts research to address knowledge gaps and misconceptions, such as the one that sex health education leads to earlier or increased sexual activity. It also supports developing countries in designing national strategies and operational plans to expand the coverage of health information and services. Countries are urged to involve adolescents meaningfully in this endeavor and to respond to them with sensitivity. The WHO is committed to the Millennium Development Goals (MDGs).

Discussion

Chandra-Mouli conceded that the WHO is a political organization and thus subject to political pressures from donors, the challenge being to navigate the line between technical and political common sense. A participant emphasized the strong sense of spirituality in religion that needs to be integrated in the work of WHO and others, in that sense religions and churches should be partners of its work. Generally, religious organizations have an important role in public health. Asked about stereotypes against homosexuals, Puri noted that organizations like IPPF want to break such stereotypes. She added that in addition to churches, culture more generally is essential in the health field. Conservative culture in India just does not address sex issues. Therefore, the role of the parents becomes critical, they need to be given tools to communicate effectively with their children, in the words of Chandra-Mouli. She insisted that cultures have to be understood but should not be allowed to become an obstacle. As change agent, the WHO brings new values and educates people through dialogue. Puri emphasized the often negative role of media that serve to reinforce cultural stereotypes, especially in soap operas. More discussion was needed about what is good and what is not among Western values, the developing countries need more positive identities themselves. Chandra-Mouli added that the negative aspects of the West have just been revealed in three weeks of violence in France, which shows that the West does not have everything in order.

Panel 1: Contraception or Abstinence – a Controversy?

A global need for comprehensive sex education is critical for the stabilization of the world population and the future of the AIDS epidemic, according to

Dr. Sharon Camp of the Alan Guttmacher Institute in Washington DC. She was looking for lessons from the developed countries. Most teens there become sexually active in their mid to late teens but don't marry until their late twenties, a tendency that increasingly characterizes developing countries as well. She noted that U.S. teens are more likely to have short relationships and multiple partners than Europeans. In the U.S. 95 per cent of people have sex before marriage, yet most US school districts promote policies of abstinence. Countries with the lowest rates of adolescent pregnancies provide acceptance of adolescent sexuality, strong condemnation of adolescent parenthood, greater access to contraceptive services and early sex education. Camp insisted that there is no scientific evidence that an abstinence-only sex education works. Yet the impact of such U.S. policies is significant in Africa, where unsafe abortion and coercion for sex are widespread. Consistency of condom use among young men is very low, yet coercive sex among adolescents is considerable.

Henri van den Hombergh of GTZ (Deutsche Gesellschaft für Technische Zusammenarbeit), Eschborn, Germany, noted that reproductive health ought to be demand-centered and not only based in the health sector. Parent-teacher associations are most important to talk to, much more than ministries of a government. GTZ emphasizes programmes for behavioural change, presently spending 350 million euros in that field. Needed is a bottom-up approach which stresses, access, quality of the commodities supplied and positive service attitudes plus a youth-friendliness that relies branded products ("cool" condoms) and offers useful opening hours and a free dialogue rather than morality talk.

Doortje Braeken of International Planned Parenthood Federarion (IPPF) London stressed that health and rights have to be seen as intertwined, thus a human rights perspective is a core value at IPPF. She rejected a moral instead of a health debate since "we are here to save lives, not souls." She noted a recent study that the British press has reported largely negatively about youth issues over a whole year period, reflecting a general trend that "we have no trust in the young people". Guidelines for comprehensive sex education are countering the nonsense about abstinence. Too little attention is so far given in sex education to questions about HIV positive people and parenthood or about young people with disabilities.

As representative of the Catholic German youth, **Ute Theisen**, president of Deutsche Pfadfinderschaft Sankt Georg, Neuss, Germany, focussed her contri-

bution on values and the question: Where do we want to go in this debate about reproductive health. Her organization wants its young members to develop an integrated understanding of their own body and sensuality. Based on the biblical message, she pointed out the ambivalences contained in human sexuality. Often young people lack the framework of a stable family that offers them a basic sense of security in early life. Statistically, such young people start their active sex life earlier than others. Yet in all cases, the desire for real love is mentioned as priority, not sexual experience as such. In questioning the trend towards early sexual experiences, the Catholic church emphasizes how people are often overwhelmed by seemingly complete personal freedom. Later they discover how unsatisfying a sexuality separated from deeper trust and personal intimacy can be. Theisen underlined the special significance of sexual experience, therefore Catholic teaching insists that it preserve the dignity of each human being and was created by God as belonging to married life. Catholic bishops stress that rules have to be understood in the context they were made for, and their offer for dialogue starts from that premise. Theisen mentioned the evident need to discuss sex education openly in times of AIDS.

"We can't continue to believe that young people don't have sex, our society is very sexualized." The emphasis of the debate should be on comprehensive sex education for everyone, and on the prevention of HIV and sexual violence, while abstinence has little to contribute to this debate – in the words of **Joana Almeida** from You Act, European Network for Sexual and Reproductive Rights, Portugal. Young people need access to free services and the poor should have a free supply of condoms and medication as needed. Promoting abstinence can only be considered a dangerous approach.

In the discussion, Braeken insisted that IPPF differentiates between human sexuality and having sex. The problems many parents have in openly discussing questions with their kids lead many kids to lead "double lives". She cautions that sex education may have been made "too professional", that it ought to be given back to the parents and that organizations should rather support them in teaching their own kids. Camp criticized the U.S. government for promoting abstinence, while in Africa much sex is coerced and gender inequity remains a dominant feature of societies. At the same time, in Central and Eastern Europe, drug use and HIV are spreading. Theisen pointed out that the Catholic church has an important role in Africa, with its wide network of religious orders and aid organizations. The essential task is to give young people values to manage their

own life, including in relation to sexuality. Hombergh responded to a question on donor harmonization, given the dispute among donors over contraception versus abstinence. He sees developing countries in a difficult position when dealing with contradictory donor demands from a position of their own economic weakness.

Panel 2: Gender and Sex Education Programmes for Adolescents

On short notice, Holo M. Hachonda of the International Planned Parenthood Federation (IPPF), Adolescents and Youth Officer, in Kenya had stepped in to represent another speaker who could not attend. Rather young himself, he emphasized that the participation of youths is central for any programmes concerning them. Direct participation of young people increases ownership, or else programmes are likely to fail. He argued for community centers with youth-friendly services that are not solely focused on reproductive health but offer a wide range of services, including AIDS counselling and treatment. On a critical note he mentioned that many communities are afraid of increasing donor influence in the management of programmes, possibly a shift to promotion of abstinence. Centers are often in a position to support young people who are themselves already supporting siblings, as their parents have died of AIDS.

Dr. Stefani Klos of KfW Entwicklungsbank (KfW development bank), health division, advocated the "social marketing approach" of her organization, in aspects like the sufficient provision of condoms and their distribution via subsidized sales through private networks of distributors. Marketing strategies have to be targeted to the behaviour patterns of consumers. She also addressed questions related to the change in people's risk behaviour and their attitude towards AIDS. Use of the mass media is advocated by KfW, both for the population at large and for specific target groups. KfW pursues social marketing in Cameroon since 2001 and developed a special youth campaign, relying on radio and TV advertisement. A positive side effect has been that sexual behaviour is more publicly talked about. Another activity has been street performance by youths as peer educators for youths. A positive example comes from China, where a young TV presenter, who is himself HIV positive and speaking about it on the programme, has reached a huge audience. Klos emphasized that in its work, KfW makes it a point to cooperate with the churches.

The average age of beginning sexual activity is 14 years, according to the experience of **Verónica Correa** from the Centro Latinoamericano Salud Mujer

(CELSAM) in Uruguay. 50 per cent of those young people don't use contraceptives, more than 50 per cent of teenagers live under the poverty line. Correa warned that the population grows only in the underprivileged social groups, following a cycle of poverty. And that while the notion of motherhood remains culturally important in Latin America. Her organization developed a National Day for Teenage Pregnancy Prevention, the objective being to raise awareness of the problem in public opinion by involving schools, parents and the media. They are conducting workshops for parents in different neighborhoods and meetings for teenage opinion leaders, distributing information leaflets. Their media campaign has been widely accepted and reproduced in Uruguay.

Experience from Cambodia was presented by **Boravann Mam**, deputy chief of the Essential Drugs Bureau in Phnom Penh, Cambodia and herself a trained pharmacist. Her main goal is to reduce maternal mortality and unsafe abortions. Given the strong cultural norms against premarital sex in Cambodia, reproductive health programmes are mainly targeted to and reaching married women, not the many sexually active young people in the country. Yet little is known so far about premarital sex. Generally, the public infrastructure for counselling is limited, there are cost and privacy issues. Monks play an important role in increasing youth awareness and in outreach programmes to factory workers and street children. Due to cultural norms, Cambodian women are unwilling to talk about sexual knowledge, it is just not done. And traditional culture and religion have to be respected.

Panel moderator **Dr. Jörg F. Maas** of the German Foundation for World Population (DSW) stated the need to understand that young people have a different language when designing programmes targeted at them. He asked the panel members about the importance attached to evaluation of programmes, and how effective behaviour changes have been. Hachonda insisted on a process orientation in his work, but he complained that many youth programmes are not adequately funded.

Puri indicated the dimension of cultural change by saying that her grandfather could not have been seen in public to show affection to children. Klos added that as priorities of donors change, the mentality of local partners needs to change as well. In a question from the audience it was pointed out that parents ought to be the prime target group of educational programmes, as it is they who teach their children. Nowhere in the world are youths teaching other youths. It was

also pointed out that abstinence is a skill needed in life, not just something to condemn as outdated. Correa objected, insisting that teenagers don't like to talk to parents generally, while parents mostly don't like to talk about sex. While Hachonda quoted his father once advising him that "women are good, you can learn from them, but don't shop around." Klos added that programmes on reproductive health need to address the respective value system of the people they aim to reach, including the broader societal values.

Youth Board – Critical Reflection on the Conference and Recommendations

Arushi Singh Volunteer of Youth Board of the International Planned Parenthood Federation (IPPF) in India pointed out how strong cultural taboos still are in South Asia, for instance when women in menstruation are considered impure. She criticized that such aspects of daily life had been missing in the discussions during the conference. Also culturally determined is the impossibility of abstinence for young girls in India, when they are married off to much older men and thus forced to have a lot of children. Another sign of lacking cultural awareness is obvious in that outside advisers don't reflect how young people need to develop skills to cope with all the new information about sexuality. Singh stated a widespread mismatch between present programmes and people's needs.

For the German Green Party Youth, **Ines Eichmüller** welcomed the participation of young people at the conference. She considered the topic of family planning as highly political, and abstinence as the wrong message. According to her, many young people don't believe in faithfulness within relationships, as much as it is normal in Berlin for young people to take drugs. She expressed surprise at the participation of a Catholic Church representative at the conference, and added that church representatives generally don't have democratic legitimation to speak on such issues. Tobias Raschke of the Catholic organization We Are Church - YOUTH, Cologne, Germany objected, saying that while the presence of religious representatives at the conference may not be common for such a conference, it was very good for such fora.

Lene Stavngaard, You Act, European Network for Sexual and Reproductive Rights, from Denmark criticized the title of the conference. It should not have mentioned "responsible choices", the term responsible was the wrong word to use in this context. After all, what could be called "responsible behaviour" in general?

She considered it insulting for young people to be taught to be responsible: "You just need the information and then you choose what you want." In her view, sexuality is not about love but about lust. And HIV positive people have a right to a sex life and reproduction, too.

A lot of critical questions were raised from the audience. A 30-year old stated that everyone has to learn to act responsibly. It was felt that the question of gender inequality in sexual relations had largely been omitted. A participant from Ukraine mentioned that the high cost of getting condoms was a factor in the spread of AIDS in the country. To the latter issue of free condom distribution, Singh replied that any condom distribution needs to be monitored very closely, since abuse of free condoms is widespread. Raschke underlined that sex of youths needs to be discussed more openly. Eichmueller demanded the availability of legal and safe abortion. And Stavngaard insisted that young people have to be very loud and visible, or else adults will not listen to them. She again rejected the idea that anyone can define responsible behaviour and teach others about it. And she claimed that anyone has sexual rights, no matter what, and those rights are not only granted on the basis that someone uses them "responsibly".

Panel Moderator **Dr. Wolfgang Bichmann**, KfW Entwicklungsbank (KfW development bank), Frankfurt, Germany, noted, that it was surprising to him that a few participants mentionend the there should be free supplies for the poorest and that funding could be a problem. For him this is the big issue for the future.

Dr. Assia Brandrup-Lukanow, GTZ (Deutsche Gesellschaft für Technische Zusammenarbeit) summarized at the end of a long conference day the debate.

Culture and Sexuality – a Topic for International Cooperation?

The panel discussion began with a reminder to participants of **Alexander Schurig**, Presenter, rbb radio multikulti, Berlin, Germany, that half the world population is under 25 years of age, that half of all pregnancies are unwanted and half of those are terminated with abortion. **Nina Puri** pointed out cultural obstacles to change, namely that people marry early in India and that girls have to deliver a son to become respected in the family. It is very difficult to break such societal patterns of expectations, and that society is very split internally according to wealth and status. The idea of family planning in India is not viewed from the point of demography.

The Iraqi-born German journalist **Najem Wali**, living in Bonn, stressed that Islamic societies are very diverse, including the degree to which religious practice determines social life in each case. Today's youths communicate via Internet and thus break out of previously prohibitive tradition. Wali reminded the audience that until the Spanish Reconquista it was common in Islamic literature to speak about sex. In his last novel, Wali took up the topic of virginity that happens to be very ambiguous in the reality of conservative Islamic societies, and he was surprised about the many emails he received from readers in response.

Dr. Claudia Radeke of KfW Entwicklungsbank (KfW development bank), Frankfurt, Germany spoke about her experience with reproductive health programmes in Africa and Asia, where she felt that the topic of sex is mostly not a taboo anymore. She described how KfW cooperates with non-governmental organizations (NGO) as much as possible, and she expressed surprise at how sexually explicit locally developed educational street performances on the issue have been. In contrast, in Uganda under the growing influence of protestant sects, the presidential couple had interrupted the delivery of condoms.

Speaking as Catholic priest and psychotherapist, **Hermann Kügler** from Munich, Southern Germany, said that in his experience Catholics do not obey an abstinence rule any more than other people do. And that since about 1968 the influence of any Pope on the private life of Catholics has decreased drastically. He suggested that the church has to structure its message as an offer to people, without claiming special authority. He quoted St. Thomas Aquinas, who said that authority is always the weakest argument. Nevertheless, **Tobias Raschke** added that there had been a culture clash between pro-life and pro-choice factions at the Catholic gathering in Cologne of the World Youth Day earlier this year.

The role of religious organizations in reproductive health programmes and campaigns remained a prominent topic in the discussion. It was pointed out that there is no singular church but a lot of diversity in the religious practices, even within the Catholic Church across different countries and regions. Kügler mentioned the great achievement of acculturation of Christianity, starting historically with the Roman Empire and the spread across Europe. In Christian teaching, all human beings are accorded the same degree of dignity. Yet nevertheless, the Catholic Church has grown in a cultural context of patriarchy. Radeke underlined the practical significance of faith-based services in her work with KfW. These

organizations usually provide much higher quality service and thus are very much in demand as cooperation partners for KfW. She had observed that local people more easily accept educational and health services from churches than other organizations, since churches are known for the quality of their work, even if that meant the price of a service was higher than elsewhere. In Radeke's view, one important role of donor programmes is to be catalyst for cultural change, for instance against practices like female circumcision. A negative experience of KfW programmes has been that they raised income levels in villages, which then allowed the village people to afford the costly procedures of circumcision that had been postponed for lack of money. In response, KfW was looking for new sources of income for those women who had so far lived on offering circumcision as their service.

Popular culture is very attractive to young people in Islamic societies, while being fiercely opposed by the conservative leadership, according to Wali. Yet in order to effect changes, he insisted that one has to work with governments and respective ministries in the Arab societies. Kügler supported that focus on sensitivity by emphasizing how the Catholic Church had learned to live with people and to understand their prayers in order to understand them. He suggested that the Catholic Church could learn from religious tradition in India, since sexuality is a positive, religious element in Hinduism. Raschke expressed a need for church reform in Catholicism and priesthood for women. He added that the Vatican should be expelled from the United Nations, as advocated in the "Sea Change campaign."

High unemployment and a widespread lack of education and knowledge of foreign languages are a major problem in the Arab world, according to Wali. He complained that many media programmes designated for the Arab world are not really up-to-date, including those of the Deutsche Welle Arabic service. People don't feel attracted to such outdated programmes. Yet questions of sexuality are prominent in the minds of those young men who become suicide terrorists, as they really are expecting virgins to await them in heaven. Stretching these issues of cultural sensitivity further, Puri indicated a strong contrast between the understanding of sexuality in urban and rural areas in India. While moral values are more articulated in urban areas, there is a rawness of sexual understanding in the countryside, which is much less puritanical. This reflected the tradition in the Kamasutra, as well as the fact that rural areas offer more freedom in terms of private space.

According to Puri, abortion remains a major problem in India, with about 11 million procedures conducted each year, most of them legal but in medically unsafe conditions. This is partly attributable to the low esteem for a girl child in religious tradition. While there is a male responsibility to change that attitude, she blamed 50 per cent of the problem on the prevailing attitudes of mothers who don't take any responsibility for changing the mentality of their children but rather instill old thinking in their sons.

Adressing the differences between European donors and the U.S., Radeke stated the conservative influence of the U.S. Congress on the programmes of USAID, which favored abstinence over the spread of contraceptives. From her observations, many African women are only left with the choice between abstinence and death, since the high infection of African men would inevitably be transferred to them. She attributes the very high rate of sexual violence in South Africa to prevailing inferiority complexes of men. Thus a task for KfW programmes is to offer these men economic perspectives and to thereby strengthen their self-esteem.

Kügler saw two levels of action for the Catholic Church in the field of reproductive health: There is an advocacy function where the church defends the rights of people who cannot articulate their concerns, and there is its role in education. He regretted that the church still does not adequately reflect the role of sexuality in defining the individual identity of people. Once many people disregard the old church teaching, new approaches will have to be adopted by the organization.

Asked about the potential role of a European Islamic understanding as reformer for the wider Islamic world, Wali cautioned that lasting reforms have to emerge from inside the Islamic countries. He reminded the audience that Islam does not have a central authority like the Vatican. And he mentioned how many Muslims feel neglected and left alone with their problems by both Europe and the U.S., whose "dialogue" with Islam remained confined to a few mullahs, who in turn exploit it for their own political purposes. A productive dialogue between the Western and the Islamic world needs to be much spread much wider across societies in order to become more liberal in orientation.

Curricula Vitae of Speakers

Almeida, Joana
is graduated in Clinical Psychology and her interest in Human Sexuality has emerged well before. She has done voluntary work with APF, the Portuguese Family Planning Association, affiliated with IPPF, both in adolescence and since graduation. APF provides Sex Education in schools, especially with teachers but also with Youth and training experiences for many groups. She currently studies sexology therapy and develops training opportunities in the field.

Bichmann, Dr. Wolfgang
is Chief, Sector and Policy Division Health, in KfW Entwicklungsbank (KfW development bank), covering sector policy tasks as well as German Financial Cooperation's programme financing for health, population and HIV/AIDS in Sub Saharan Africa. With working experience overseas as well as in research and lecturing at Heidelberg University, he joined KfW in 1993 and held positions in sectoral divisions for social infrastructure and development. He is going to co-chair the international Reproductive Health Supplies Coalition together with a Netherlands representative from 2006 onwards.

Braeken, Doortje
is since 2003 the Senior Adviser Adolescents/Young People, International Planned Parenthood Federation (IPPF), London. She supports the Member Associations and the Regional Offices to implement the five strategic objectives of IPPF strategic plan for adolescents/young people. She has developed standards on youth Participation, Youth Friendly Services and in working on standardizing comprehensive gender sensitive rights based Sexuality Education. Since 1986 she has worked for IPPF's Global Advocacy Department as a Youth Consultant and helped initiate young people's involvement within the policy making structure of the organization. She has worked in Azerbaijan, Belarus, Bosnia, Indonesia, Kazakstan, Moldova, Poland, Russia, Mongolia, Tanzania, Surinam, Thailand, Turkey, Turkmenistan, Uzbekistan and Vietnam. Ms. Braeken is a Dutch national and has a degree in nursing and an MA in Child Psychology.

Brandrup-Lukanow, Dr. Assia
is the Director of the Division of Health, Education and Social Protection, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), and a former Regional Adviser for Reproductive Health at the WHO Regional Office for Europe. Areas of special expertise and interest are: health system reform, reproductive

health in resource-poor settings, gender and health, women's health, child health, adolescent health, health care financing, quality of care. The main geographical focus of her work have been the Newly Independent States (mainly the Central Asian Republics and the Russian Federation), as well as Central and Eastern Europe (Albania, Bulgaria, Romania, Kosovo). She has also worked in Rwanda, Gambia and Yemen.

Camp, Dr. Sharon
is President and Chief Executive Officer of the Alan Guttmacher Institute (AGI), the leading policy research organization in the field of sexual and reproductive health. Prior to joining AGI, Dr. Camp was President and CEO of Women's Capital Corporation, a start-up company responsible for the development and commercialization of Plan B emergency contraception. For many years she was the leading spokesperson in Washington DC. for international family planning programmes. From 1975 to 1993, Dr. Camp was Senior Vice President of Population Action International (PAI). She is a widely quoted authority on the national and international politics of contraception, a popular public speaker, and the author or co-author of more than 70 publications on family planning and related subjects, including articles on emergency contraception. Dr. Camp is an honours graduate of Pomona College and holds an M.A. and a Ph.D. from Johns Hopkins University, Baltimore, Maryland.

Chandra-Mouli, Dr. Venkatraman
coordinates the Adolescent Health and Development (ADH) team, one of the three teams in the department at World Health Organization (WHO). In addition to his managerial work Dr. Chandra-Mouli is involved in both research and development, and technical support provision in the area of improving the making health systems responsive to the needs of adolescents. Dr. Chandra-Mouli completed his undergraduate medical training in December 1980. Since then, he has worked in a range of positions and settings: He provided inpatient (within the public sector) and outpatient (within the private sector) clinical services, for six years; he was involved in promotive, preventive and curative public health work for six years, in the following positions: as the coordinator of front-line NGOs in Zambia (30 months), as a technical consultant to a funding agency in India (15 months), as the coordinator-designate of a regional capacity building initiative in Zimbabwe (three months). He has been involved in international public health work, as part of the headquarters staff team of WHO (12 years). Before joining WHO headquarters, he worked for 12 years in resource-constrained settings - in providing clinical services, in coordinating the activities of front-line

NGOs, in capacity building work, and in providing financial and technical support to government bodies and NGOs. His wide-ranging experiences have provided him with a sound understanding of the realities on the ground, and have served as excellent preparation for the technical and managerial work that he does in WHO.

Correa, Verónica
is since 2001 the coordinator of the Centro Latinoamericano Salud y Mujer (CELSAM) in Uruguay. Prior to that she worked as a journalist for newspapers like "Búsqueda Weekly", "El Observador Newspaper", "Vanity Fair". She also worked for the radiostations "Chanel 4" and Radio "Mundo". Ms. Correa holds a graduate degree in contemporary history research.

Eichmüller, Ines
born in 1980, studies political studies and social sciences in Erlangen/Nürnberg. She is engaged in politics since her 16th birthday. Till May 2005 she was the spokesperson of the board of Grüne Jugend/Green Youth Germany (Youthorganization of the green party, which was the last seven years in government). Her main topic is gender equality (presidency of the green women council, gender comission of the Grüne Jugend etc.). She is part of the Young Decision Makers Initiative of International Planned Parenthood Federation Europe and was 2004 on a studytour on Sexual Rights Reproductive Health to Gambia.

Hachonda, Holo M.
has worked in health promotion and communication since 1997. He co-founded a Youth Non-Governmental Organization, Youth Activists Organization (YAO), in 1995 in Zambia. The organization worked with young people to conduct civic and environmental health education activities in local high schools. In 1997 the organization embarked on sexual reproductive health (SRH)/HIV/AIDS awareness and skills building programmes for young people in religious institutions. He designed a programme that uses soccer to mobilize rural communities to implement SRH/HIV/AIDS activities in the community. This programme aims to increase men's participation in sexual and reproductive health, HIV/AIDS prevention, family planning and child health issues in the family/communities. To date, 35 camps have been implemented, reaching over 200,000 people. From 2000 to 2004, he managed grants and provided technical assistance to four youth NGOs supported by USAID through the Johns Hopkins University Center for Communication Programmes Field Office in Zambia. During the same period, he managed a national youth mass-media campaign supported by USAID and the government of Zambia.

Kügler, Hermann
is a Jesuit priest, ordained in 1980. Within the Catholic Church he has specialized in pastoral care for young people and for those training for the priesthood. At present, his work is primarily focused on spiritual mentoring, therapeutic counselling and supervision for individuals and groups, and basic, further and advanced training for church personnel. Father Kügler trained as a psychotherapeutic counsellor and is a qualified teacher of Ruth Cohn's Theme Centred Interaction (TCI).

Klos, Dr. Stefani
is Senior Project Manager, Sector and Policy Division Health, KfW Entwicklungsbank (KfW development bank). With a background in natural and social sciences, she has many years of experience in development cooperation with agencies in Germany and abroad. Before working for KfW she took assignments as independent expert and head of sector projects with GTZ, among other activities. In addition to the health sector, her professional focus is on gender issues and poverty reduction, rural regional development, decentralization and protection of the environment and natural resources. While she was working on development cooperation assignments she also free-lanced as independent editor for ZDF, one of Germany's state-run television stations. Finally, she supports academic exchange with universities through regular teaching assignments and lectures.

Maas, Dr. Jörg F.
is Executive Director of the German Foundation for World Population (DSW) – a private foundation and charity in dealing with world population issues including sexual and reproductive health and HIV/AIDS. Dr. Maas studied in Bonn, Berlin, and at Harvard University and holds an M.A. in philosophy and a Ph.D. in history and philosophy of science. Dr. Maas has been working with institutions of the European Union, the World Bank and UN organizations and serves on the boards of several European non-profit organizations.

Madeja, Dr. Ulrich-Dietmar
is a medical doctor, graduated form Humboldt-University Berlin, Germany. He is currently Senior Business Development Manager Social Healthcare Programmes at Schering AG, Berlin/Germany. From 2000 until 2005 he worked in Malaysia and Singapur as Marketing & Sales Manager and Regional Business Development Manager Asia-Pacific as well as Medical Director. Prior to that he was appointed at Schering AG, Berlin as Regional Group Product Manager Therapeutics for Region Asia/Middle East and as Assistant to the Board of Directors.

Mam, Boravann
is currently working at The Essential Drug Bureau, Phnom Penh, Cambodia. She is responsible for: Revising standard consumption profile for all drugs and medical materials and prepare provincial standard quota table showing AMC/quota for all health facilities. She was involved in the 1st survey with Management Science of Health (MSH) on Strategy for Enhancing Access to Medicine, August 2001, as well as in the 2nd survey with World Health Organization (WHO) on Rapid Assessment on Injection Safety in November, 2002. From 1994 to 1998 she was working in Kampong Thom Province, in the Blood Bank Center, responsible for checking in blood for virus of sexual disease, virus of HI and for virus of Hepatitis B or C. Ms Boravann holds a Diploma of Pharmacy, Faculty of Medicine, Pharmacy & Dentistry, Phnom Penh Cambodia.

Neuhoff, Dr. Hanns-Peter
is Senior Vice President for Africa, Middle East, Latin America and the Caribbean, KfW Entwicklungsbank (KfW development bank), Frankfurt, Germany. Prior to that he held several positions within KfW such as: First Vice President Europe and Middle East, Division Chief North Africa and Division Chief Eastern Latin America. On behalf of the German Federal Government KfW provides funds and expertise. It gives loans and grants to support projects and programmes in developing countries. Dr. Neuhoff holds a doctorate in Political Sciences and a graduation in Business Administration from the Cologne University.

Puri, Dr. Nina
is President of the International Planned Parenthood Federation (IPPF). IPPF is a global network of Member Associations in 149 countries and the world's foremost voluntary, non-governmental provider and advocate of sexual and reproductive health and rights. Dr. Nina Puri has been a deeply involved volunteer in the field of social work since the age of 22 and since 1974 she is with IPPF. She is a member of various Indian - governmental and non-governmental - policy making bodies, notably: the National Commission on Population, Government of India, and the Sub Group on Strategies to address the unmet needs for contraception under National Commission on Population. Dr. Puri has published a large number of articles and books in the field of health and family welfare.

Raschke, Tobias
born 1978, is a political science student at the Free University of Berlin. From 1998 till 2005 he has been active on a regular basis for the grassroots movement "We Are Church" in Germany, especially during the "Catholic Days" in Mainz

1998, Hamburg 2000 and the Ecumenical Church Assembly in Berlin 2003 as spokesperson. On an international level of church reform movements, he is known for his involvement in the shadow synod in Rom 2001, he also represented the critical youth voice at the forum "Challenge the Church" parallel to the Catholic World Youth Day 2002 in Toronto/Canada as well as around the Conclave in Rome. After internships with Catholics For A Free Choice in the US and Mexico he got more involved on sexual and reproductive health and rights issues, being a member of You Act since 2004. In 2005 he coordinated the efforts of the international youth coalition challenging the vatican on issues of justice with the wyd4all.org (World Youth Day 4 All) in Cologne/ Germany. Tobias Raschke is also very involved in the issues of Middle-Eastern problems. Among other, he worked for the volunteer programme of "Action Reconciliation Service For Peace" in Israel, he was assistant to a senior Yad Vashem-Historian on research for an Auschwitz-Project.

Schurig, Alexander
is radio journalist and broadcaster at Rundfunk Berlin-Brandenburg rbb. He presents the breakfast programme on radiomultikulti, the first multi-cultural radio broadcaster in Germany. Alexander Schurig was born in 1967 in Remscheid, where he also attended school. His time as an exchange student in Los Angeles gave him his first taste of everyday life in another culture. In 1990, he moved to a reunited Berlin, studying Social and Economic Communication at the Berlin University of the Arts, before taking a traineeship at the Sender Freies Berlin broadcaster. He has been part of the radiomultikulti team since 1994. He is married and has two daughters.

Singh, Arushi
currently is Resource Officer: Adolescents & Youth at the International Planned Parenthood Federation - South Asia Region Office, New Delhi, India. Before she was Campaigns & Communications Consultant at amnesty international - India Office, New Delhi, India (International Non-government Organization). From January 2003 until May 2005 she worked as Communications & Public Affairs Assistant, Commonwealth Youth Programme Asia Centre, Commonwealth Secretariat, Chandigarh, India (International Inter-Government Organization). She was also Youth Volunteer at FPA India (Non-Governmental Organization), regularly visiting rural and slum areas for awareness and counselling and organizing training workshops & carnivals for peer educators on adolescent health issues, scripting and performing plays in rural areas on adolescent issues. She represented IPPF

at the "Condoms, Needles, Negotiation v. Abstinence, Be faithful, Condoms" debate at XV International AIDS Conference Bangkok, July 2004 as well as in March 2005 at respresented Asia-Pacific Workshop for Academic Parliamentarians on Education, Population & Sustainable Development by Asian Forum of Parliamentarians for Population and Development in Thailand. Ms. Singh has studied Globalization & Communication at the Centre for Mass Communication Research, University of Leicester, UK and Business Administration at the Leicester Business School, De Montfort University, UK.

Smits, Dr. Philip
is since 2002 Head of Global Business Unit Gynecology & Andrology; SCHERING AG, Germany. Prior to this he was Global Team Leader, Endocrine, Oncology; AVENTIS, Global Drug Development Center, Bridgewater, USA. Before working for Schering Dr. Smits held several positions within ELI LILLY. Amongst others he was Global Medical Director, Evista (raloxifene) Product Team at ELI LILLY Corporate Headquarters, Indianapolis, USA, Vice President Research and Development at ELI LILLY CANADA, Toronto, Canada and Director of Clinical Affairs Europe at ELI LILLY MEDICAL DEVICES EUROPEAN HEADQUARTERS, Belgium. Dr. Smits holds a medical doctor degree from the Free University Amsterdam, The Netherlands.

Stather, Erich
is State Secretary in the Federal Ministry for Economic Cooperation and Development (BMZ) since October 1998. Since that time he is also Chair of the supervisory board of the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) and Chair of the supervisory board of the Deutsche Investitions- und Entwicklungsgesellschaft (DEG). Since December 2002 Erich Stather is also Chair of the supervisory board of InWEnt – Internationale Weiterbildung und Entwicklung gGmbH. Prior to that he served as State secretary and spokesperson for the state government in Hesse and in the Office for projects, information and communication. Erich Stather holds a degree in social sciences.

Stavngaard, Lene
is from Denmark, 21 years old, the new chair of You Act the European network on sexual rights and reproductive health, where she has been an active member since 2001. She has participated in events like the "world youth day for all" and the "condoms for life campaign" in Cologne this August and the UNFPA youth summit in Sri Lanka November 2001. In June 2005 she was elected as the Youth representative for the European region in the governing council of International Planned Parenthood Federation (IPPF). Through the past six years she has been

working with adolescents doing comprehensive sexual education in Danish secondary schools. She is studying for a bachelor in "nursing science" and is currently doing her practices in a Danish state hospital in the gynecologist department and abortion clinique.

Theisen, Ute
is 31 years old, general commissioner of the Deutsche Pfadfinderschaft Sankt Georg (DPSG) since 2003. DPSG is the biggest recognized scout organization and catholic youth association in Germany. As an educational association DPSG wants to enable young people to discover life and consciously take it into their own hands. By means of practical accomplishments, reflected experiences are to activate and develop the skills of the individual so that he or she can develop to become a responsible personality. DPSG is also enlisted in the World Organization of the Scout Movement (WOSM) and a member association of the Association of Young German Catholics (BDKJ). DPSG has a long tradition of development policy work. It currently carries out a yearly action with its partner organization, the scout organization in Rwanda, which is called KIRA RWANDA - LOVE LIFE. It prioritizes health education in the two countries and supports the scouts' HIV/AIDS prevention programmes in Rwanda.

van den Hombergh, Henri
is since October 1997 Programme leader Reproductive Health and Sustainable Financing, Kenya, at Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ). He has overall responsibility for the planning, financial management, implementation and monitoring & evaluation of the GTZ Health programme in Kenya which consists of five components: Policy Advisory, community based basic Reproductive Health Services including youth friendly services and Community Based Distribution of Family Planning commodities, support of the government in the elimination of FGM in Kenya, support of the Government of Kenya in the design and preparation for implementation of a National Social Health Insurance and Enhancing the capacity to manage district health services, manage Quality Enhancement & Assurance, health information based decision taking and implement integrated supervision. Prior to this van den Hombergh has worked as Provinicial Medical Officer of Health and Head of Department of Epidemiology and Communicable Diseases in the Ministry of Health, Zimbabwe. Henri van den Hombergh holds a Graduation from Medical School, University of Nijmegen, The Netherlands.

Wali, Najem

born in Basra, Iraq in 1956, Najem Wali studied German literature at the University of Bagdad. In 1980, he was imprisoned and tortured as a "political dissident" and pacifist, but was able to emigrate to Germany shortly after the Iran-Iraq war broke out. Once in Germany, he returned to university, completing a German Studies degree at Hamburg University. In 1987 he moved to Madrid, where he took courses in Spanish and Latin American Literature. He also studied in Oxford and Florence. Today, Najem Wali lives in Germany as a freelance author and journalist, writing for "Die Zeit", the "Süddeutsche Zeitung", and the Arab language newspaper "Al Hayat". He belongs to the leading figures in the younger generation of Arab writers and his works have been translated into numerous languages. His novel "Die Reise nach Tell al-Lahm" (The Journey to Tell al-Lahm) appeared in German in 2004 in the Hanser Verlag.

Programme

11:00 Welcome Addresses

Dr. Hanns-Peter Neuhoff
Senior Vice President America, Africa and Middle East KfW Entwicklungsbank (KfW development bank), Frankfurt, Germany

Erich Stather
State Secretary, Federal Ministry for Economic Cooperation and Development (BMZ), Germany

11:00 Keynote Addresses

Dr. Philip Smits
Head of Global Business Unit, Gynecology and Andrology, Schering, Berlin, Germany

Dr. Nina Puri
President, International Planned Parenthood Federation (IPPF), London/Delhi, UK/India

Dr. Venkatraman Chandra-Mouli
Coordinator, Adolescent Health and Development, Department Child and Adolescent Health and Development, World Health Organization (WHO), Geneva

Discussion

12:30 Lunch

13:30 Panel 1

Contraception or Abstinence – a Controversy?

- What tendencies are there internationally?
- Sex education – a concept that has proven to be of value?
- Which consequences may result from education to abstinence?
- What experiences may be made with abstinence-education?
- Can teenage-pregnancies be avoided by abstinence?

Introduction
Dr. Sharon L. Camp
President, Alan Guttmacher Institute (AGI), Washington DC.

Inputs:
Henri van den Hombergh
Senior Project Manager, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), Eschborn, Germany

Doortje Braeken
Senior Adviser Adolescents, International Planned Parenthood Federation (IPPF), London

Ute Theisen
President, Deutsche Pfadfinderschaft Sankt Georg, Neuss, Germany

Joana Almeida
You Act European Network for Sexual and Reproductive Rights, Portugal

Chair:
Dr. Assia Brandrup-Lukanow
Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), Eschborn, Germany

Discussion

14:30 Coffee Break

15:00 Panel 2

Practical Experience Shared: Gender- and Sex-Education-Programmes for Adolescents

- How can one increase the awareness of youths?
- Are there programmes to promote safe sex?
- What social marketing programmes are there?
- From where do adolescents obtain information?
- How does Peer Education and Peer Counselling work?
- Have there to be special programmes for male respectively female youths?
- Are there gender-specific taboos considering sex-education?

Inputs

Best practice Africa

Dr. Stefani Klos
Senior Project Manager, Sector and Policy Division Health, KfW Entwicklungsbank (KfW development bank), Frankfurt, Germany

Holo M. Hachonda
Youth Board International Planned Parenthood Federation (IPPF), Nairobi, Kenya

Best practice Latin America

Verónica Correa
Coordinator Centro Latinoamericano Salud y Mujer (CELSAM), Montevideo, Uruguay

Best practice Asia

Boravann Mam
Deputy-Chief of the Essential Drugs Bureau, Phnom Penh, Cambodia

Chair:
Dr. Jörg F. Maas
German Foundation for World Population (DSW), Hanover, Germany

Discussion

17:00 Youth Board

A Critical Reflection on the Conference and Recommendations

Inputs:
Tobias Raschke
Spokesperson, We Are Church - YOUTH, Cologne, Germany

Ines Eichmüller
Grüne Jugend, Berlin, Germany

Arushi Singh
Youth Board International Planned Parenthood Federation (IPPF), Chandigarth, India

Lene Stavngaard
You Act, European Network for Sexual and Reproductive Rights, Denmark

Chair:
Dr. Wolfgang Bichmann
Sector and Policy Division Health/KfW Entwicklungsbank (KfW development bank), Frankfurt, Germany

18:00 Closing Statement

Dr. Assia Brandrup-Lukanow
Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), Eschborn, Germany

19:00 Panel Discussion

"Culture and Sexuality a Topic for International Cooperation?"

Panel:
Hermann Kügler
Catholic priest and psychotherapist, Munich, Germany

Dr. Nina Puri
President, International Planned Parenthood Federation (IPPF), London

Dr. Claudia Radeke
First Vice President East and West Africa, KfW Entwicklungsbank (KfW development bank), Frankfurt, Germany

Tobias Raschke
Spokesperson, We Are Church - YOUTH, Cologne, Germany

Najem Wali
Journalist, Bonn, Germany

Moderation:
Alexander Schurig
rbb rdiomultikulti, Berlin Germany

Press Review

AfricaNewsAnalysis
Author: Ibrahim Musah
November 14, 2005
http://www.africanewsanalysis.com/health.php?var_art

4th International Dialogue on Population and Sustainable Development Opens in Berlin, Conference of Experts Develop Strategies on Adolescent Sexual Knowledge

The conference brought together leading experts from around the world to discuss and debate issues related to sexual and reproductive health programmes.

Among the startling revealation to emerge from the deliberations included a realization that fifty percent of the population in the developing world was under 25 years old. This was further reinforced by the fact that never before have there been so many young people in one generation whose behaviour was determined by a single factor, namely, the AIDS pandemic.

The president of the International Planned Parenthood Federation (IPPF), Dr. Nina Puri could not have put it more succinctly when she observed: "Today we have the largest generation of young people in history (approximately 1.3 billion) undoubtedly a 'Youth Bulge' the world will ever witness". Whiles calling for their concerns to be addressed, Dr. Puri emphazised the need for rights based approach to sexual and reproductive health (SRH) to meet the challenges of young people while respecting their own cultural values and identities. "For example, if SRH information and services are provided in a non-discriminatory manner, are not prescriptive or judgemental but value the choices young people make it will most certainly the independence and self-esteem of adolescents and provide them with the skills to negotiate relationships and safer sexual behaviour in a manner that best suits their individual needs," she stressed.

The Head of Global Business Unit Schering, Berlin, Dr Philip Smits, for his part observed that the conference organizers attached considerable importance to not only talking about young people but also with them. More than 30 young experts from a variety of countries like India, Eastern European countries such as Ukraine and South America, actively involved in sexual rights issues participated in the conference for the first time ever. Meanwhile, a new study released by the Guttmacher Institute researchers prior to the conference revealed that large

proportions of 15-19-year-olds are sexually active, but many lack critical knowledge such as the fact that a healthy-looking person can have HIV or where to get a condom.

The study, published in the November issue of Sex Education, highlights the need for programmes that provide young people with accurate, complete information about sex and contraception.

The authors examine 24 countries in Sub-Saharan Africa and six in Latin America and the Caribbean. The majority of women 15-19 in 16 of the study countries have had sex, as have the majority of men the same age in 14 of the study countries. The study found that while the situation varies greatly across countries, large proportions of adolescent women who are sexually active, and almost all such young men, are unmarried. Many adolescents in developing countries, says the report, receive little or no sex education before they start having sex. As a result, even after becoming sexually active, many do not know of any modern contraceptive method, including condoms.

"Our work in the United States and Europe has shown that being open and honest with teenagers does not encourage them to have sex earlier, but it does enable them to act responsibly when they become sexually active," says Dr. Sharon Camp, Guttmacher president and CEO. "This new analysis suggests that the same is true for developing countries – teens are already having sex, but in the absence of information that would protect them from pregnancy and disease. Adults worldwide need to do more to keep young people safe."

Previous Guttmacher research has shown that teens in countries that provide young people with comprehensive, balanced information about sex have low rates of childbearing and sexually transmitted infections. Furthermore, programme evaluations within the United States and elsewhere show that comprehensive sex education does not promote sexual activity among teenagers, but may help delay sex, reduce the number of sexual partners and improve contraceptive use.

Speaking on "Public Private Partnership and Family Planning", Dr. Smits announced that Schreing has been active in the family planning sector in developing countries as early as 1961, with projects in India and Columbia.

The basic idea was and still is, to give all women the chance, as far as possible, to obtain reliable and safe contraceptives that would go a long way in reducing unwanted pregnancies and abortions. He described Schering, a global leader in contraception, as "an important partner in the battle against global poverty."

DW Radio / German Programme
Author: Sabine Ripperger
November 14, 2005

Jugend und Sexualaufklärung:
4. Internationaler Dialog Bevölkerung und Entwicklung in Berlin

Moderation:

Fast die Hälfte der Bevölkerung in den weniger entwickelten Ländern ist jünger als 25 Jahre. Noch nie zuvor gab es so viele junge Menschen in einer Generation. Von ihrem Sexualverhalten hängt mehr denn je ab, mit welcher Schnelligkeit sich die Aids-Epidemie ausbreiten wird, ob die Mütter- und Kindersterblichkeit erfolgreich bekämpft werden kann und welche demographische Entwicklung die einzelnen Länder nehmen werden. Der 4. Internationale Dialog Bevölkerung und Entwicklung stellte am Montag (14.11.) das Thema „Jugend und Sexualaufklärung" in den Mittelpunkt seiner Beratungen in Berlin. Ein Bericht von Sabine Ripperger:

Beitrag:

Die Experten auf der Konferenz in Berlin machten sich angesichts des weltweiten Bevölkerungswachstums und der zunehmenden Ausbreitung von HIV-Aids für mehr Aufklärung von jungen Leuten sowie geplante und spätere Elternschaft stark.

Sharon Camp, die Präsidentin des Alan Guttmacher Institute, einer führenden Forschungseinrichtung im Bereich sexueller und reproduktiver Gesundheit in den USA, präsentierte Ergebnisse einer Studie, die in 24 Ländern Afrikas südlich der Sahara und in sechs Ländern Lateinamerikas und der Karibik durchgeführt wurde. Zu ihren Ergebnissen gehört, dass die Mehrheit der Jugendlichen zwischen 15 und 19 Jahren bereits sexuelle Kontakte hatten. Aber die Studie brachte gleichzeitig ans Licht, dass es gerade in den Entwicklungsländern eine große Wissenslücke über Schwangerschaft und Verhütung gibt:

I. O-Ton / Camp / englisch:

„Praktisch der größte Teil der Jugendlichen in diesen Ländern wusste weder etwas über die Sicherheit von Kondomen und dass sie auch vor Aids schützen noch, dass sie jedes mal benutzt werden müssen. Von den jungen Männern zwischen 15 und 19, die in den letzten drei Monaten Sex hatten, schützten sich weniger als die

Hälfte mit Kondomen. Jeder vierte der Heranwachsenden, die wir befragten, glaubte, dass man beim ersten Sex nicht schwanger werden könne ... Unsere Untersuchungen machen deutlich, dass sexuelle Erziehung in Entwicklungsländern von dringender Priorität ist."

Neue Studien aus den USA und Europa hätten übrigens gezeigt, so Sharon Camp, dass mehr Offenheit und Information nicht zu früherem Sex führten, sondern zu einem verantwortungsvolleren Umgang damit. Wie bereits frühere Untersuchungen belegten, hätten Teenager in den Ländern, die Jugendliche umfassend und ausgeglichen über Sexualität informieren, geringe Geburtenraten und niedrige Raten für sexuell übertragbare Infektionen.

Verlässliche Untersuchungen reiner Abstinenz-Programme zeigten dagegen nur geringe positive Auswirkungen, so Sharon Camp. Vor allem in den USA mehrten sich konservative Stimmen, die Enthaltsamkeit statt Aufklärung gutheißen. Jedoch belege eine Studie der Harvard-Universität, dass von den jungen Menschen, die eine Keuschheitsversprechen bis zur Ehe abgelegt hatten, doch 88 vorher Sex hatten und dies mangels Informationen zu einem großen Teil ungeschützt, so die Medizinerin.

Nina Puri, die langjährige Präsidentin der International Planned Parenthood Federation, die in 183 Ländern tätig ist, verwies auf die Erfolge Irans in der Familienplanung:

2. O-Ton: Puri/englisch

„Der iranische Verband der Internationalen Föderation für Familienplanung hat aktive Schritte dabei gemacht, Männer in die Familienplanung einzubeziehen und auf ihre Verantwortung hinzuweisen – egal ob sie jünger oder älter sind. Der größte Teil des iranischen Verbandes bietet keine klinischen Dienste an, aber über den iranischen Verband wird eine Beratung zur Schwangerschaftsverhütung und Verhinderung von HIV/AIDS angeboten, und das sensibilisiert auch die religiösen Führer, Schulen und Colleges für diese Fragen."

Weil man die Dynamik der Situation erkannt und die Männer einbezogen habe, sei es im Iran innerhalb von zehn Jahren gelungen, die Bevölkerungszahl stabil zu halten – im Gegensatz zu Indien, wo man das seit 50 Jahren erfolglos versucht habe, so Nina Puri:

3. O-Ton/Puri/englisch

„Vor zehn, fünfzehn Jahren hatten wir die sexuelle Erziehung in Schulen als Fortschritt eingeführt". Das war im Norden Indiens, in Ariyana. Das Fach „Sexualerziehung" war Teil eines Pakets von Maßnahmen unter der Überschrift „Sexualerziehung in die Schulen".

Diese Wortwahl führte schließlich zur Abschaffung des Faches. Die Eltern ließen am nächsten Tag die Kinder nicht mehr in die Schulen gehen, wegen des einen Wortes „Sex". Um an die jungen Leute wirklich heranzukommen, müsse die Arbeit an die dringenden Bedürfnisse anknüpfen und dürfe sich nicht über bloße Begriffe aus Fachbüchern definieren, denn sonst versperren religiöse Führer und Konservative den jungen Leuten den Zugang zu Informationen.

Neben dem Iran gebe es noch andere erfolgreiche Beispiele für Familienplanung, wie Wolfgang Bichmann von der KfW Entwicklungsbank betonte:

4. O-Ton Wolfgang Bichmann /deutsch:

„Tunesien ist eines der Mittelmeeranrainerländer, die schon in den 70'er Jahren ein effektives Familienplanungsprogramm staatlicherseits gefördert und installiert haben und dadurch auch recht hohe Raten an Kontrazeptiva-Nutzung erreicht haben, bezogen auf die erwachsene Bevölkerung. Ein anderes Land ist Indonesien. Es ist ja das größte islamische Land. Dort gab es ein auf die Basis heruntergebrochenes Familienplanungs-programm, was inzwischen in anderer Form fortgeführt wird, aber was auch schon in den 80er Jahren erhebliche Erfolge zeigen konnte."

Das seien natürlich zunächst einmal „Tropfen auf den heißen Stein", so Bichmann. Aber solche Ansätze könnten zur Verhinderung von sexuell übertragbaren Krankheiten beitragen und auch das Bevölkerungswachstum positiv beinflussen.

DW Radio/Afrika/Kiswahili – Youth programme
Author: Petra Stein
November 19, 2005

4th International Dialogue Population and Sustainable Development "Promoting Adolescents' Sexual Knowledge and Save Behaviour"

Karibuni tena, wasikilizaji wapenzi, katika kipindi kingine cha Vijana kinachowajieni leo kutoka Berlin. Kwenye maikrofon ni mimi Petra Stein. Elimu ya vijana juu ya ngono na tabia yao ya kujihadhari - hii ilikuwa mada kuu ya mkutano wa

kimataifa uliofanyika mapema wiki hii mjini Berlin. Walioshiriki walikuwa ni wataalamu pamoja na wajumbe wa mashirika mbalimbali ya kimataifa na kitaifa, ya kiserikali na yasiyomilikwa na serikali. Wao wote walikuja Berlin kubadilishana maarifa na maoni juu ya njia bora za kutoa elimu ya uzazi na upangaji familia pamoja na kinga dhidi ya maambukizo ya virusi vya HIV kwa vijana katika nchi zinazoendelea. Na kusema kweli mkutano huu ulizungumza siojuu ya vijana tu, bali pamoja nao, maana yake miongoni mwa wajumbe niliwaona vijana wengi kutoka kote ulimwenguni Kati yao pia alikuwa Bw. Holo Hachonda wa Zambia, ambaye anafanya kazi katika ofisi ya Shirikisho la Kimataifa la Upangaji wa Familia, IPPF, eneo la Afrika, mjini Nairobi, anakoshiriki katika kutayarisha programu na miradi kwa ajili ya kutoa elimu, huduma za kinga na tiba ya ukimwi kwa vijana. Katika hotuba yake kwa mkutano ametilia maanani umuhimu wa kutayarisha miradi na programu zaidi za kuwawezesha vijana katika nchi za Kiafrika kupata tiba za ukimwi na nyingine za kuwaunga mkono watoto na vijana mayatima wa ukimwi. Zipo programu nyingi za kupambana na maambukizo ya HIV na ukimwi, lakini ni chache tu zinazozingatia mahitaji maalum ya vijana, amesema. Vijana ni kundi la wananchi waliosahauliwa. Inatubidi kuwapa motisha wafadhili wetu ili wagharimie programu zaidi, Bw. Hachonda ametilia mkazo.

Nilipomwuliza kama mkutano wa Berlin ulikuwa na manufaa kwa kazi yake, amesema kuwa anajihisi kupewa motisha na nguvu mpya na mkutano huo kwa sababu ulionyesha kuwa kuna watu wengi duniani wanaozingatia maslahi na mahitaji ya vijana na kutambua haja ya kubuni programu mpya za elimu ya uzazi na ngono na kukuza tabia ya vijana ya kujihadhari wakifanya mapenzi. Jambo linalohusikana na hayo ni upatikanaji wa kondomi, hasa kuhusiana na mapambano dhidi ya ukimwi - Bw. Hachonda:

0-Ton engl. (You know that Africa is impacted byAids and HIV ...)

"Unajua, Afrika inaathirika sana kutokana na ukimwi na maambukizo ya virusi vya HIV. Lakini mashirika zaidi na zaidi yanalenga shabaha ya kuhimiza miradi inayowataka vijana wajizuie kufanya mapenzi kabia ya ndoa. Mtazamo huu unashawishi upatikanaji wa kondomi. Lakini wengine pia wanaamini kuwa hii siyo njia ya kufaa na ninafikiri kwamba tunapata waungaji mkono katika swala hllo."

Kusema kweli, Bw. Hachonda alishangiliwa sana na wajumbe wa mkutano wa Berlin alipotoa wito huu kwa mapatna katika nchi tajiri - amesema: "Napenda kuona ndege na helikopta kudondosha condoms juu ya Afrika, ziwe ya aina ama rangi yoyote ile. Takwimu zinasema kuwa barani Afrika zinapatikana kondomi

tatu tu kwa kila mwanaume kwa mwaka mmoja - je, inamainisha kuwa tufanye mapenzi mara tatu kwa mwaka tu?" Kauli hii ilinifanya nimwulize Bw. Hachonda, kama shirika lake linabuni miradi maalum hususan kwa ajili ya wanaume vijana? Bw. Hachonda alikuwa na haya ya kueleza

0-Ton (We have also programmes at focussing on increasing man as partners on reproductive health ...)

"Tumeanzisha miradi vile vile inayozidi kulenga shabaha wanaume kama washiriki katika kulinda afya ya uzazi. Hii sijukumu la wanawake pekee, bali programu zetu zinalenga shabaha kuwashirikisha wanaume katika kuhakikisha afya njema ya familia nzima. Bado programu hizo hazitoshi,lakini hali ya utambuzi wajukumu hilo inakua katika eneo la Afrika."

Na hili ndilo shauri la Holo Hachonda kwa wenzake waafrika:

0-Ton (We need to work together and take responsibility of our lives ...)

"Tunahitaji kufanya kazi pamoja na kutekeleza madaraka yetu kuhusu maisha yetu. Inatubidi kutambua kuwa kila kitendo kinalo tokeo lake Uwe zuh au baya, tufikirie kabia ya tutende.")

Hakika, utumiaji wa kondomi sio yote. Swala si kujizuia ama kutumia kondomi, bali muhimu zaidi ni kuwapa vijana elimu ya jinsia na uzazi kuanzia wakiwa bado watoto. Hii imetiliwa mkazo na wahutubiaji wengi mkutanoni. Kwa mujibu wa uchunguzi uliofanywa na taasisi ya Alan Guttmacher ya Marekani vijana wengi kabisa katika nchi zinazoendelea hawakupata elimu yoyote kabia ya kufanya mapenzi kwa mara ya kwanza. Uchunguzi mwingine wa taasisi hiyo imethibitisha kuwa uwazi na uaminifu kuhusu maswala ya jinsia na ngono hauwapi vijana moyo kufanya mapenzi mapema zaidi, bali unakuza uwajibikaji wao. Maoni hayo yametolewa pia na Justine Schwarz anayetoka Kenya na kufanya kazi katika shirika la kijerumani la kutoa misaada kwa wagonjwa wa ukoma na tuberculosis. Amesema: Kujizuia kufanya mapenzi si shauri zuri kwa vijana, kwani wataifanya hata hivyo. Bora zaidi ni kuwapa maarifa yote wanayohitaji. Akasema:

0-Ton Swahili

Na Justine Schwarz anaunga mkono maoni kwamba ni muhimu sana kuwaelimisha hususan wanaume vijana juu ya mambo ya jinsia na hatari ya kuambukizwa kwa virusi vya HIV katika ngono pamoja na umuhimu wa kutumia

kondomi kwa ulinzi wa afya yao yenyewe. - Kwa maelezo haya ya Bibi Justine Schwarz kutoka Kenya ndiyo namaliza makala haya ya vijana kutoka redio DW, Bonn. Mimi ni P.S. Kwa herini!

Deutsche Stiftung Weltbevölkerung
November 2005
http://www.weltbevoelkerung.de/aktionen/schering.shtml?navid=25

Internationaler Dialog "Verbesserung der sexuellen Aufklärung und des verantwortungsvollen Verhaltens von Jugendlichen"

Fast die Hälfte der Bevölkerung in Entwicklungsländern ist heute unter 25 Jahren alt – noch nie gab es eine so große Jugendgeneration. Der diesjährige Internationale Dialog zu Bevölkerung und nachhaltiger Entwicklung hatte deshalb die Verbesserung der sexuellen Aufklärung und des verantwortungsvollen Verhaltens von Jugendlichen zum Thema.

Gastgeber der sehr gut besuchten Veranstaltung am 14. November 2005 in der KfW Entwicklungsbank - Niederlassung in Berlin waren neben der DSW die GTZ, die KfW, IPPF und die Schering AG.

Im Mittelpunkt der Debatte von 150 Teilnehmern und mehr als 25 Referenten stand die Frage, wie man den sexuellen und reproduktiven Bedürfnissen von Jugendlichen in den Zeiten von HIV/AIDS am besten gerecht werden könne. Es wurden Einblicke in die Programme verschiedener Organisationen und in allen Regionen der Welt gewährt. Besonders lebhaft beteiligten sich auch die zahlreichen Vertreter des Jugendbündnisses You Act, European Network for Sexual and Reproductive Rights an der Veranstaltung. Neben Staatssekretär Erich Stather des Bundesministeriums für wirtschaftliche Zusammenarbeit und Entwicklung (BMZ) nahmen auch Dr. Nina Puri, die scheidende Präsidentin der International Planned Parenthood Organisation (IPPF) und Dr. Sharon Camp, Präsidentin des Alan Guttmacher Institutes (AGI), teil.

List of Participants

Ackermann, Manfred	EBO - Berlin	Berlin
Almeida, Joana	You Act	Portugal
Altamirano, Alberto	Embassy of Nicaragua	Berlin
Amann, Stefanie	Bundeszentrale für gesundheitliche Aufklärung	Köln
Arold-Hahn, Antje	Plan International	Potsdam
Avery, Lisa	World Health Organization Europe	London
Bähr, Renate	German Foundation for World Population	Hanover
Barbian, Tanja	Dolmetscherin	Berlin
Barenthin, Jana	International Gender Studies Charité	Germany
Becker-Jezuita, Wolfgang	Schering	Berlin
Bernhardtz, Viktor	You Act	Sweden
Beyer, Michael	Deutsche Gesellschaft für Technische Zusammenarbeit	Berlin
Bichmann, Dr. Wolfgang	KfW Entwicklungsbank (KfW development bank)	Berlin
Bilgic, Burga	Schering	Berlin
Biley, Dr. Amichia	Deutsche Investions- und Entwicklungs-gesellschaft (DEG)	Berlin
Bouedibela-Barro, Regine	Terres des Femmes	Berlin
Braeken, Doortje	International Planned Parenthood Federation (IPPF)	London
Brandrup-Lukanow, Dr. Assia	Deutsche Gesellschaft für Technische Zusammenarbeit	Eschborn
Brueggemann, Ingar	UNICEF Germany	Berlin
Brunner, Artur	Federal Ministry for Foreign Affaires	Berlin
Byington, Julia	International Gender Studies Charité	USA
Camp. Dr. Sharon	Alan Guttmacher Institute (AGI)	Washington
Chandra-Mouli, Dr. Venkatraman	World Health Organization	Geneva
Christopeit, Horst-Dieter	K+M Kultursysteme	Berlin
Correa, Verónica	Centro Latinoamericano Salud y Mujer	Montevideo
Correa, Valentina		London
Caspers, Silvia	Christo Vivo Europa	Berlin
Danova, Tsvetamira	You Act	Bulgaria
Dekker, Karolien	You Act	The Netherlands
Dommasch, Renate		Stuttgart
Eichmüller, Ines	Grüne Jugend	Berlin
Ennis, Ruth	You Act	Ireland
Erk, Daniel	Freelance Journalist for "jetzt"	Berlin
French, Robert	Schering Hc	Great Britain
Geurts, Marlies	You Act	The Netherlands
Grund, Dr. Sabine	Rapporteur	Berlin
Götsch	Freelance Journalist	Berlin

Hachonda, Holo M.	International Planned Parenthood Federation (IPPF)	Nairobi
Hägele, Mirjam	German Foundation for World Population	Hanover
Hamann, Bernd	Gynecologist	Berlin
Haralanova, Christina	You Act	Bulgaria
Hedrich, Ute	Amt für MÖWe	Dortmund
Henning, Mathias	Schering	Berlin
Hermes, Julia	International Gender Studies Charité	Germany
Heuschkel, Dr. Christoph	GFA Consulting Group	Hamburg
Hinz, Catherina	German Foundation for World Population	Hanover
Hunn, Mildred	Embassy of Guatemala	Berlin
Jahn, Dr. Christian	Deutsche Gesellschaft für Technische Zusammenarbeit	Bonn
Katter, Simone	Deutsches Institut für Menschenrechte	Berlin
Keller, Gerd O.	Schering	Berlin
Kirsch-Woik, Dr. Thomas	Deutsche Gesellschaft für Technische Zusammenarbeit	Berlin
Klos, Dr. Stefani	KfW Entwicklungsbank (KfW development bank)	Frankfurt
Klöver, Dr. Silke	Deutsche Gesellschaft für Technische Zusammenarbeit	Berlin
Kohlbach, Carl	TI Deutsches Chapter	Berlin
Kranz, Astrid	Schering	Berlin
Krause, Anita	Schering	Berlin
Kroll, Katarina	You Act	Germany
Kügler, Hermann	SJ, Gesellschaft Jesu	Munich
Künzig, Andrea	Photographer	Berlin
Lavastre, Martiina	You Act	Finland
Lerer, Jaqueline	Almarifa	Berlin
Lindner, Matthias	Photographer	Berlin
Lütz, Dr. Dietmar	Ökomenischer Rat Berlin-Brandenburg	Berlin
Maas, Dr. Jörg F.	German Foundation for World Population	Hanover
Madeja, Dr. Ulrich-D.	Schering	Berlin
Mam, Boravann	Essential Drugs Bureau	Phnom Penh
Mank, Thomas	K+M Kultursysteme	Berlin
Markgraf, Heike	Schering	Berlin
Mashour, Salem	Rotary Club/Cairo	Cairo
Mauderer, Frank	Schering	Berlin
Messham, Ellie	You Act	UK
Metz, Dr. Manfred	Bureau CODEPLAN STUDIO	Berlin
Metz, Martina	Federal Ministry for Economic Cooperation and Development	Bonn
Musah, Ibrahim Musah	AfricaNewsAnalysis	Berlin
Muthaa, Kamatta	Embassy of Kenya	Berlin
Nalghranyan, Sos	You Act	Armenia
Nederveen, Marrije	You Act	Hilversum
Neuhoff, Dr. Hanns-Peter	KfW Entwicklungsbank (KfW development bank)	Frankfurt
Niebuhr, Dr. Birgit	Consultant	Berlin

Oliynyk, Igor	International Gender Studies Charité	Ukraine
Osman, Dr. Mohammed	Almarifa	Berlin
Pantelic, Momir	You Act	Serbia-Montenegro
Panthak, Shyam Sharan	International Gender Studies Charité	Nepal
Paulus, Iris	OXFAM Deutschland e.V.	Berlin
Pravda, Hans		Berlin
Puri, Dr. Nina	International Planned Parenthood Federation (IPPF)	UK/India
Quistorp, Eva	Unifem	Berlin
Qvist, Adam	You Act	Denmark
Raack, Dr. Rainer	Schering	Berlin
Radeke, Dr. Claudia	KfW Entwicklungsbank (KfW development bank)	Frankfurt
Raschke, Tobias	We are church - YOUTH-Bank	Berlin
Rennmann, Denise	Schering	Berlin
Ripperger, Sabine	DW Radio, Deutsches Programm	Berlin
Rompel, Matthias	Justus Liebig University Gießen	Gießen
Rose, Ms	Embassy of Uganda	Berlin
Rudnik, Agnes		Berlin
Sarkissian, Heather	You Act	Ukraine
Schaffran, Lutz	Schering	Berlin
Schenk, Rüdiger	Schering	Berlin
Schönemann, Yvonne	Deutsche Gesellschaft für Technische Zusammenarbeit	Berlin
Schulze, Angelika	International Institute for Journalism Berlin/Brandenburg	Berlin
Schumann, Dr. Ute	Euro Health Group Consultants	Hamburg
Schurig, Alexander	rbb radiomultikulti	Berlin
Schüürmann, Dr. Joachim	KfW Entwicklungsbank (KfW development bank)	Frankfurt
Schwarz, Justine	DAHW e.V.	Berlin
Schwarzer, Elisabeth	Werkstatt für Ethnologie	Berlin
Seifert, Katja	Schering	Berlin
Shakunle, Anja	Caritas Berlin, Schwangerschaftsberatung Mitte, MFM-Projekt	Berlin
Shelton, Cliff	You Act	UK
Singh, Arushi	International Planned Parenthood Federation (IPPF)	India
Sissako, Florence	International Gender Studies Charité	Germany and Cameroon
Smits, Dr. Philip	Schering	Berlin
Spies, Dr. Thomas	Schering	Berlin
Stather, Erich	Federal Ministry for Economic Cooperation and Development	Berlin
Stavngaard, Lene	You Act	Denmark
Stein, Petra	DW Radio Kisuahili	Berlin
Stierle, Friedeger	Deutsche Gesellschaft für Technische Zusammenarbeit	Berlin

Stojicic, Pedrag	You Act	Serbia-Montenegro
Streif, Simone	Institute of Social Anthropology	Cologne
Suprun, Lyudmila	You Act	Ukraine
Tautz, Siegrid	Evaplan GmbH am Universitätsklinikum Heidelberg	Karlsruhe
Theisen, Ute	Deutsche Pfadfinderschaft Sankt Georg	Neuss
Thor McCarthy, Dr. Christine	Schering	Berlin
Thorn, Udo	Gossner Mission GM	Berlin
Thüring, Katrin	rbb Radio Fritz	Potsdam
Tielemann, Katja	Deutsche Gesellschaft für Technische Zusammenarbeit	Berlin
Tsuleiskiri, Nikoloz	You Act	Georgia
Uraus, Anita	Schering	Berlin
van den Hombergh, Henri	Deutsche Gesellschaft für Technische Zusammenarbeit	Eschborn
van Dyck-Jekel, Anna	Schering	Berlin
Vanenburg, Sayida	You Act	The Netherlands
Vieira, Paulo	You Act	Portugal
Viitanen, Dr. Antti	Schering Oy	Helsinki
Voigt, Dr. Hans-Peter	Doctor	Northeim
von Lingelsheim-Seibicke, Bettina	Epos Health Consults	Bad Homburg
von Rönne, Anna	Deutsche Gesellschaft für Technische Zusammenarbeit	Berlin
Wali, Najem	Journalist	Bonn
Wensing, Anneke	You Act	The Netherlands
Wepler, Nina	German Foundation for World Population	Hanover
Wihofszky, Petra	Charité Campus Virchow-Klinikum	Berlin
Wolff, Dr. Thomas	GITEC Consult	Düsseldorf
Wu, Ronghui	International Gender Studies Charité	China
Wulff, Gerda		Bremen
Yarala, Srikanth Reddy	International Gender Studies Charité	India
Zett, Maria	Caritas Berlin, Schwangerschaftsberatung Mitte, MFM-Projekt	Berlin
Zimmer, Harald	VFA, Verband Forschender Arzneimittelhersteller	Berlin
Zinser, Prof. Dr. Robert	Rotary Fellowship on Population and Development (RFPD)	Ludwigshafen
Coordination Team		
Gruhl, Katrin	KfW Bankengruppe (KfW Banking Group)	Berlin
Heinrich, Steffi	KfW Bankengruppe (KfW Banking Group)	Berlin
Krenke, Ralf	KfW Bankengruppe (KfW Banking Group)	Berlin
Rottmann, Carola	KfW Bankengruppe (KfW Banking Group)	Berlin
Fehlenberg, Sabrina	g+h communication	Berlin
Gunderlach, Rhan	g+h communication	Berlin
Hornung-Pickert, Annette	g+h communication	Berlin

Schering AG
D-13342 Berlin · Germany
Social Healthcare Programs (Family Planning)
Phone: +49 30 468 157 28
Fax: +49 30 468 167 74