Public Youth Policies And Reproductive Rights: Limitations, Opportunities And Challenges In Latin America And The Caribbean.

ACKNOWLEDGMENTS

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Presentation

For UNFPA, as an agency of the United Nations system, socially constructing reproductive rights within the field of human rights is fulfilling a mandate received from the international community. With this commitment, UNFPA has taken on the task of supporting the efforts of governments and civil society in building citizenship among adolescents and young people through recognising their human rights, a task aimed at social development, social inclusion, and the eradication of poverty with greater levels of equity.

This paper grows out of the need to identify the most appropriate political mechanisms for strengthening recognition of the reproductive rights of youth and adolescents in the Latin America and Caribbean region, analyzing their achievements and the outstanding challenges.

The aim is also to understand the results of the political activity taking place within the countries in a variety of fields: the field of childhood and adolescence, the field of reproductive rights, the field of public health and the field of youth. It also tries to express their approaches, interactions, dialogues and contradictions in order to determine where we are in terms of legitimising reproductive rights in the Latin America and Caribbean region and what tasks are still pending.

Three situations have been taken into account for the analysis. On the one hand, that these are relatively recent social processes which have become stronger as from the last decade of the 20th century, so that their impact on national policies is still uneven and incipient, generating dialogues, overlaps and sometimes contradictions with previous constructions. Secondly, the increase in social inequality experienced in the Latin America and Caribbean region which potentiates the generational inequities to which adolescent and youth are exposed with others such as gender, race/ethnic origin and socio-economic condition. These social inequities determine sexual and reproductive health in such a way as to suggest that without the exercise of economic, social and cultural rights it will be difficult to meet the commitments made in Cairo. Finally, reflecting on the exercise of citizenship by youth and adolescents obliges us to make a broader analysis, since these impact on and bring into question the exercise of human rights by adult men and women, just as Collin declares.

The work involved reflection by a high-level team of consultants in interaction with the Country Support Team and the committed participation of the UNFPA Country Offices in Brazil, Nicaragua, Venezuela, Peru and Mexico, which enabled dialogues with actors in government organizations and the civil society.

We trust that the wealth of the reflections, analysis and recommendations in this paper will help to strengthen the work that UNFPA carries out in the Latin America and Caribbean region to achieve greater levels of equity in human development and in sexual and reproductive health.

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Executive Summary

Public policies on youth have little connection with the implementation of social policies and this largely conditions the impact of plans, programmes and projects. The persistence of stereotypes about youth, among decision-makers as much as in public opinion as a whole, also affects the marginality of youth development within social policies. This is due not only to the newness of the topic, but fundamentally to the absence of any political actor supporting public youth policies. Different from women or workers, young people are more concerned about the world into which they will have to insert themselves than about their current social condition.

At the same time, the lack of competencies in the Youth Offices for building alliances and mobilising political and social support, their scant political weight within the set of public policies, limited lobbying on sector policies, and the lack of civil society mechanisms for participation, condition weaknesses in the field of public youth policies.

Legislative processes on youth, even when they add little to the already established legislation, bring about the social construction and legitimation of the human rights of youth, inasmuch as these human rights are considered within public youth policies as a whole and even in sector policies working with this population group. The sexual and reproductive health of youth and adolescents occupy a marginal place in youth surveys and in youth plans and programmes, as well as in their evaluation. Those who operate public policies, as well as the young people themselves, generally give priority to other topics, such as poverty, insertion into employment, citizen participation, education, violence, and uncritically cede these fields to the Ministries of Health, which mostly focus on them from an adult-centred perspective of risk.

Adolescent health programmes are quite general, established and legitimised in Latin America and the Caribbean and they give greater attention to sexual and reproductive health but are little articulated with National Youth Plans, which limits them to the area of public health, depriving them of easy links with adolescent and youth dynamics, despite the significant efforts they make on their behalf. In terms of approaches, youth and adolescents sexual and reproductive health is tackled overwhelmingly from a risk perspective, centred on problems to be solved, even when the human rights approach is held to in speeches and partially in institutional and programme design.

Social actors committed to adolescence and youth, in academic fields and in civil society, are similarly disarticulated, with differing discourses and policy dynamics. The women's movement has worked broadly for reproductive rights, but with very little interaction with the field of adolescence and with the youth networks, which are mainly worked by religious pastoral areas. A third field, also disarticulated from the previous two, is that of the Youth Offices. It is essential to find responses that articulate and give dynamism, in order to modify these restrictive dynamics.

Moreover, international cooperation up to now has no articulated proposal, and responds to particular, disconnected demands. While UNICEF has been working in the field of recognising children's rights, UNFPA is one of the few international cooperation organizations that have given support to legislative processes in youth, especially in the sub-region of Central America. PAHO, in turn, has a systematic work programme with the Health Ministries and some sub regional projects, while the OIJ (Ibero-American Youth Organization), which is important for the relevance of its members, is the only existing international agency that is intergovernmental in character. Given this panorama, UNFPA must strengthen its commitment to public youth policies, in order to provide over-arching development strategies for this group, making good use of the lessons learnt in supporting the design of youth laws and plans in Costa Rica, Nicaragua, Panama, Peru and Paraguay.

Introduction

The aim of this work was to analyse in what ways and by what formal and informal mechanisms the countries of the region of Latin America and the Caribbean are legitimising youth and adolescents as political actors in the field of human rights and especially their reproductive rights.

The starting point for this process of legitimating youth and adolescents as subjects of reproductive rights was the *International Conference on Population and Development* held in Cairo in 1994, in the framework of which 184 Member States ratified that reproductive rights form part of the framework of human rights, and this was reaffirmed in 1995 in the International Conferences in Copenhagen (World Summit for Social Development) and in Beijing (4th World Conference on Women). Reproductive rights are thus indivisible from civil and political, as well as social, economic and cultural rights.

In these conferences and in those held to evaluate progress after 5 and 10 years, youth and adolescents were identified as a strategic population for achieving sexual and reproductive health for society as a whole, particularly as regards the rights to sexual and reproductive health and to reproduction free of discrimination, coercion and violence, the right to decide freely and responsibly on the number of children, and the right of access to information and to services for this.

This study reviews four spaces where these interactions between youth, reproductive rights and public policies are processed and influence each other:

- Situational diagnoses: youth surveys, studies and research;
- The design and implementation of related plans and programmes;
- The current legislation on youth and adolescents in the various countries of the region; and
- The evaluations of youth plans and programmes processed in recent times.

For this analysis, a review was made of the available literature, concentrating on four types of specific instruments:

- The National Youth Surveys available in several countries of the region;
- The laws and decrees related with these topics, currently in force in the countries;
- The Comprehensive Youth Plans, recently designed and now being implemented; and
- The Programme and Institutional Evaluations available in these domains.

Case studies were also made in five countries, Brazil, Mexico, Nicaragua, Peru and Venezuela, to take into account the social meanings of the processes that gave rise to policies and programmes from the point of view of the social actors involved: young people and policy makers.

We start from the currency of the core principles feeding the dynamic of human rights, i.e., the principles of universality, indivisibility, interdependence, diversity – consolidating the two-dimensional nature of justice as an instrument of redistribution and recognition of particular identities – and democracy, which ensures young people access to citizenship through their participation in the processes of building policies and programmes, in identifying priorities, in decisions, in planning, and in adopting and evaluating strategies and international commitments.

It is assumed that the reproductive rights of youth and adolescents are based on the ownership of the human rights inscribed in the Universal Declaration of Human Rights of 1948, which expresses the idea that every individual has natural rights that the governments are obliged to recognise, respect and guarantee. In this sense, ownership means not only having rights but also being able to exercise them, so that *for sexual rights and reproductive rights in the perspective of human rights, it is important to have formal rights, know them, feel oneself an owner of these rights and act to exercise them* (Advocaci 2004).

The first chapter gives a conceptual framework for analysing public youth policies in the region and their interaction with reproductive rights. It reviews the analytical approaches, the roles and functions inherent to youth, the different youth sectors, the main social actors involved in youth socialisation, the construction of youth as social and political actors, their challenges, lessons learned in their social integration and the link between youth and public policies in the region.

The second chapter reviews the approaches put into effect in the situational diagnoses of youth in the region, their analytical hierarchies such as gender, race/ethnic origin, socio-economic and generational inequity. The third chapter deals with the current legislation, comparing laws on childhood and adolescence with those on youth. Chapter four analyses the design of programmes, while the fifth chapter concentrates on the evaluation of programmes and policies put into effect in this field in the countries of the region, their conceptions and the cooperation they have received. Chapter six is about the case studies on the processes of building and implementing youth policies from the point of view of youth and adolescents, government officials and NGOs, aimed at understanding the various

social significations that are involved in their design and implementation processes. Finally, based on the information gathered, a balance is made of institutional development in the youth field, pointing out the main reflections and recommendations for UNFPA's articulation work in this area.

The bibliographical references at the end of this report, as well as the list of websites visited, show the variety of sources consulted and eloquently demonstrate the wide range of resources available on these subjects, and it is hoped they will be of use for broadening the policy dialogues held by the UNFPA Offices in the region.

Conceptual Framework for Analysing Youth Policies and Reproductive Rights

Adolescence and youth have been analysed from various theoretical and methodological perspectives, derived from diverse scientific disciplines, and even though the greater part of the studies were carried out in industrialised countries, Latin America and the Caribbean also have an important record in this, especially in recent decades. The celebration of International Youth Year in 1985 gave these topics a special push forward and made it possible to largely overcome the limitations that had existed up to then.

Reproductive rights have followed a different route and timescale and the process, perhaps more fruitfully, has deepened in the past decade as from the consensuses achieved in the International Conference on Population and Development (Cairo 1994), reinforced later in the World Summit on Social Development (Copenhagen 1995), and in the International Conference on Women (Beijing 1995) which reaffirmed that reproductive rights are part of the framework of human rights. Recently, in the Millennium Summit in the year 2000, sexual and reproductive health were seen as a key strategy for poverty reduction and achieving human development, and have thus been included as a priority in the social agenda of the countries and in international cooperation.

This study does not aim to be neutral, but uses a conceptual framework committed to the principles upholding the various human rights instruments, including the Universal Declaration on Human Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of All Forms of Discrimination against Women, the International Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment, and the International Convention on the Rights of the Child.

ANALYTICAL APPROACHES

The approaches to youth traditionally predominant in most of the 20th century in the region can be said to have been based firmly on *demographic and statistical perspectives*, and also on *biological and psychological approaches.* In the past two decades, however, the *sociological and politological approaches* have been increasingly strengthened as well as other contributions

from *cultural and anthropological perspectives*, together with certain *economicist approaches.* Although it is not possible to go into each of these perspectives in depth, it is important to sketch at least their essential characteristics, identifying their main contributions to the development of knowledge and their consequences in the building of public policies.

From a *demographic and statistical point of view,* youth and adolescents are, above all, a population group that corresponds to a particular age bracket, varying from one context to another, but generally situated between ages 10 and 19 for adolescents and between 15 and 24 for young people. In rural contexts and those of acute poverty, the grouping shifts downwards to include the 10 to 14 age group, while in the middle to upper-class social strata, in various cases it widens upwards to include the 25 to 29 age group, under the influence of European demographic dynamics. UNFPA's programming includes the group comprised between 10 and 24 as the focus of its work, designated as young people, while the Youth Offices have worked mainly with an age group extending up to age 29, and, even though these definitions are not founded in very sophisticated theoretical perspectives, it is necessary to keep these differences in mind, in order to compare results between countries and at different historical times.

Despite the arbitrary nature that any definition contains, in the case of youth studies, it can be said that the age context chosen corresponds to the period of life of any person, and coincides with highly significant processes. The lower limit of the age group coincides with the start of the person's biological growth and development process, with the development of the sexual and reproductive functions and of significant psychological and social changes. The upper limit refers more diffusely to the time when people reach the end of the formal education cycle, enter the labour market and form their own homes.

From the *biological and psychological approaches,* youth could be defined as the period running from the start of the physiological development process to the achievement of social maturity. But as not all people of the same age go through this life period in the same way, nor achieve these goals at the same time, *sociology and political science* insist on the need to incorporate other variables into the analysis of the youth phenomenon. It can thus be seen that adolescence and youth have different meanings for people

belonging to each of the particular social sectors – men and women, poor and non-poor, rural and urban dwellers, indigenous populations, among others – and that this stage of the life cycle is lived in various ways, depending on the particular context in which the people grow and mature – democratic or authoritarian societies, traditional or modern, agrarian or industrialised, lay or religious, among others.

More recent studies have incorporated dimensions from anthropology and other related disciplines, to show the existence of true youth *cultures*, which in some specific stages and contexts have taken on the form of *subcultures*, not questioning the dominant cultures, and in other cases were real *counter-cultures* presenting this questioning. These studies put the stress on problems of *youth identity* as the core axis for characterising youth as a social group. From this angle they have tried to show the existence of youth groups with common characteristics, beyond the differences that their members may have in terms of belonging to different social strata, increasingly influenced by the so-called mass culture and unified around such cultural phenomena as rock music, hip-hop, graffiti artists and similar audiovisual manifestations.

From another substantially different angle, some *more economicist approaches* have tried to show youth as a core component of human and social capital, as a strategic component of development. In this approach, youth form a social group more and better formed than the adults, thanks to their greater access to education and health, compared to previous youth generations, and so there is a particular emphasis on the worth of greater dynamics in the generational changeover, as a mechanism that will enable more power and space to be given to youth for them to contribute more decisively to the development of their societies.

These diverse contributions may even be complementary and enable studies to be made from a holistic perspective, avoiding the simplifications and commonplaces proper to the first essayistic stages, and incorporating empirical evidence instead of value judgments from various ideological positions, as has happened in recent decades in the region. It should be borne in mind that not all these perspectives are based on human rights, so that in some cases they fall into the trap of becoming instrumental proposals in relation to the new generations, even *functionalising* youth participation.

THE CONDITION OF YOUTH

One of the most significant axes related to the condition of youth is linked with the roles and functions of youth in society. There are at least four core elements in this definition: a) reaching the condition of adult as the main goal, b) emancipation and autonomy as the route to follow, c) building one's own identity as a core problem, and d) intergenerational relations as a core problematic framework in achieving these goals.

Achieving the *condition of adult* constitutes the main goal, so it is necessary to look at how this transition from childhood to adulthood impacts on the notion of youth. However much the condition of youth is prolonged, remaining more time in the educational system, postponing entry into the labour market and the establishment of new households, today's young will become adults. The condition of youth is, by definition, transitory, and is lost very rapidly with the passing of the years, but this does not mean that youth lacks specificity. Even though all stages of life are transitory, it should be stressed that the transience in this stage has greater importance than in any other life stage.

In this general context, *emancipation* becomes the axis of the route that young people must run between the dependence on parents and tutors proper to childhood, and the more or less full autonomy proper to the adult state. This journey has to confront various complex challenges linked to the process of changing roles and meanings, for building an identity, which undoubtedly constitutes a determining process in the condition of youth. As ECLAC studies declare, *on the one hand, the very nature of the transition supposes the existence of a continuous process of changing roles, and on the other, such changes imply the risk of beginning to weaken the identities constructed. In other words, individuals are subject to a particular tension: they must change, but at the same time keep on being the same. Otherwise, faced with the decisions that they must constantly make in their emancipation process, they may be dragged in any direction* (Filgueira 1998).

In this process, moreover, youth and adolescents start, increasingly and not without conflicts, to interact with the society in which they live, especially with other adult generations already integrated into the social dynamic, reluctant to ease the incorporation of younger generations, in a context in which, paradoxically, incorporation is the key to ensuring the biological and social reproduction process of society itself, dominated by adults. This perspective gives significant relevance to generational conflicts, in that these explain, in part, the tensions that are permanently seen in our societies. As seen in a set of studies on youth, *the constant tension between the adult world and the world of young people is a constitutive aspect of most of modern societies, even though, as might be expected, the characteristics of this conflict are given by particular structural conditions and cultural sedimentations*. This tension, moreover, is visible in many specific aspects. Thus, *the institutional logics that favour the adult world, the official guidelines for schooling that ignore the knowledge acquired by students in their everyday lives, the rationality proper to a market society, that sees young people only as potential consumers, clash – sometimes violently – with some types of new sensitivities, with the ways of relating, of knowing and experiencing the world, of building the future, proper to the vast majority of modern-day young people* (Cubides, Laberde and Valderrama, 1998).

The subject of generational conflicts has been analysed in

very varied contexts, and attempts have been made to dilute it through deep-rooted but erroneous interpretative approaches, such as that which holds that everyone is *progressive* in their youth and *conservative* as an adult, but the evidence clearly shows how the resources available in any society are distributed most unevenly between the different population groups, in favour of the adults incorporated in the active population, around whom nearly all the important social policies are arrayed, and in favour of the elderly through retirement and other pensions paid by society as a whole, to the detriment of children, adolescents and youths who face severe limitations to incorporate themselves into the society they live in, in terms of employment as well in access to their own homes and to basic health services, among others.

Studies made recently in the Colombian context (Universidad de los Andes 2004a and 2004b) are most eloquent about this, and open up new perspectives for analysing these dimensions, as they show how processes apparently quite distant from the youth dynamic, such as pension reforms, for example, can markedly harm the new generations, increasing their present contribution to the funding of the system, and providing retirement and other pensions in the future that are much more limited than those today.

Of course, this does not mean that older adults do not face problems, but it is true that all the studies on poverty available in the region show that this affects greater proportions of children and adolescents than of adults and the elderly (see, for example, ECLAC's *Social Panorama of Latin America 2004*). And this occurs both in contexts in which poverty has more limited dimensions (as in the UNDP Human Development Reports on Uruguay) as well as in contexts where its dimensions are huge, as in most of the Andean and Central American countries, as seen in their respective Human Development Reports and many other specific studies.

YOUTH SECTORS

There is therefore no one definition of adolescence and youth, but very different sectors of youth and adolescents, with specific characteristics that clearly differentiate them from each other. The subject is important for public policies in that it is not possible to conceive homogeneous and uniform policies for all of them, but rather ones adapted very precisely to their particularities. Although there are many adolescent and youth groupings, we could point out four of them.

Limiting ourselves to the 20th century, one of the main adolescent and youth groups, and the only socially recognised one up to the '70s is that made up of *university students*. To a large extent, they were traditionally the prototype of youth, and always fully met the core conditions for being recognised as such. For decades they were also the only ones to participate in the social and political scenario of our countries as actors, through student movements, but their essential characteristics have varied over time, keeping step with the massification and segmentation of our universities, and do not now enjoy those hegemonic recognitions. Nowadays, in fact, there are many, highly diverse groups of university students, and this can also be said of the student movements (plural and without capital letters), and no-one now refers to them in the singular and with capital letters as in the past.

At the same time, especially as from the '70s and '80s, our countries witnessed the social emergence of another youth, i.e., the *popular urban youth*, excluded from access to middle and higher education, living in the widespread and growing marginal areas of the main cities of the continent, and which, with methods that were totally different from those of their university peers, began to organize themselves in street-corner groups and even in youth gangs, and to exhibit their own identity processes, along with practices linked with various forms of violence, as an expression of their rejection of the integrated society that they were not part of. Their practically total exclusion from the formal labour market is the clearest expression of their social exclusion at all levels, and their *different* forms of organization are what have enabled them to give the sector greater *visibility* and *presence* in public spaces.

Rural youth and adolescents, for their part, after enjoying certain privileges granted in terms of priorities through public policies in the '40s and '50s, have steadily lost protagonism and visibility, alongside the growing processes of urbanisation and social modernisation, until they have become a minority and even marginal in numerical terms in most countries of the region. In addition, these young people have undergone strong transformation processes in their essential characteristics, under the growing influence of modern urban culture, and of the transformations of the rural societies themselves in which they live (production reconversion, technification, cultural transformations, etc.), despite which they maintain particular highly significant characteristics, such as those related with their creative and constructive impulse, their greater willingness faced with innovation and their higher educational levels than previous generations, all of which can mean a great contribution to the modernisation of the rural environment, in family, community and production planes. At this level, social stratification plays a fundamental role (it is not the same to be a rural youth for one who belongs to sectors of extreme poverty as for those who belong to sectors of extreme wealth) and the same is true of gender variables, in a context in which the condition of youth is notably different for men and women, in nearly all planes.

Lastly, another sector with its own clearly marked particularities, affected by intense processes of exclusion and reclusion (in the home, in the local community, etc.) but at the same time with a clear trend towards social integration in the past two or three decades, is that consisting of *adolescent and young women*. They are in fact

affected by a double social exclusion, of age and of gender, and even triple when they belong to impoverished popular sectors or to ethnic groups. Without its own identity, either in youth movements or in women's movements, and with the burden of highly conservative traditions about the household roles and a notable absence of power in society, this sector has managed to gain spaces for recognition, hand in hand with the growing incorporation of women in general (into education and to work in particular, even though still in subordinate and discriminatory posts), and with the accompaniment – in just a few cases – of public policies specially designed for this purpose, centred on the search for greater empowerment of women and on obtaining greater levels of equality in power and social recognition in relation to men. In the case studies carried out, especially in Brazil, this group, formed under the influence of the Brazilian feminist movement, can be seen as an important political actor within the field of human rights and especially of reproductive rights.

MAIN AGENTS OF YOUTH SOCIALISATION

Youth and adolescents are not isolated. They live and interact permanently with the society to which they belong, receiving a great variety of influences. Given the character of these influences, these have been traditionally been analysed from the logic of *adolescent and youth socialisation,* understanding as such the process of transmitting norms, values and customs from the adult society to the new generations, with the aim of ensuring the social and biological reproduction of the society. To carry out these processes, our societies have provided themselves with certain socialising *agents*, especially the family, the school, peer groups and the communications media.

Traditionally, the central agent of adolescent and youth socialisation was the *family*, which for a long period concentrated the functions linked even with basic education. However, with the passing of time and in the context of social modernisation processes seen in all our countries, formal education gradually took over these functions from the family, which, in turn, began to face deep processes of internal transformation, significantly relativising the long hegemony of the *nuclear* model, and developing in parallel many other models of *extended* family, more unstable in terms of permanence in time, and even *incomplete* from the point of view of the presence of all its traditional members, especially in the Southern Cone countries. Families have thus gradually lost relative importance in these matters in favour of the rising influence of other socialisation agents (the education system and the mass media, in particular), with which the socialising influences of the new generations became increasing complex, in a context in which there is no evidence to prove that some models of family are better than others. In reality, all show strengths and weaknesses, and societies today face the challenge of functioning in the framework of the coexistence of all of them, based on their

corresponding recognition, as shown in recent comparative studies (see, for example, Arriagada and Aranda 2004).

A similar process has occurred, in the families and education systems, with the emergence of the *mass communications media*, which in the course of a few decades have come to have a decisive influence in adolescent and youth socialisation, competing with the families within the household itself, and even with the (formal and informal) education systems, developing methods and instruments that are much more attractive to youth and adolescents and transmitting values and norms that are different and even contradict those coming out of the families and education systems. Television, in particular, has played a defining role in recent decades, transforming customs and even the identifying signs of the new generations, taking over and even mass-selling various youth expressions developed in small circles, and making them hegemonically dominant. The education systems, in particular, have not discovered up to now how to resolve this growing and defiant *competition*, and have not managed to incorporate this kind of media into their daily dynamic, as instruments useful for achieving their own ends.

So-called *peer groups* have always played a decisive role in adolescent and youth socialisation, and constitute one of the few genuinely youth agents, scarcely controlled by adults. For the same reason, it is difficult to identify a single sign of incidence among young generations, as the very constitution of adolescent and youth group is highly heterogeneous. In some cases, these groups have shown processes of taking a leading part in the political and social scenarios of their countries (as in the case of university students) within certain established rules, while in others this participation has taken the form of anti-system outbreaks (as in the case of young people of the urban popular stratum in various specific instances), while in other cases, they have shown processes marked by the transmission of values of solidarity (as in the case of youth movements linked to churches, for example). In many cases, even, peer groups have been increasingly influenced by mass media, blurring internal differences.

Lastly, even though many specific references have been made to this, it is important to point out one of the main lacks of the *school*, which has never been able to function adequately as an instance of youth socialisation, apart from the mere transmission of formal knowledge. This is probably the root of one of the main challenges to be faced in the future, as youth and adolescents pass a good part of their daily lives within educational establishments, making these spaces into key instances for youth socialisation, and a privileged place for training new generations in handling their multiple, complex interrelationships with the mass communications media. The school can likewise become a key instrument for developing new, better formulas for family behaviour, if it manages to design and implement new ways of relating with the students' families (which will also surely have positive impacts on learning itself).

Particularly, adolescent and youth participation in the dynamics of educational establishments is key to ensuring better results in learning terms, also ensuring – obviously – the exercise of a fundamental human right, in terms of building citizenship.

YOUNG PEOPLE AS SOCIAL AND POLITICAL ACTORS

Simultaneously, as well as receiving very varied influences from the society in which they live, young people try to affect social dynamics through very different strategies, aiming to become *social and political actors*, or showing various forms of expression and identity that they try to transmit to society as a whole. However, most of the specific forms that this youth desire for participation has taken throughout history have been transitory in nature, interspersing periods of great protagonism and public visibility with others of reclusion and invisibility. The topic has been rigorously analysed by various specialists and it seems that this is a structural phenomenon, independent of the youth generations involved or of the time and space focused on in this analysis. It seems to be all intimately related with the *transitory nature* of the condition of youth itself which, as has already been stressed, is very quickly lost as years go by. This has led some writers to maintain that, different from workers or women, who are fundamentally guided by the material dimensions of their existence, young people are fundamentally guided by the symbolic dimensions of their existence (Martínez, 1984).

Thus, while workers mobilise to call for improvements in their conditions of employment, and women organise themselves to defend their equality of rights and dealings in relation to men, young people mobilise for peace, democracy, the defence of human rights, ecology, and many other eminently just but non-specific causes, only indirectly related with the condition of youth itself. This marks a substantial difference since it is thus not to be expected that young people will be able to organise themselves in *corporative* terms, and this is a very strong limitation in the framework of societies that function corporatively at all levels, above all in terms of the design and implementation of public policies.

These arguments also make it possible to be more objective in analysing the controversial topic of the real or supposed *apathy* of youth about political participation in particular, in comparison with the supposedly great interest in these subjects of previous generations of young people (fundamentally in the '60s and '70s). Available evidence indicates that there really is a marked distancing between youth and adolescents on the one hand and the main public institutions (political parties, parliament, justice, police, etc.) on the other, but it also points to scant differences with the, also highly critical, perceptions of other population sectors, as shown in the surveys by Latinobarómetro, which would indicate that this is a problem related to these institutions and their specific dynamics in particular, and not of a problem linked to antidemocratic values. The Report on Democracy in Latin America from the UNDP shows this clearly (UNDP 2004) as do other similar reports, both those general in character as well as those focused on youth generations (Balardini 2000, for example).

In fact, everything seems to suggest that the real or supposed apathy of youth is related with *disenchantment* with institutions that work more and more clearly in the framework of certain *routines* where innovations are much more *boring* than they are *spectacular*, in contrast with the predominant youth mentalities that prefer to witness other dynamics, more decidedly linked with rapid and in depth changes in very varied spheres of social functioning itself. Thus, with the crisis of so-called real socialism, the end of the military dictatorships and the growing process of globalisation seen in recent decades, the possibilities of spectacular changes (in the style of those that young people like to promote) become more and more distant and unfeasible, which, together with the display of processes of corruption and other similar practices, harshly criticised by young people, make these institutions (riven by increasing fragilities) less attractive in the minds of youth. The truth is that, when young people see that they have real possibilities of affecting the direction of events, they participate with conviction, as happened with Colombian young people with the Constituent Assembly in the early '90s, or with young Paraguayans in the crisis of March 1999.

Probably this is why in recent times there has been an increasing development of the so-called youth tribes, as spaces where youth and adolescents feel more comfortable and at home among peers, in the midst of a social dynamic perceived by these young people as highly hostile (Mafessoli 1990). Despite the reflection on tribes having a markedly European tone (or proper to highly industrialised societies), it is useful for analysing some phenomena that also occur (though for different reasons) in Latin America and the Caribbean – such as the renewed rise of *street-corner groups*, the development of *hooligan group*s in football, the growth of the *maras* or juvenile gangs, etc. – in the midst of growing residential segregation, of the so-called legacy of peace (in allusion to the end of the armed conflicts in Central America) and even the increasing citizen insecurity, which more and more captures the attention of decision-makers and of public opinion in general.

From this point of view, tribes are above all *the result of innumerable tensions, contradictions and anxieties that burden contemporary youth,* and are thus seen as *a social and symbolic response in the face of the excessive rationality of modern life, the individualistic isolation to which great cities subject us, and to the coldness of an extremely competitive society. Youth and adolescents commonly find in tribes the possibility of discovering a new way of expressing themselves, of distancing themselves from unsatisfying normality, and, above all, an occasion to intensify their personal experience of living and find a*

gratifying core of affection. From many points of view, it is a matter of a kind of emotional shelter in opposition to contemporary urban exposure, which, paradoxically, drives them into the street (Costa, Pérez and Tropea, 1996).

The topic is as complex as it is important, given that it is basically a matter of youth participation in the society to which they belong, and this subject is surely the central key to adolescent and youth dynamics and so to the public policies themselves linked with the sector. To some extent, it could be said that just as the key word in child policies is *protection* and in women's policies the key word is *equality*, in youth policies the key word is *participation*. However, there are two equally dangerous tendencies in these matters that greatly hinder the possibility of expanding and deepening such participation: the dominant sectors' fears that this participation may *overflow* the *tolerable* limits, on the one hand, and the tendency to *idealise* this participation as the solution to all existing problems in society, on the other. In fact, it seems that participation should be conceived in a more limited and at the same time a more ambitious way, as one more – but admittedly very important – instrument of the necessary learning that young people must process in order to bring about their emancipation, bearing always in mind that this is a matter of a fundamental human right that must be respected at all levels of society.

CHALLENGES IN THE SOCIAL INTEGRATION OF YOUTH

The link between youth and society permits, even, a third approach strategy, related with the difficulties arising in the process of social integration that youth and adolescents try to go through as they move into assuming adult roles, and that public policies themselves aim to ease with a wide variety of initiatives. The subject can be dealt with from very different angles, but here it is important to stress four especially critical dimensions, related with the spheres of education, employment, health and housing, in terms of the access of young people to the services available in society.

In terms of *education*, known studies coincide in stressing the significant achievements in the region in terms of coverage (universalisation of primary teaching, substantial broadening of middle school teaching, and massification of higher teaching) together with the significant lacks still to be seen in nearly all our countries in terms of equity and the quality of the education given (scarce learning, disconnected from reality, school drop-out rates and grade retention, etc.). Studies by UNESCO and ECLAC (1992 and 2004) as well as those seen in the PREAL Programme (www.preal.cl) are very clear about this, as are also the studies by IESALC-UNESCO at the higher education level (www.iesalc.unesco.org.ve).

This combination is undoubtedly explosive – from the point of view of youth socialisation – as it enables young

people to have a good awareness of the opportunities and possibilities that exist in the society (a process clearly supported by the internationalisation of communications) but at the same time places them in an uncertain condition to effectively take advantage of these. The inevitable result is great frustration, which discourages young people and pushes them towards dropping out of school, at which point their own social insertion process is significantly weakened. Nonetheless, as some qualitative research points out, at least in some specific contexts, the school is still highly valued by young poor, and is seen as a kind of *frontier* between social exclusion and integration (Duschatzky 1999). This confirmation, added to the basic principle that access to education is a fundamental human right, obliges us to analyse these dynamics, particularly stressing the keys that explain successes and failures, to broaden and consolidate the access and permanence of young people in education, and their successful completion of it.

At the same time, this is very directly related with the subject of the *work insertion* of youth, in that one of the main difficulties that they face here is linked to a lack of training, which is in turn directly related with the crisis in technical education and professional formation. But there are many other worrying aspects of this subject, connected with young people's lack of experience (which puts them at a disadvantage compared with adults when competing for available jobs) and the high selectivity with which some young people (especially those who have higher levels of education) try to get a paid job that matches the training received in the educational system (Pineda 1999, Pieck 2000, Weller 2003, Tokman 2003, Schkolnik 2005).

If to all this is added the scant interest among the central actors in the production process (trades unions, business-people and governments) to incorporate young people into it, under the pressure of other particular priorities (the unions defend the interests of workers already incorporated, the business-people prefer to hire adults, better prepared and with more experience, and governments give priority to the insertion in employment of adult heads of households), we have a resulting process that is highly complicated for young generations. The truth, in any case, is that exclusion and/or precarious incorporation into the working world is another of the difficulties – perhaps the most serious for its consequences on many other planes – that youth and adolescents face in their attempt to become part of the society to which they belong, especially those who form part of households in a situation of poverty (Rodríguez 2004). The right to a decent job (in the perspective of the ILO) is another key factor in these dynamics, which reinforces the need to have available more relevant and timely responses in the future.

The other extremely worrying level is that connected with *health*, an area in which youth also face serious difficulties on various planes at the same time. Since youth and adolescents get ill less than children and older adults, public policies (overwhelmingly concentrated on attention to

diseases and not on care for health) usually significantly ignore the problems specific to this population group, which faces numerous vulnerabilities that should be attended in the area of the prevention and promotion of social conditions for a healthy life. Traffic accidents, sexually transmitted diseases, the consumption of legal and illegal drugs, and unwanted adolescent pregnancies are some of the main problems to be tackled, but only in some countries and in some specific spheres are there responses that match the size and complexity of the existing problems, from a comprehensive perspective, taking sexual and reproductive health as a core axis and seeking a suitable articulation between the various institutional interventions (PAHO 1995, Schutt-Aine and Maddaleno 2003) from approaches such as that taken here, i.e., health as a human right and not as a merchandise.

Lastly, directly related with the subject of emancipation and autonomisation stressed earlier, youth and adolescents face serious difficulties related with *access to their own housing*, when considering the possibility of constituting new households, independent of their respective family homes. This leads to the reinforcement of two types of most worrying behaviour by young men and women: on the one hand, the setting up of new households that are not independent of the parents' household (the new couple live with the parents of one of its members), and on the other, more and more clearly, the development of more transient partnerships, that break up and are reconstituted constantly on other bases, which gives the process an obvious short-term nature and gives great instability to affective relationships.

The increase in the number of divorces, together with the relative reduction in the number of marriages and the correlative rise in consensual unions, are an everyday occurrence in most of the countries of the region, and in some national cases, the new forms of relationship are already a majority compared to more traditional ones. All of this presents great challenges for future public policies that have to be formed on the basis of recognising the diversity of existing situations, and in the absence of successful and/or failed models, as highly conservative approaches have recently been trying to demonstrate, giving priority to the nuclear family and the traditional roles of its members, pushing backwards in a way that is inconceivable in practice, given the dynamic of modern societies and bearing in mind the progress achieved in these subjects, from the human rights point of view.

YOUTH AND PUBLIC POLICIES: APPROACHES, LIMITATIONS AND TENSIONS

This set of factors crucially conditions the development of adolescent- and youth-related public policies. The topic is currently the target of numerous, rigorous research projects in various specific national contexts, starting from approaches that increasingly try to nourish themselves on

the contributions of programmatic and institutional analysis applied to very diverse spheres of analysis, and some learning is arising from these analyses that is highly useful for processing the reformulation of these policies in the next decade.

One of the main problems identified is related with the limitations inherent to the disarticulated sector responses, predominant throughout the history of the 20th century in the domain of public youth policies. Lacking a comprehensive, articulated view, the responses have concentrated on particular aspects of adolescent and youth dynamics (education, employment, health, etc.), losing the necessary overall perspective, as we will see in detail later.

Thus, for several decades (between the 40s and the 60s, especially) the predominant approach focused its responses in the area of *education* and so-called *leisure*. To a good extent, the approach worked quite fluently in the context of dynamic economies and societies that had effective mechanisms for upward social mobility, but it benefited almost exclusively the youth and adolescents who were *integrated*, belonging to the middle and upper strata. Later, in the *lost decade* of the 80s, the limitations of that traditional model began to be seen, in the framework of economies in crisis and of societies that were crystallized in terms of upward social mobility. Growing concern then began to develop about the *excluded* youth, and *job training* and *employment* were identified as the main sphere of intervention for public policies. More recently, even, concern has grown about the link between youth and violence (Mc Alister 1998, Various Authors 2004) and in this context *citizen security* programmes have begun to be developed, with important components related to youth and adolescents (Arriagada and Godoy 1999, Carrión ed. 2002, Various Authors 2003).

At the same time, and with the same effect, evaluations have shown the limitations inherent in the supposedly *universal* approaches, that in fact only benefit youth and adolescents *integrated* into the middle and upper strata (those better prepared to take advantage of the services offered by universal public policies), and in the approaches excessively *centralised* in national governments, which have not made use of the huge existing potential on the local plane, where institutions and services can be much closer to the real problems and to those who need specific supports to process their social integration. More recent alternative responses have tried to *focalise* efforts on the adolescent and youth sectors facing the most difficulties and lacks, and on developing municipal policies with clearly *decentralised* approaches in terms of public management, in line with more general trends currently developing.

But perhaps where least emphasis has been placed, despite its importance, is on pointing out the many *tensions* that are generated between the public and private agencies themselves that are responsible for offering services and support to young people. Among the many that could be identified more exhaustively, two particularly important

ones should be pointed out: those that are generated between the *promotion approaches* and the approaches centred on the *social control* of youth (promoted respectively from institutions specialising in the social policy spheres and from Interior and Defence Ministries, fundamentally), and those generated between approaches that start from a basic *mistrust* in relation to youth (seen as *dangerous*) and those that promote the *manipulation* and *instrumentation* of youth for very varied *particularist* projects. In the face of both approaches, widely predominant in most countries of the region, some experiences have grown up that try to push for a more constructive and free participation of youth and adolescents, but these have had little effective impact. All of this, naturally, limits the effective development of youth policies, as we will see later.

Finally, *from an institutional point of view,* public youth policies have faced serious problems, fundamentally linked with the subject of the *guiding and coordinating* functions of the numerous *executive* bodies that exist in this sector. For decades, for example, it was not felt necessary to have institutions specialising in these areas, but as from the 70s some countries began to develop Youth Institutes and even Ministries, with the cases of Costa Rica, Mexico and Venezuela being the most noteworthy. During the 80s and 90s, these specialised institutions became generalised practically throughout the region. In practice, however, these specialised institutes and ministries did not manage to clearly define their roles and began to *compete* – in very unequal conditions, to be sure – with the big ministries (especially in the social area) in *executing* programmes directed towards youth and adolescents in education, employment, health and other related areas, without managing to achieve significant impacts and generating very serious *institutional conflicts*. A great confusion of roles has up to now hampered the performance of these specialised institutions: in some cases, vainly aiming to *represent* youth within the state apparatus (and vice versa) and in others, wanting to fulfil *superintendency* functions, placing themselves above public institutions with rooted traditions, without having either the *legitimacy* or the *power* and *resources* to be able to effectively exercise such functions.

Recently, attempts are being made to work together with the set of public and private actors involved in the design and implementation of public youth policies, on some roles that are functional to all, with these specialised institutions concentrating on fulfilling general articulation and animation functions, with services of knowledge generation, information distribution, training of technical staff and permanent monitoring of public policies, without operating in the area of the direct execution of programmes and projects, leaving this kind of functions in the hands of the large sector agencies and the municipalities, trying to decentralise operational management as much as possible (Rodríguez 2002, 2003 and 2004).

Time will tell if this kind of reformulation will enable more efficient and more relevant management, but in order to try to advance in this direction, attempts are being made at the same time to adapt some tools to the domain of adolescence and youth policies management which are also being tested in other spheres of social development, such as the creation and regulation of markets in some key spheres which up to recently have functioned as monopolies in almost all the countries of the region (such as work training, for example), the design of operating strategies that combine demand financing and supply financing in various ways in the sphere of some key services (in education and health, especially) and flexible organization projected to the results of the specialised institutions themselves (trying to introduce productivity based pay, horizontalising decision-making by means of an increase in collective responsibility in relation to the activities they perform, etc.). (Saveedof 1998, World Bank 1998, IDB 1999, CLAD-IDB 2000).

The evaluations available are not conclusive on these subjects, so there is not enough evidence available to decide if this is a relevant route that will lead to obtaining greater impacts in the future. The fact is, in any case, that debate on these topics has become exaggeratedly ideologised, which complicates these dynamics even more. On the one hand, sectors related with adjustment programmes and structural reforms in the different countries of the region insist on showing the evident limitations of the State in resolving key problems in these domains, but are accused – in many cases with solid foundations – of being exclusively interested in destroying the state apparatus. On the other hand, the political and social sectors that have opposed the so-called structural reforms defend – often without serious foundation – programmes, institutions and strategies that have clearly failed up to the present, without offering effective alternatives. So It would be highly advisable to avoid excessively ideological and political debates, and to try to collect scientific evidence to be able to show more rationally the advantages and disadvantages (both surely coexist) in order to define the future direction based on more solid consensuses about these subjects.

STRATEGIC AND METHODOLOGICAL APPROACHES

For the purposes of this study, four strategic and methodological approaches stand out as particularly important: the risk approach, the rights approach, the approach that sees young people as strategic actors of development and the approach based on building social capital and the empowerment of youth and adolescents.

To make a schematic characterisation of each of them, it could be said that, based largely on the economic and social indicators that clearly show the precarious structural situation in which the new generations grow and mature in the different countries of the region (the recent report by ECLAC and OIJ is very eloquent on the subject, but the phenomenon has been well-known for some time) many programmes and projects run in recent decades have been

established from an approach that takes youth as a *risk group.*

To some extent, this approach managed to show the limitations of the more traditional programmes and projects, that worked on the basis of postulates taking youth as a sector that had to be prepared for its insertion in the adult world and society as such, through universal measures, seeing this integration process as something practically natural and within the reach of all young people. As we have stressed, this model worked only in some historical periods and in relation to young people belonging to middle and higher strata, minorities from any point of view in all the countries of the region.

The alternative of the risk approach accepted the limitations of those traditional postulates and showed the existence of broad youth sectors that were excluded, living in highly precarious conditions and facing limitations that were incurable unless there were specific support measures in the integration process. The high rates of school drop-out (and even of non-entry), together with the high and persistent levels of youth unemployment and under-employment, associated in general with extremely precarious living conditions (family, housing, community, etc.) supported this approach unequivocally.

However, despite the advance that this obviously implied with respect to more traditional perspectives, the risk approach did not (and does not) make any reference to the citizenship of young people and to their inalienable rights as such. This led to many of these programmes remaining trapped in the development of initiatives intended to contribute through access to services, in general originating in excessively paternalistic criteria, that generate (and generate) rejection on the part of the beneficiaries and highly critical evaluations from society as a whole.

In the same line of reasoning, the risk approach did not (and does not) give priority to the development of initiatives that try to encourage the participation of young people in the social, economic, political and cultural dynamics of the different countries in which it has operated, and so it lacks relevant responses to one of the most keenly felt demands of youth and one of the core processes in building autonomy, as we have remarked. It has thus not given a response (and often has clearly hampered) the legal obligation (supported in broad social and political consensuses) to promote and strengthen youth participation, as a basic human right with a validity which has to be guaranteed, and as a substantial contribution to human development in general, as a significant tool to be incorporated. The fear predominant in a good proportion of adults (especially in the more conservative sectors) of youth outbursts, explains much of these dynamics.

In turn, accepting the limitations of the risk approach and supported to a great extent on the strategies set out in relation to children and adolescents since the approval of the International Convention on the Rights of the Child (in 1989), a new perspective began to be developed that looks on young people as *subjects of rights.* From this angle, without ignoring that young people face clearly acute risk situations (but considered from this approach as external vulnerabilities and not behaviours of those involved), young people are seen as citizens having, as such, rights that society and the State must support, aiming for these to have the widest and deepest effective validity at all levels. In other words, access to services should not be seen as a concession or a favour from the State to youth and adolescents, but as a right whose validity has to be guaranteed.

The change of paradigm is highly important, in that it enables the paternalistic and clientelist attitudes usually found in the risk approach to be confronted decisively and firmly, as well as the beneficiaries' submissive attitudes towards the State, not always assuming their own condition of subjects of rights and to some extent supporting – or at least tolerating – clientelist practices. In practice, it could be held that just as the risk approach grew above all out of the practice of various public agencies (especially the Secretariats and Ministries of the Social Area), the rights approach grew above all out of the dynamics driven by various specialist NGOs, supported by the running of proven experiments in the area of the defence of the children's rights.

Making the approach explicit in the name of the Declaration itself, it was mentioned again in referring to the Rights of Children and Adolescents, and, at the same time (during the past decade) the Universal Convention (signed by nearly all the countries in the world) became ratified in the approval of National Codes of Childhood and Adolescence, permeating all the public policies related with these particular dynamics. Various international agencies (UNICEF, UNFPA, PAHO and UNESCO, among others) collaborated decisively in these processes, and the evaluations that have been made have shown significant progress in several important fields, although there are still many subjects to be dealt with decisively in the future.

In any case, everything seems to show that this approach has its limitations, in that it promotes the participation of youth as another right, without making a rigorous reading of any contributions that young people can make to the society in which they belong, in the way in which this is presented by the approach that sees young people as strategic actors in development. To some extent, the excessively mechanical extrapolation of the approach developed with children in mind did not take due note of the clear differences between these and young people, one of which is clearly the strong emphasis placed on participation, conceived as a right and as a privileged tool for building identity and autonomy, as well as a tool with great potential for human development.

Thus, the various readings that have been collectively processed in the past decade, based on different experiences in very different local and national contexts, have opened the way to drawing up another approach, more specifically built from the youth promotion itself, with its core support

in the concept and practice of adolescent and youth participation in society.

From this perspective, youth and adolescents are above all *strategic actors of development* and subjects of rights, without ignoring the fact that some of them also live in conditions of vulnerability for health. Its aim is to stress any contribution that youth may make to society, not limiting the final meaning of public youth policies to access to material and symbolic services, as a privileged channel for improving the structural conditions of life of young people. From this point of view, public policies on adolescence and youth should articulate programme initiatives related with the improvement of living conditions, balanced with others concentrating on the empowerment of youth as a political group that exercises citizenship through its active participation in all spheres of society. The presupposition underlying this approach is that the former is not enough, even supposing that substantial progress is achieved in terms of improving conditions of life.

The Chilean experience since democracy was restored in 1990 could be analysed as a categorical example of perspective. After fifteen years in which the living conditions of young people have improved markedly, which is quite exceptional in the Latin American context, pictures are still being seen of acute alienation of youth with respect to the main democratic institutions of a society in which they do not feel effectively integrated. The most rigorous studies on the subject (Espinoza 2000, Parker 2000) show this clearly, and stress the need to work on the material and symbolic integration of the new generations.

The Comprehensive Youth Plans that have been designed recently try to make a more explicit and effective emphasis on both dimensions of this, i.e. on living conditions and on effective participation, taking as a core the approach that sees youth as strategic actors of development (for more detail see Rodríguez 2002a) with the cases of Mexico and El Salvador being the most remarkable (IMJ 2002, Secretaría de la Juventud 2004) and even though there is not yet sufficient evidence, some important impacts can already be seen, above all in the former, where it has been being applied for some time.

Basically, the approach aims to contribute to overcoming a paradoxical contradiction between discourses favourable to youth participation (made by almost all the actors) and the effective practices related to this, marked largely by great fears of possible youth outbursts. It is felt that this contradiction is based on the absence of recognised, institutional mechanisms for exercising youth citizenship, on the part of all the actors involved. For this reason, the development is proposed of programmes promoting the youth participation in the building, implementation and evaluation of public policies, such as the fight against poverty, illiteracy campaigns, among others, constructed on the basis of the exercise of youth citizenship through easy and open dialogues between adults and young people.

One of the ways in which it is tried to put this approach

into effect, is that related with the design and implementation of mass youth volunteer programmes, renewed in comparison with the more traditional ones, of course. In the past, these programmes were, undoubtedly, greatly distorted, becoming cheap labour for various initiatives, or serving all kinds of private ends in social as well as political terms, but there is nothing to say that such deviations are inevitable.

Faced with such arguments, which led many social and political actors to strongly criticise this kind of initiatives because of their purely instrumental profile, attempts have lately been made to build alternatives that try to recover modalities that could be very important in various senses, as happens with the university extension programmes or the civil service programmes as alternatives to obligatory military service in such different countries as Brazil, Chile, Colombia, Guatemala, Mexico, Peru and Venezuela, where young people are active protagonists of illiteracy campaigns, the eradication of marginal housing, primary health care services and many other such programmes, contributing to their respective societies and consolidating personal and group experiences of great importance for their own personal and social maturing processes.

Finally, it is important to mention two additional approaches, which are inter-related beyond their specific details and substantial differences, and also with those that we have just described. These are related to the *construction of social capital* and with the *empowerment* of youth and adolescents.

There is certainly a broad literature on social capital in general, but there are few studies that really focus on the subject in the light of the youth dynamic. Among these are those provided by ECLAC (Arriagada and Miranda 2003) and by the Chilean NGO CIDPA (Dávila 2004) which distinguish individual social capital, and especially the proactive capacity of young people for tackling the multiple challenges of their personal and social development, and collective social capital, i.e. the social supports that young people have for realising their life project.

The first of these dimensions includes a wide range of variables such as risk management, perception of self-effectiveness, pro-social behaviour, empowerment, management of links and social support, creativity, like the second that includes local and/or community institutional development, social and community links, family environment, and public services. These are dimensions that must be constructed collectively. The importance of these approaches is based on the type of individual and collective attributes, in terms of the construction of youth life projects.

In this framework, promotion activities have been implemented that try to collaborate with the building of the social capital of youth, assuming that this collaborates with the improvement of their living conditions and with building a sense of belonging among young people in relation to the societies in which they live their daily lives. One key

piece in this regard has been the development of empowerment activities, i.e., activities that can give adolescents and young people the tools they need to negotiate with the decision-makers, both at macro and at micro levels, and to build quotas of their own power, essential for processing their autonomous integration into the society to which they belong.

From this point of view, various public policies and even specific programme initiatives could be evaluated, judging to what extent they collaborate in building youth social capital and/or foster the empowerment of youth. We would probably find that most of them have not been built based on this logic. We would certainly also find limitations in the easy functioning of this paradigm, given the conditions of the collective behaviour of youth and adolescents (symbolic dimensions *versus* material dimensions).

PUBLIC YOUTH POLICIES AND REPRODUCTIVE RIGHTS

The reproductive rights of youth and adolescents, which were always within the orbit of human rights, and were ratified in the Conferences of Cairo and Beijing in 1994 and 1995, enable public policies to be guided in a way that is totally different from more traditional ways.

The Programme of Action of the International Conference on Population and Development (Cairo 1994) and the Platform of the International Conference on Women (Beijing 1995) reaffirmed that reproductive rights are an inalienable, integral and indivisible part of universal human rights. These rights are based on the principles of human dignity and equality postulated in all the legal instruments universally approved on these matters, including the International Convention on the Rights of the Child (approved in the United Nations in 1989) and the Convention on the Elimination of All Kinds of Discrimination Against Women (CEDAW), among others.

Sexual and reproductive health has been defined as a state of physical, mental and social well-being and not only as the absence of diseases or disorders in all aspects related to the reproductive system, its functions and processes, according to the definitions of the WHO and the Cairo Conference. It is also the capacity to enjoy a happy and safe sex life, with the freedom to decide whether or not to have sexual relations, when and with what frequency. Human sexual and reproductive rights, in turn, include the right of persons to have control and to decide freely and responsibly about their sexuality, including their sexual and reproductive health, without being subject to coercion, discrimination and/or violence. Within this framework there are key topics such as the right to know, explore and

find pleasure in one's own body; the right to decide whether or not to have sexual relations; the right to exercise sexuality fully, independently of civil status, age, sexual orientation, ethnic origin, or disabilities; the right to intimacy, privacy and the free expression of feelings; the right to exercise one's sexuality independently of reproduction; the right to live one's sexuality in a pleasurable way, free of prejudice, guilt and violence; the right to control fertility through one's own body or that of one's partner; the right to comprehensive sex education, with clear and timely information, free of prejudice; and the right to comprehensive specialised sexual health care services for youth and adolescents. Reproductive rights include quality health care, suitable information, access to family planning, free decisions about procreation, the prevention and treatment of infertility, and prevention and treatment of sexually transmitted diseases.

To speak of *reproductive rights* also implies other rights already recognised in international human rights documents, such as the right to participate by voice and vote in the creation of sexual and reproductive health programmes and policies; the right of access to quality, reliable, gender-sensitive health care services; the right to obtain information and have access to safe, free, effective, accessible and acceptable contraceptive methods; the right to lay sex education, based on clear, timely, unprejudiced information; the right to choose freely whether or not to have sexual relations, without coercion or violence; the right to the free choice of motherhood and/or fatherhood; the right to decide when and how many children to have, either naturally, by adoption or by means of technologies; the right not to be discriminated against either in work or in educational institutions for being pregnant or for having children, or for civil status or sexual orientation; and the right not to be discriminated against for reasons of religion, politics, race or sexual orientation.

Public policies on adolescence and youth should legitimate the human rights of youth, including their rights to sexual and reproductive health and reproductive rights. Efforts made by government and civil society agencies to guarantee the exercise of these rights not only foster the building of citizenship but also open up the way for youth and adolescents as political actors within a participatory democracy. In brief, promoting reproductive rights for youth and adolescents, in the framework of human rights, is a strategy for ensuring the governability and social development of countries with democratic models, since it involves promoting their active participation, their autonomy in decision-making, the integrity of the body, the recognition of diversity and committed action in favour of equity and social inclusion.

National Youth Diagnoses and Reproductive Rights

Research on youth in Latin America made an important leap forward during the '80s, driven to a great extent by the preparation for and celebration of International Youth Year in 1985, in the framework of the recovery of democracy taking place in a good part of South America and of the peace processes in much of Central America. The studies made by ECLAC, in particular, were a significant point of reference in these matters (see Various Authors 1986) and the forming of the Latin American Network of Youth Researchers, promoted in those years by CELAJU, was another tool that helped significantly in bringing about this quantitative and qualitative leap.

The assessments made (Rodríguez 1996) show that general and specific youth-focused studies began to multiply and at the same time improve in rigour and academic quality, moving resolutely out of the previous testing stage and definitively into the stage of research itself, supported by modern methodological tools and more systematic and relevant theoretical constructions. A study made by the IDB (Rodríguez 1995) showed that the number of countries where studies of this kind were recorded multiplied during the decade, and that the topics considered also diversified noticeably, with the range of work perspectives also broadening and varying, and with the increasing inclusion of sociologists, psychologists, anthropologists, political scientists, economists, social workers and other similar disciplines.

It is not the task of the present report to spend time on a systematic analysis of these processes, but it is important to give a brief sketch of them, to be able to situate within this framework our concerns which are more specifically focused on the place occupied by the reproductive rights of youth within this kind of analytical processes.

For this reason, we have reviewed the diagnoses made in the past ten to fifteen years, concentrating especially on the national youth surveys made in the different countries. When relevant, references have been added to other situational diagnoses, but always from the perspective of general studies on youth, avoiding specific consideration of the studies focusing directly on the topics we are dealing with, a sphere in which there are, moreover, states of the art and systematisations that enable such perspectives to be incorporated into our analysis (Camacho Hubner, 2000). Neither do we spend time analysing the demographic and health surveys made in various national contexts, given our slant on these subjects in the context of this particular report.

ARGENTINA 1992 AND 1998

Although there are some surveys limited to the City of Buenos Aires (such as that made by FLACSO), the two most comprehensive surveys, including both the City and Greater Buenos Aires, including one third of all the population of the country, are those made by a private public opinion polling company (Demoscopia), funded by Deutsche Bank and published by Editorial Planeta (Deutsche Bank 1993 and 1999). This is certainly one of the more atypical cases in the region, since in most of the countries these studies have been promoted by specialised government institutions (not in this case) and funded with local resources or from international agencies (UNFPA in several of the cases we are outlining here).

The 1998 survey, just like that made in 1992, was based on a pre-structured questionnaire with closed and open questions derived from previous work with motivational groups. The sample included 1001 young people from 14 to 24 years of age, and 1008 adults of 25 years or more, which made it possible to compare the opinions of young people and adults (completely novel in this kind of studies). It was applied in the Federal Capital and Greater Buenos Aires, and was structured in quotas by sex, age, occupation and economically active or passive status (following the categories of INDEC, the National Institute for Statistics and Censuses). The field work was done in October 1998, and the margin of error ranged between 1.9% and 3.2%, depending on the percentage surveyed based on the total segments of youth and adults (Deutsche Bank 1999).

The Results Report is structured around thirteen thematic axes: personal characteristics, family environment, friends, drug consumption, leisure, relationship with the communications media, education, insertion in employment, relationships between youth and society, violence and discrimination, political attitudes and orientations, future projections, and national identity and homeland. The report includes the questionnaire and all the statistical tables generated, apart from those actually used to write up the results report. In most of the cases, the analysis makes two kinds of important comparisons: between young people and adults and between one survey and another, pointing out changes and factors that remain constant over the time between 1992 and 1998.

In this report, the topics of sexual and reproductive health receive specific treatment, and in most of the items that we are trying to compare there is not even any

information collected by specific questions. Scarcely a single part of the chapter related to the family environment deals with the topic of partner relationships in terms of a family project. The subject, in any case, has its own importance in that, after being happy, forming a family is in second place for 71% of the interviewees as one of their most important life projects.

According to the results report, not all are convinced that, for a marriage to be happy, there must be children. 25% think this, 21% answer that it "depends", and 23% think that marital happiness can exist even if there are no children, which means they do not rule it out (...) Among adults, the group that includes children as part of the substance of marriage reaches 33% but, in general, young people and adults do not differ in their points of view (idem).

Not all are convinced that marriage is decision for life. 55% think so, 32% respond "not necessarily" and the other 13% have not yet thought about the subject. The difference is more marked among adults. For almost two thirds of them, the wish to marry means a lifelong decision and 28% take it as something relative.

The study does not confirm on this topic, either, the arrival of new times in which the concept of the couple is dissolving together with the traditional family model. The trend rather points to a revalidation of the traditional concept. The number of young people who see marriage as an institution with firm bonds between those constituting it increased between 1992 and 1998 from 47% to the already mentioned 55%. The hypothesis that it is the women, much more than the men, who hold that marriage is a decision for life, is only partly correct. 58% of the women think in this way, but so too do 53% of the men. In almost the same proportions, 33% of the women relativise the significance of this criterion about marriage, as do 31% of the men. The main difference between the two groups is that women have a more strongly formed opinion about this, either for or against ("Don't know" 9.6%), while many men have not yet asked themselves the question ("Don't know" 17%).

The older they are, the fewer are the young people without a formed opinion. Reflection processes come into action that foster the concept of marriage as a lifelong decision. Among young people from 14 to 17 years of age, 54% are in this group; among those of 21 to 24 years of age, 60%. Young people who have graduated from or are obtaining a university degree show themselves less "liberal" than is usually supposed. 61% define marriage as a decision that is permanent in character, a significantly larger group than comparable groups in other levels of education. Religious links still have a marked influence in this issue. Those who go regularly to their churches understand marriage, much above the average, as a lifelong decision (82%). Those who think otherwise are a bare 8.6%. However, as we said before, only one in ten young people have frequent contacts with their church.

The characteristics attributed to marriage are expressed, partly, in the different positions taken in relation to

fidelity/infidelity. 64% of young people do not tolerate someone having sexual relations with another person apart from the partner they are living with. Even though 18% answer "it depends", only 12% of them think that it should be accepted. In 1992 as well, 64% characterised fidelity as a basic requirement for living together. On this issue, young people reach the same conclusions as adults, in almost identical proportions. If marrying is a decision for all one's life, doubts arise among young people in the case of someone married who meets a person and discovers that, in general, they get on much better with them than with their spouse (....). Only 29% consider that, even in this situation, it would not be correct to dissolve the marriage, while 30% think the opposite, and 31% respond that it depends on the case. Among adults, 42% prefer to maintain the marriage.

BOLIVIA 1997 AND 2003

Although there are important precedents on this subject (Cajías 1995, among others), in the case of Bolivia we want to deal with the two national youth surveys made in 1997 and in 2003, since it is these that offer the most systematic and up-to-date overall view of the subjects that concern us.

The 2003 Survey of Youth in Bolivia, made in the framework of the National Reproductive Health Project (PSRN-GTZ), filled an obvious vacuum in these domains. The fieldwork was done between April and June 2003, with the aim of generating information for measuring the development, knowledge, practices, aspirations, perceptions, etc., of youth and adolescents, as a basis for proposing and/or modifying policies and programmes in their favour, mainly those related to health promotion, and to provide date for social research (Vice-ministry of Youth, Childhood and Senior Citizens, 2003).

In geographical terms, the Survey was carried out in eleven municipalities: the cities of Santa Cruz de la Sierra, La Paz, El Alto, Cochabamba, Oruro and Sucre, the urban area of the municipality of Colcapirhua and the populated centre and the concentrated and scattered localities of the municipalities of Warnes, Punata, Challapata and Padilla. The population was the adolescent and youth population from 10 to 24 years of age, living in private housing in these municipalities, broken down into pre-adolescents (10 to 12 years), adolescents (13 to 18 years) and young people (19 to 24 years). The sample size was 3,921 interviews, made to 1,961 women and 1,969 men, 933 preadolescents, 1,628 adolescents and 1,360 young people (idem).

In conceptual terms, the Survey was based on the adolescent and youth health promotion model proposed by researchers from the WHO and the George Washington University (Rodríguez-García y Chandra, 1999), with an intersectorial and multi-disciplinary approach to health and human development, claiming that any separation of the goals of social and economic development and those of health and well-being hinders the progress of human development. This linkage asserts that human development

is the goal, and that activities in the areas of health and economics are the means to development in national and local contexts (Rodríguez-García, Macinko and Waters, 1996).

The basic idea of this model is that adolescents and young people are directly influenced by their families, and they and their families indirectly by their context, and so, if we want to improve the health conditions of adolescents and young people, a strategy must be applied that links health and development through promotional and social strategies and not exclusively through a purely medical strategy.

There are four core areas in this approach on which to focus attention, both in terms of diagnosis as well as in terms of policy design and implementation: education and skills development, employment and income generation, social and political participation, and the health and well-being of adolescents and young people. For this reason, the information collected through the survey is presented, ordered in function of these four areas, preceded by a more general one including demographic characteristics.

The chapter on health and well-being is quite extensive, compared with other known surveys in the region, and is ordered around the following thematic axes: (i) attention required and attention received in health centres; (ii) sexual relations before marriage; (iii) sexual initiation; (iv) reason for using a family planning or protection method; (v) relations between the parents of adolescents and young people; (vi) physical violence in the home against adolescents and young people; (vii) first sexual relationship without consent (rape); (viii) drugs and tobacco; (ix) principal problems facing young people; and (x) sports and cultural activities realised by young people.

The longest chapter in this section is devoted to topics of sexual and reproductive health. The interviewees are seen to be split about prematrimonial relations: the women reject them more than the men, saying in more than 50% of the cases that they have not yet had sexual relations, with the figures reaching 80% in the case of adolescents, and they are also higher among women, with the time of the first sexual relation recorded around the ages of 18 to 20. More than two thirds never used a method of contraception or protection (77% in the case of women and 59% in that of men) and 57% declare that they would use them to avoid pregnancy (barely 38% would use them to prevent STIs and/or HIV-AIDS), which clearly shows possible spheres of intervention by public policies.

In terms of correlating variables, the survey offers an opening up of information only in relation to ages, sex, residence by municipality and level of education of the father, mother or the person who brought up the informant (as a proxy for social stratification), and the published Report (Vice-ministry of Youth, Childhood and Senior Citizens, 2003) comments only very generally on the information produced in the survey, so that the analysis of all this data is still in process. In any case, we are being given very general snapshots that require more systematic

efforts to open them up and interpret them, which are not available at the time of writing this paper.

A similar task carried out in 1997 with the support of UNFPA enabled a more detailed analysis of some of the subjects included in the survey we are commenting on (Baldivia 1997 a and b) but based on a more limited survey in terms of coverage. It was applied to 1,774 young people of between 10 and 24 years of age in the cities of La Paz, El Alto, Cochabamba and Santa Cruz. A complementary diagnosis made later in the same year was able to overcome this territorial limitation, with an additional survey in intermediate cities (Sucre, Tarija, Potosí, Oruro, Trinidad and Cobija).

Added to this, the reports produced at that time in the framework of action by the Sub-secretariat of Generational Affairs, Ministry of Human Development, enabled more general but clearly representative census data from household surveys with some items related with health and from demography and health surveys (that only interview women) with the data specifically collected in the framework of the first National Youth Survey in its two successive phases (Baldivia 1997 a and b). The result as a whole made it possible to have a quite systematic first overview of the state of young people.

In that first survey (1997) the information analysed and interpreted was ordered into five overall chapters, quite similar to those of the second survey (2003): (i) demographic aspects, (ii) labour aspects, (iii) educational aspects, (iv) health and reproductive behaviour aspects, and (v) the environment of the young people. In general terms, the two samples show that in the intermediate cities there was a greater proportion of under 12s than in the large cities, and also that there was a lower proportion of adolescents and young people (13 to 24 years of age) and of over 25s, which may be an expression of the migratory phenomenon that is emptying adolescents and young people from all the contexts outside the main cities (Baldivia 1997 b) which are always more attractive.

In this framework, the topics related to sexual and reproductive health are dealt with specifically and significantly, situated on the same footing as matters related with education and work (traditionally given priority in this kind of studies in the different countries of the region). The intermediate cities thus showed higher fertility rates than the large cities, and at the same time showed a world too segregated between the sexes, in which – especially among the boys – it was considered unsuitable to say what one really thought about people of the opposite sex or one said generalities without committing oneself (idem).

On the other hand, the researchers stressed that most of those interviewed claimed to have received some kind of sexual guidance, mainly at school, a remarkable phenomenon since there is no official education programme for sexuality in the educational facilities in the country (...). It is likely that the interviewees have interpreted as sexual guidance any talk given in school but without any

systemization, as it is clear, as shown in answers to other more specific questions, that in general they lack clear sexual guidance.

The differences between those living in contexts of different sizes show up permanently in the reports: on all topics, those least informed are those living in populations of between 2,000 and 10,000 inhabitants, even more so than the rural residents, who probably lack systematic information but have a quite unprejudiced and natural perception of sexuality.

In any case, among the more isolated young people, clearly more conservative views tend to predominate: the sexist view of adolescents and young people shows up when dealing with topics such as the maintenance of the home and bringing up children, when most of them give men and women traditional roles, more noticeably in the intermediate cities than in the central cities. Even most of those belonging to the higher strata hold these ideas (although) the idea that the upbringing of children is the sole responsibility of the woman is more relative (idem).

In this panorama, then, it is clearly seen that the sexual and reproductive health programmes are facing firmly rooted traditional concepts and approaches that are very difficult to modify, and that require comprehensive, long-term responses, effectively influencing the cultural dimensions of these particular dynamics.

BRAZIL 1999 AND 2003

Undoubtedly, Brazil is one of the countries in which most work has been done in the matter of adolescent health and in other related fields such as child labour and childhood in a state of risk, to the extent that it has become a point of reference with many of the innovations generated within its borders being imitated in many other countries of the region. There is abundant bibliography about this (see, for example, CNPD 1998) which shows that the Comprehensive Adolescent Health Plans have been pioneers in the region.

But what is remarkable is that all this fruitful process has, for decades, focused on childhood and adolescence, in the framework of the Statute of Childhood and Adolescence, but it has clearly ignored until very recently young people over 18 years of age. It is clearly no coincidence that the First Report on Youth Development was published in 2003 and that the first systematic survey with broad coverage, although still limited given the continental dimensions of the country, was also made only the year before last.

The reasons for this seem to come out of demography as various writers say that Brazil is no longer a country of children and young people and has become a country of young people and adults, since the huge numbers of children who led Brazilian demographics for a good part of the 20th century are no longer being born, and there are not yet significant contingents of older adults, who will be the protagonists of demographics towards the middle of this century. This is thus a typical example of the Latin American

countries and of the developing world as a whole, currently facing the presence of the largest youth generation in its history, during the first two decades of the 21st century (CNPD 1998, Various Authors 2002e).

The more specific analysis of the two tools mentioned earlier must be situated in this context, focusing especially on the topics of sexual and reproductive health, the main objective of this report.

The Youth Development Index (YDI), created by a team from the UNESCO office in Brazil (Waiselfiz coord. 2003), is clearly a highly important pioneering effort, which will surely be replicated in many other national contexts in the region. It was constructed in the framework of the UNDP efforts related with the Human Development Index (HDI) which has had gender expressions (the GDI and the GPI) but has not had openings by age, a gap which – to a great extent – is being filled by this significant technical advance. It is a simple, but very powerful, index, constructed on three basic components: education, health and income. The YDI is thus built around three dimensions of human development, knowledge, a long and healthy life, and a dignified standard of living; and it is measured around six indicators: illiteracy from ages 15 to 24, sufficient schooling and quality of teaching (in education), mortality for internal reasons and mortality for violent reasons (in health), and per capita family income (in income). All of these are indicators that are available in existing records, and that can be opened up in territorial terms (States and Municipalities) without great difficulty.

The 2003 Report in this way constructed a scale on which the 27 Brazilian States are ordered correlatively in terms of their respective YDI, showing that the State with the highest youth development is Santa Catarina and that with the lowest is Alagoas. The same scale is also constructed in each one of its components (education, health, income) and in each of the six YDI indicators mentioned, establishing the ranking of the States in each particular case. Applying the YDI to the statistics that are regularly collected at federal level, at different moments in time, both retrospectively and prospectively, will enable us to have a dynamic image on the subject, and observe the changes in process in general and in particular, which will also make it possible to guide public policies on these matters more and better.

In its health component, the YDI is constructed on the basis of the two indicators mentioned, explicitly discarding other significant indicators related with the dynamics of sexual and reproductive health, such as adolescent pregnancy. The report mentions here that youth pregnancy (between 15 and 20 years of age) will not be counted in calculating the YDI, as it does not necessarily represent an indicator of exclusion. One limitation in this sense may be the concept of premature pregnancy and the relativism that this points to. There are, both between societies as well as within the society itself, cultural aspects (dominant and minority), lifestyles and income levels that are involved in this definition, with differentiated implications of

pregnancy in the life of younger women in such cultures, subcultures or social classes. It is necessary, therefore, to be alert to the risk of an ethnocentric or normative approach (Waiselfisz 2003).

The subject, in itself complex and controversial, shows that the dynamics related with adolescent and youth sexual and reproductive health does not have relevant indicators that can be incorporated in the construction of this type of indices, at least from the perspective of the technical team that worked on this particular case. In this framework, the indicators related to external and internal causes of death are: homicides, traffic accidents and suicides (external causes) and the mortality registered from damage to health caused by some kind of disease or disorder.

Substantively, the Report shows that the external causes show an index of 48 per 100,000 inhabitants, while the index of internal causes is 40 per 100,000 inhabitants (year 2000 figures), very unevenly distributed in territorial terms, with great concentration in the first case in large cities and in the latter in the areas of greater poverty and exclusion.

In any case, the Report shows that in relation to adolescent motherhood, Brazil is in step with the trends in Latin America, with high indices of premature motherhood, with a rate of 7.7% of mothers in the 11 to 19 age group, which breaks down into levels of 0.3% of women between 11 and 14, 7.2% in those who are between 15 and 17 and of 22.4% among those 18 and 19 years old (idem), with a territorial distribution focusing most of the cases in the poorest zones of the country, especially in the North-east, and among adolescents that have relatively lower educational levels.

The Youth Survey 2003, carried out in the framework of the Brazilian Youth Profile Research, as part of the processes started by the Citizenship Institute (Instituto Cidadanía) with the so-called Projeto Juventude, provides significant elements which it is important to see schematically, given the coverage of the study (3,501 cases distributed in 198 municipalities) and the broad range of topics analysed in this framework.

In 1999 a similar survey had been made, but with substantially less coverage, in which the results reports include various comparisons over time that help in identifying the changes processed between 1999 and 2003.

The survey was made among young people of both sexes from 15 to 24 years of age from urban and rural areas in the whole country. The fieldwork was done during the months of November and December 2003, and the first results were made known in April 2004, coinciding with the presentation of the results of the Youth Project to the President of the Republic. The objective of the survey was as a tool in the analyses and projects carried out by all kinds of institutions and agents that are directly or indirectly involved with this target public (Instituto Cidadanía, 2004a).

The information, collected through personal, face-to-face interviews, was organised around six thematic axes: (i) being young (the good and the bad, interests and concerns), (ii) forming associations, culture and pleasure, (iii) the place of

the school, (iv) the world of work, (v) youth and entrepreneurialism, and (vi) habits about communications media. Health topics are missing in the survey, and appear only laterally, with a scant proportion of young people mentioning them as topics of interest or concern.

Among topics of interest to youth, the survey shows a clear preference for subjects of education and work, to which are added some others related with culture, recreation and sports. Other matters appear on a secondary plane, distant from these subjects, associated with love relationships, family and health, while topics about drugs, politics and sexuality appear in a third category. Topics such as religion, friendship and the economy feature with very few effective references, at the end of the table.

Among topics that concern youth, the subjects of security and employment, followed closely by the topic of drugs, have a clear priority. In second place, there are such topics as education, health, economic crises and poverty, while in a third group, even more distant from the first, are such subjects as personal affairs and social issues. Topics such as politics, friendship, the environment and sexuality are found at the end of the table, with very few mentions.

In the conclusions, the results report stresses that the subject of employment occupies a predominant place among the interests and concerns of young people, with consequences arising in terms of public policies that propose giving priority to these topics.

COLOMBIA 2000

Public youth policies in Colombia have a long tradition and roots, at least in comparison with the cases of many other countries in Latin America, but the same is not true of studies and research, which have effectively developed more recently, and even less of carrying out specific surveys. Our searches have identified a single National Youth Survey, made in the year 2000 by a private public opinion polling company, at the request of the presidential programme Colombia Youth (Colombia Joven).

According to the results report provided by Invamer S.R. (Programa Presidencial Colombia Joven 2000), the objective of the Survey was to find out the opinions, expectations and attitudes of young Colombians about their own lives and their country, in order to guide state policies and plans about youth. The survey universe was made up of all the men and women from 12 to 26 years of age in the urban areas of the municipalities of Colombia, and the sample consisted of 1,020 interviews in households, with a margin of error of +/- 3 %, with a 95 % confidence level. The report says the data collection for the fieldwork was done between May 26th and June 7th 2000.

The report we are summarising organised the information collected around six basic thematic axes: (i) being young; (ii) family; (iii) sexuality; (iv) education and work; (v) consumption of psychoactive substances; and (vi) citizenship. For this paper, it is important to note the main

findings of the chapter about sexuality (a sphere in which there are very complete and rigorous surveys, such as Mejía and Cortés 2000, which we are not considering here) that includes questions about relationships, sexual relations, use of contraceptives, information about sexuality, acceptance of different sexual behaviours, and attitudes and opinions on related aspects.

Firstly, the survey asked about the kind of affective relationship that the young people were involved in, finding that 43% had a stable relationship, 15% a casual relationship, and 41% had, at the moment of the survey, no special affective relationship. The interviewees gave a clear priority to communication when asked to identify the success factors in the functioning of a relationship, together with fidelity and sharing tasks in the home, factors related with daily living together. Comments about sufficient income and having the same social level, i.e., factors external to the dynamics of the couple, were more relative.

Secondly, the survey asked about the information about sexuality that the interviewees had received throughout their lives, distinguishing its sources and evaluating its quality in each case. The responses show that most of the information received, and the most valued, came from books, leaflets and articles, followed by that provided by parents, school, doctors, boy- or girl-friend and friends. In contrast, the responses showed few mentions and no very good evaluation of information received from priests, television and films. In general, the group of responses show few valuations of "very good", and focus on the first mentions with the option of "good".

Thirdly, the survey asked about maintaining sexual relations, confirming that the respective proportions increased in correlation with age: 9% of young people from 12 to 14 years had had sexual relations, a percentage that increased to 42% among those of 15 to 17 years, to 74% among those from 18 to 20, 88% among those from 21 to 23, and 95% among young people from 24 to 26 years of age. Out of all the young people interviewed, 40% considered that young people had their first sexual relationship between 14 and 15 years of age, and another 30% felt that this happened between ages 12 and 13.

When questioned with whom they had had their first sexual relationship, 35% of the interviewees declared it was with their boy- or girlfriend, 7% with their spouse, 14% with friends, 1% with relatives or family members, another 1% with sexual workers, and an equally low figure with strangers or new acquaintances. The other 40% stated that they had not yet had sexual relations. In terms of motivation, 57% said it was desire, 30% curiosity, 6% pressure from the partner, 1% pressure from friends and another 1% imposition of the parents.

Another of the questions focused on the use of contraceptives. In this case, two thirds declared that they used them, and a third did not. Use grew in correlation with age, at 39% at 12 –14 years of age, 55% at 15 –17 years, 61% between 18 and 20, 71% between 21 and 23, and 72% among those between 24 and 26. Use was more general among young people belonging to the higher strata of the social scale (71%) decreasing slightly in the other strata (68% in the middle strata and 63% in the lower strata).

Asked about which problems most concerned young people in these matters, 87% of those interviewed stated that they were very worried about HIV-AIDS, to a clearly greater extent than the concerns related with pregnancy (59%), prostitution (50%) and the STIs (43%).

One particularly important chapter is concerned with the degree of acceptance of certain different sexual behaviours. The responses show that 41% accept homosexuality (as against 56% who do not accept it), 35% accept masturbation (57% do not accept it) and 22% accept transvestism [*generally seen as male cross-dressing homosexual prostitution: Translator's note*] (against 61% who do not accept it). At the same time, only 10% accept transsexualism (against 55% who reject it and 34% don't know/don't answer), a bare 6% accept sadomasochism (against 65% who reject it and 29% don't know/don't answer), 5% accept voyeurism (47% reject it and 49% don't know/don't answer), 3% accept paedophilia (40% reject it and 56% don't know/don't answer) and another 3% accept zoophilia (51% reject it and 46% don't know/don't answer).

On other topics, 90% declare that abortion is unacceptable (85% even hold this in the case of not having money to maintain a child). At the same time, 79% agree that it is all right to have sexual relations with someone I like, but only 30% agree with friends putting pressure on to have sexual relations, and 70% agree that nowadays many young people enter prostitution for economic reasons.

COSTA RICA 1980-1992 AND 1991-1999

In Costa Rica, has had a long and fruitful process in the domain of youth policies for more than forty years and recently even more progress has been made with the establishment of the National Council on Public Policy for the Young Person and the approval during 2002 of the Public Policy on the Young Person, which will shortly be complemented with a concrete, operational Action Plan. In this framework, another two important elements were the passing of the General Law on the Young Person and the Balance on Public Youth Policies recently processed (Consejo Nacional de la Persona Joven 2002a, 2002b and 2003).

However, in the area specifically devoted to carrying out youth studies and research, progress has been more limited (Coto 2002) and there is no up-to-date National Youth Survey available. There is only a Statistical Compendium on Youth edited in 1993, published by the National Commission on Comprehensive Adolescent Care, with information corresponding to the period 1980-1992, some more focused studies on specific topics, among which are some on topics of sexual and reproductive health (for example, Mora Moya 2000) and some proposals for making a National Youth Survey (for example, Granados 2000) which up to now have not been carried out.

The information of Jóvenes en Cifras [Youth in Figures] (Comisión Nacional de Atención Integral al Adolescente 1993) is grouped into seven topic areas: (i) demographic aspects, (ii) health, (iii) education, (iv) work, (v) economics, (vi) social marginalisation and transgression, and (vii) social participation. The chapter on health provides information on population and services, morbidity, mortality, reproductive health, mental health, sexuality and nutrition. As regards sexual and reproductive health, information is given on fertility, sexual planning, personal status in terms of reproduction, knowledge about sexuality, attitudes and values about sexuality, and effective practices in this area, through a broad range of indicators and statistical charts.

The more specific studies, in turn, provide information and analysis comparing reproductive attitudes of youth (15 to 24 years) between the years 1991 and 1999, based on the Surveys of Young Adults Reproductive Health (1991) and of Reproductive Health and Migration (1999). The study mentioned (Mora Moya 2000) makes a comparison between young people in both years, and between the 15 to 24 age group of 1991 and the 23 to 32 age group in 1999 (the same group, surveyed at two different times), analysing topics such as sexual education of children and adolescents, prematrimonial relations, number of children desired, and induced abortion, among others.

The proposal of an National Youth Survey includes an analysis of the state of the art on the subject, the theoretical framework, the sampling framework, and the questionnaire to be used (Granado 2000), but it has not been possible to implement it up to now, and according to interviews with those currently guiding public youth policies, there is no real possibility of being able to implement it in the immediate future. It will be necessary to wait for the new government to possibly put this initiative into effect.

CHILE 1994, 1997, 2000 AND 2003

In the case of Chile, there is a strong tradition of youth studies, dating even from the 80s, but those with the most and best information have been made since the 90s, promoted or supported by the National Youth Institute (INJUV) created in 1990 in the context of the democratic government being installed after several years of military dictatorship. One of the privileged tools for generating information in this subject has been the National Youth Survey, run every three years since 1994. We will look at those carried out in 1994, 1997, 2000 and 2003 (more information in www.injuv.gob.cl).

Technically, these surveys are made through face-to-face interviews, mainly with standardised questions. They were applied generally to nearly 4,000 young people of 15 to 29 years of age, of both sexes, in all the country including the rural areas and the twelve regions into which the territory is organised, but in 2003 it was made with 7,181 cases, and for the first time achieved effective regional representativeness. The correlations (as well as the more traditional variables of

age, sex, residence and educational status) include socio-economic status, which makes it possible to open the information up more and better (INJUV 2002 and 2004c).

Taking the National Youth Survey 2000 as a reference point – given that up to now there are no analytical reports of that of 2003 – which with a few variations reflected the basic characteristics of the previous two, the results published can be seen to clearly focus on four overall thematic sets: (i) characteristics of the youth population and youth individuality; (ii) functional insertion and social integration of youth; (iii) social capital and youth citizenship; and (iv) cultural orientations and youth identity. In terms of the core axis of these notes, it should be noted that the first thematic set includes two broad axes: (a) notable demographic characteristics, and (b) youth self-care practices (including in the latter, topics related with adolescent and youth health).

Most of the topics included in this last subset refer to sexual and reproductive health, complemented with information and analysis about young people's relation with drugs, and is preceded by some more general considerations, centred on the young people's state of health.

As regards sexual and reproductive health, the information and analysis is presented under the heading of sexual life and practices of youth, and includes topics about the practice of sexual relations, their frequency, identifying with whom they have relations, stressing the conditions that young people consider necessary for having sexual relations, sexual satisfaction with the partner, and self-care in these matters, particularly in the use of contraceptive methods. It should be noted that, within all the information and the analysis that the survey provides, these topics have a position of little importance, with most subjects related with the social insertion of young people, above all in education and employment and the citizen participation of young people in politics, in organizations of all kinds.

From a substantive point of view, in terms of recurring to health care services, the survey shows that almost four out of ten young people interviewed declare that they do not need health care, another three that they consult a dermatologist and two that they consult a general doctor. Approximately half state that they have visited the dentist and, as a whole, the differences by socio-economic status are appreciable: while young people of high socio-economic status mainly visit specialists, the others concentrate more on visits to the general doctor. Likewise, while the latter mainly attend public consulting rooms and hospitals, the former mainly do so in private consulting rooms.

The 2000 survey also shows that most of the young people interviewed have a partner, especially the women and those who are older, and again it is to be noted that living with the partner predominates in the lower socio-economic strata, as well as in rural sectors. As regards sexuality, the report states that between 1997 and 2000, the number of young men and women who had had sexual relations increased in all age groups, and, despite the men starting earlier than the

women, the respective ages of initiation start getting closer together in 2000. The survey asked with whom the young people had sexual relations and concludes that it is mainly with their habitual partner although this trend has reduced in both sexes from 1997 onwards (idem).

The study points out another important conclusion, that young men and women differ in the conditions that they consider most important for having sexual relations (but) in any case, among the most important do not figure, in almost any case, civil status, living together or a commitment to be married. On the other hand, agreement between the parties increases and predominates in 2000 as a fundamental condition for having sexual relations. The report also stresses that there is coherence between the conditions that young people consider essential for having a sexual relationship and their practices, such as having a partner or not, or the frequency with which they have sexual relations (idem).

Another important conclusion of this study is connected with self-care: despite the fact that the vast majority said they know about or know how to use contraceptive methods, a third did not use any the last time they had sexual relations. Even though an increase in self-care practices can be seen compared with earlier surveys, this is still inadequate given the greater openness shown by young people in this aspect of their lives. In this framework, the differences by socio-economic status should be noticed, with much greater use of contraceptive methods in groups higher in the social scale, and very little at the lowest level, although the practice is increasing in all social groups.

To sum up, successive youth surveys can be seen to show several trends of change in step with the modernisation of Chilean society, but at the same time, it is remarkable that, among the set of studies and research made in the framework of the dynamics encouraged by the INJUV, studies on sexual and reproductive health are few and almost marginal, in a context in which studies mainly focus on social insertion and youth cultures.

ECUADOR 1995 AND 2000

Public youth polices in Ecuador have had, up to the present, little importance among public agenda priorities, and the institutional body responsible for the subject – the National Youth Department, under the Ministry of Social Welfare – does not have the necessary capabilities to change this situation. In this framework, existing youth diagnoses are few and out-of-date, with only four noteworthy works in the past decade: the survey of the International Foundation for Adolescence in 1995 (FIPA 1995), the report of the Social Welfare Ministry in the year 2000 (Ministerio de Bienestar Social 2000), the report of CEPAR and UNFPA in 2003 (Oviedo and Ordóñez 2003) and the more systematic, up-to-date World Bank report (Cevallos, Maluf (Ministerio de Bienestar Social 2000), and Sánchez 2004).

The year 2000 Report summarises and incorporates the

1995 survey data, and the 2003 and 2004 Reports do not have more up-to-date information, and so we present here very schematically the main indicators it presents, stressing that this is a report made in the framework of the so-called Frente Social (a group of the ministries and public agencies in the area) as part of the so-called integrated system of social indicators in Ecuador (SIISE), which gives it a particular rigour and importance. The way in which the report is drawn up is also very similar to the Youth in Figures in other national contexts in the region, in that, after presenting the general context in which the particularly youth dynamics are situated, and making a balance of how far the commitments made by the government are met, it reviews a set of 34 specific indicators.

The indicators included are: poverty, social protection, access to environmental sanitation services, access to education, full primary, full secondary, higher education, educational achievements, work and studies, university graduation and qualification, access to communication technologies, causes of death in men, causes of death in women, antenatal care, childbirth in health facilities, access to health care services, use of contraceptive methods, fertility, tobacco consumption, sports, alcohol consumption, illicit drug use, age of first sexual relations, ethnic-racial identity, ethnic-racial prejudice, conflict with the law, physical abuse in the home and in school, knowledge of their rights, youth organization, unemployment, economic result of education, generational expectations and emigration expectations.

In all cases, the information was set around a group of youth from 14 to 29 years old, except in the cases where the corresponding information was not open and available. As can be appreciated, this is set of key indicators, and the topics of sexual and reproductive health fit appropriately within this framework. Searches on the website (www.siise.gov.ec) do not show if there are updated reports, and the World Bank 2004 systematization does not provide up-to-date information, and so we may presume that only with the results of the 2004 Demographic and Mother-Child Health Survey will we be able to have up-to-date information and the opportunity to make comparative evaluations.

As regards the topics of sexual and reproductive health, these reports note:

- The general fertility rate in the country fell between 1994 and 1999 from 3.6 to 3.3 at all ages. Thus, for example, while in 1994, 91 adolescents per thousand (from 15 to 19 years of age) had a child, in 1999 this occurred for 89 young people. While in 1994, 184 per thousand women from 20 to 24 had a child, in 1999 this figure fell to 172 per thousand. Among young women from 25 to 29, the drop was even greater than in the rest of the age-groups: in 1994, 174 of each thousand women had a child, while in 1999, there were 155. Specific fertility rates are still high in the rural zone among women of 20 to 24 years of age (in 1994, 218 per

thousand women of that age had a child, in 1999, the figure scarcely went below 214 women per thousand) and in the younger groups (15 to 19) it is also significant: in 1999, 108 per 1000 adolescents in the countryside had a child.

- Among young women, it is those between 14 and 19 years of age who face the greatest risks in relation to motherhood. In 1998, 4% of young women from 15 to 19 were pregnant and 14% had one or more children. The frequency of adolescent pregnancy tends to be greater in the countryside than in the cities, in particular among younger women. For this reason, it is worrying that the medical care that pregnant girls receive does not currently reach even half the recommended levels.

- Another reason for concern is the trend towards greater sexual activity among adolescents. In 1998, approximately 30% of young Ecuadorians were found to have had sexual relations before age 17 (10% of the girls and 50% of the boys). Despite the dispositions of the *Law on Love and Sexual Education*, passed in 1998, about the provision of sexual education in schools and colleges of the country, educators are still a minority source of information on sexuality topics – barely 18% of young people cite them as the main source of knowledge on sexuality.

- Current data point, in general, to a fall in maternal mortality. The country has developed a significant infrastructure of health care services for attending pregnant women. As a result, childbirth assistance within health institutions has doubled during the decade. Notwithstanding this progress there are still problems, such as the marked inequality in provision of public maternity services between young women from the countryside and in the cities during childbirth: 44% of young women from the countryside have no access to childbirth in health facilities, against the 91% of those in cities who do have it. It is likewise a concern that care for pregnant women has not improved during the decade.

- Ecuadorian women's access to information, education and family planning services has increased noticeably. In 1999, 66% of women living with their partners, of all ages, used contraceptives (71% in the cities, 58% in the countryside). In 1998, 32% of young women from 15 to 29, with or without a partner, used them.

EL SALVADOR 2005

In El Salvador, no National Youth Survey had been made up to this time, nor is there an instrument of the kind of Youth in Figures, like those constructed in other national contexts (Chile, Honduras, Paraguay and Peru, among others) and neither is there a great tradition of working on these subjects in the framework of the dynamics of main public policies. In this framework only some partial efforts are known about, in the academic area, on aspects related,

above all, with the political culture of young people (for example, Padilla 2002). However, in mid-2004 the National Youth Secretariat was created, an agency that has given a new dynamic to these subjects, and one of the first measures adopted was to hold the First National Youth Survey.

The first reports published (Unimer 2005) have made a first presentation with general data, which will surely be analysed in depth and properly broken down in future reports. The survey was made by a private company (from the Research International group), at the request of the Secretariat of Youth, and had the support of the UNDP and the PAHO. In this framework, a questionnaire was applied in homes throughout the country to a sample of 1,200 young people of both sexes, between 15 and 24 years of age, composed of the following segments: 62.4% urban youth and 37.6% rural youth; 48.7% men and 51.3% women; 51.9% young people aged from 15 to 19 and 48.1% young people of 20 to 24 years of age; and 10.5% of youth belonging to social strata A and B, 21.1% from stratum C and 68.4% from stratum D (in terms of social stratification). The fieldwork was made between February 25th and March 6th.

The information gathered is grouped into nine thematic areas: education, employment, leisure, citizen participation, perceptions and expectations, health, family, living together, and migration and sending money home. In the context of this report, it is important to stress the information linked with the chapter on health, a subject on which – regrettably – only three general questions were included: (a) what health problems or illnesses have you had in the past two weeks?; (b) when you get ill, hurt yourself or feel your health is bad, who do you usually consult?; and (c) in general, where do you go to receive medical care? The replies obtained reinforce the idea that young people do not get ill (at least in classical terms) since more than half (53.5%) declared that they had had no illness in the last two weeks. At the same time, the responses show that when young people feel bad, they first consult a family member or a friend (66.5%) and only later (34.6%) a doctor.

In addition, on a broader plane, the report claims that *young people are very satisfied, not only with their life in itself (80.4%), but also with their physical aspect*, stressing at the same time that the interviewees *do not imagine that others would be better off without them, since they feel useful and necessary to their family and friends, and so they enjoy being in the company of others*. For the young people interviewed, the most important thing in their lives is their family (66.9%), their studies (45%), their parents (26.7%), work (26.6%) and religion (25.1%), while at the same time 86.3% state that they do not trust any institution (those that do trust, overwhelmingly trust the Church and public or private educational institutions)

But to complement the data of this survey (the most recent in the region), some other situational diagnoses should be stressed that have been recently published, saying that, even though many of them concentrate on the subject of violence (studies on the maras have multiplied

exponentially in recent years), some studies have also been published with more comprehensive aims, such as that by the PAHO (PAHO 2002), or that commissioned by the OIJ from an independent consultant (González 2003). Similarly, GTZ published an interesting study which, although concentrating on a selected set of municipalities (in which it is running a special youth-related project) has an overall image which is of some importance (GTZ 2004).

While the GTZ report provides a broad set of statistical data (that make up a battery of indicators for the programme to run its monitoring and assessment), the González study reviews a wide range of topics (demographic structure, education, employment, health, violence, etc.), making up a kind of state of knowledge on youth. But neither of them is concerned with the subjects of sexual and reproductive health, something that is more systematically dealt with in the PAHO study mentioned, which stresses the following core aspects of the subject:

- Of the five main reasons, among both sexes, for consulting the health care services, a principal one is infectious diseases, which are largely determined by environmental pollution, proper to areas with poverty and low levels of development. As from age 15, young women consult four or five times more often than their male counterparts. The main cause of hospitalisation for young men is related to violence (intracranial trauma is in second place), while for young women problems related with pregnancy and childbirth are in first place. Women's fertility is greater in the rural environment.
- Cultural pressures and the absence of guidance and counselling services are an obstacle to adequate reproductive health. The sexual activity of the adolescent and youth population is still a poorly explored area as it is still considered taboo, but statistics show a high number of childbirths among adolescents and that the population most affected by HIV/AIDS is that between 25 and 34 years of age, which means they were infected as adolescents Pregnancies in adolescence are often associated with maternal morbi-mortality, with infant morbi-mortality, and with remaining in the cycle of poverty, mainly due to irresponsible parenthood. The number of childbirths in adolescence has been increasing and young people in general do not know the family planning methods; this may explain the scant usage of contraceptives among women (38%).

Finally, a brief remark must be made about young people's knowledge about their rights: most young people (81%) state in the National Survey that they know at least some of them. A significant proportion of the group say that they learnt this in school (88.6%) and in the home (20.9%), the two main sources of youth socialisation.

GUATEMALA 1999

Although there are some partial antecedents in some specific areas, the book "Los Jóvenes Guatemaltecos a Finales del Siglo XX: Informe de Investigación" [Young Guatemalans at the end of the 20th Century: Research Report], published by FLACSO in the year 2000, is the one that offers a more systematic and complete view of the subject (Poitevin, Rivera and Moscoso 2000). This was constructed on the basis of a broad and varied set of focus groups held with young people in all the country, based on a specific survey applied in 1999 to a representative sample of 2,000 young people aged 15 to 25 (with an deliberate over-representation of students), in 72 municipalities in all the country, deliberately including the municipality of Livingston, Izabal, inhabited by young Garifunas.

This report is structured in two large sections: one which gives a synthesis of the state of current knowledge (prior to the survey) on young people in Guatemala, and the other offering the results of the survey and the focus groups as such. The topics studied were many and various: on the one hand, the more structural ones (educational levels, employment status, access to health care services, etc.) and on the other, the opinions of the young people (on democracy, the peace agreements, military service, tolerance, religion, culture, identity, family, the children they already have and those they would like to have, which of the couple takes the decisions, what youth organizations should do, how they view the maras or youth gangs, how they would like Guatemala to be, how they envisage their country in the next ten years, etc.).

In terms of the core topics of this report, there are explicit references to sexual and reproductive health subjects in both sections. In terms of the state of knowledge, it is noted that the main cause of death among young people is associated with firearms (one third of the cases), with the other two thirds distributed between more than twelve other causes (many of them external and unrelated to diseases, such as traffic accidents, abortions and suicides). Likewise, it notes that pregnancies at a very early age form part of the cultural pattern of regions and social groups, but in large cities they are generally unwanted and occur in couples that have not started living together, or are cohabiting, which often ends with the woman and the child being abandoned, leading to the social problem of single mothers. Many of these pregnancies, the report adds, end in abortions, practiced in unhealthy and illegal conditions (idem).

It also points out that the proportion of women who have their first sexual relationship before the age of 20 is almost 70%, and around age 22, nearly 80% of women have had sexual relations for the first time. The median age is 18.5 (one year before the median age of the first union), with differences found by area of residence (in rural areas it is 17.6 years, and in urban areas 19.3). It is still taboo to talk about sexual subjects in families and communities, especially indigenous ones. Parents do not teach their

children about sex. However, the consequences of the lack of information and irresponsibility can lead to unwanted pregnancies. A pregnant single woman is looked down on by the community, which puts pressure on her to marry, and if this does not occur, she becomes a single mother, if she does not choose abortion (idem).

Available studies (commented on in the context of the FLACSO report) show that the median age for the birth of the first child has changed little in the past 20 years and is around age 20. At age 19, 40.7% of women are already mothers and 44.3% have already been pregnant at least once. Nearly half (47.6%) of the pregnancies occurring every year are in women between 15 and 24 years of age, and so this group should have special consideration in access to health care services. These percentages are higher in the rural areas and among the indigenous population. Fertility rates are also higher among women with less education (idem).

In the context of the survey results, the report notes that four out of five young people state that they have received sexual information, which is surprising since this is significantly higher than that expressed by other population segments. It should be remembered, however, that many things may be understood to be sexual education, even radio or television reports dealing with the subject, and not necessarily systematic and relevant programmes. This proportion, it notes, is greater among Catholics (82.9%), young people in the centre of the country (87.3%), students of the Diversified Cycle [grades 10-12] (93%) and women (84.2% against 77.9% among men).

Asked for their opinion about sexual relations outside marriage, a significant proportion of the interviewees stated that "each person has the right to decide what they want to do", with 45.8%; 34.4% declared themselves against, considering it "a bad thing", while 18% believe "it's normal". These data reflect a change in attitude in the new generations and a less conservative opinion, adhering less to religious traditions, with a strong influence of the communications media and the lifestyle of the developed world. Mainly university students (63.9%), workers who study (53%), Catholics (50.9%), young people from the centre of the country (55.9%) and men (44.8%) were in favour of the first option, a more liberal point of view. The report concludes that these opinions must also have something to do with a view that values individual freedom highly. The more moralistic and conservative opinion, in disagreement with pre-matrimonial relations, is seen among young evangelicals (49,4%), women (42,2%), young people in the west, north and south (around 40%) and those who are studying basic school and work in the informal sector. In general, gender, religion, ethnic origin and age are seen to be variables typifying a pattern of opinion on sexuality (idem).

When asked whether they had had sexual relations, 56% replied no, 41.7% positively and only 2.3% refused to answer (…). Most of the men (57.7%) and only 22.3% of the women admitted having had sexual relations. Since virginity is highly valued in Guatemalan society, it is to be expected that young women would not answer this question sincerely.

In this framework, it is worrying that 33.2% of the interviewees who had had sexual relations recognised that no contraceptive method had been used, although most of them consider themselves adequately informed about the subject.

HONDURAS 1996 AND 1997

The reports available on these subjects for Honduras were written a long time ago (CONJUVE-UNICEF 1997 and CONJUVE-JNBS-UNICEF 1996) and the information in them relates to the first half of the 90s. We do not know of any new, more up-to-date editions, and so we will outline the main contents of these publications (made by the National Council on Youth, which comes under the Congress of the Republic) with a warning about the relative validity (nowadays) of data that cannot bear much relation to the current situation.

Both the opinions survey (published in 1996) and the statistical compendium (published in 1997) give general and specific information about Honduran young people between the ages of 13 and 25, according to the dispositions of national legislation of that time. It is organised around the most classical themes: demographic aspects, socio-economic conditions, employment and education, health, access to services, ethnic groups, social problems perceived by the young people, use of leisure time, link with communications media, participation in youth movements, link with politics and opinion about compulsory military service. The subjects of sexual and reproductive health are significantly highlighted and attention is paid to them.

In 1995, there were 302 deaths of young people hospitalised in public hospitals. Of these, 23% died from causes related with violence (accidents, homicides, suicides, etc.); 17% from respiratory infections, tuberculosis and meningitis; 16% from conditions linked to HIV-AIDS; 9% from malignant tumours; and another 9% from causes related with pregnancy, childbirth and puerperium. Diseases causing hospitalisation among young people (also in 1995) were related (in 29% of the cases) with accidents and violence, with intestinal infections in a poor second place (6%, the same proportion as neuroses and psychoses).

As regards sexual and reproductive health, the reports state that for 25% of Honduran youth, the ideal number of children is between 1 and 2, while 56% consider that the ideal is to have between 3 and 4, with another 10% that think that the ideal is to have more than 5 children (plus 2.5% who consider "as many as God wants"). A bare 28% of adolescents in couples used contraceptive methods (in 1995), increasing to nearly 40% in the case of young people of 20 to 25. Most of the young people interviewed hold that the most important thing to consider about a sexual relationship is knowing the partner (45%), with very slight differences between sexes and areas of residence. These reports say the fertility rate of

adolescents has fallen and is currently (1995) at 136 births per 1,000 adolescents.

One particularly worrying problem in Honduras is the spread of HIV-AIDS, with (in 1996) 57% of all the AIDS cases in Central America. Heterosexual transmission is predominant in the country, with 82% of the cases, according to those affected (...). 18% of those infected with AIDS belong to the age-group of young people. During 1995, the third cause of death in young people in the country's public hospitals was AIDS, with a relative weighting of 16%.

MEXICO 2000

Public youth policies have a long and fruitful tradition in Mexico, and significant antecedents can be found about this in the 40s and 50s of the last century. In this framework, youth research and studies also have a long history, and have been reference points for Latin America at very varied moments of modern times. However, it was only in the year 2000 that the Mexican Youth Institute (IMJ) through its Centre for Youth Research and Studies (CIEJUV) made the First National Youth Survey (ENJ), filling what had been an obvious gap on the subject (IMJ 2002).

In fact, the preparatory work for the ENJ was intense and prolonged, since the meeting setting up the National Network of Researchers Specialising in Youth (in 1996) had already begun to dream of the survey, and later two large meetings were held (in 1998 and 1999) as well as many other more restricted ones, to agree its substantive and methodological bases. From the time of the Framework Document on which it began to work, the Technical Team responsible for this important enterprise identified four great thematic areas on which to concentrate: (i) the transition from the family of origin to the constitution of a couple, (ii) the transition from school to work, (iii) youth practices, and (iv) attitudes and values of young people (idem).

Separate working documents were drawn up around each of these axes summarising the state of knowledge on the topic, identifying the gaps to be filled, formulating the main research questions to be processed, and proposing the first interpretative approaches with which it was suggested to observe the corresponding youth dynamics. The four working documents were rigorously analysed in successive meetings between specialists, and based on the agreements reached, the bases of the survey itself were settled.

In methodological and instrumental terms, the IMJ made an agreement with the INEGI (National Institute of Statistics, Geography and Information Technology) to carry out the fieldwork, and it was decided to work with a sample of 54,500 dwellings, in which everyone between 12 and 29 years of age was interviewed, covering all the national territory. The broad dimensions of the sample enabled detailed analyses to be made in subsequent years of the information collected, by States and by particular youth groupings, providing an unprecedented contribution in this kind of task.

The objective of the ENJ was concerned with the current processes that the young person experiences in order to acquire adult status, which has ideally always been presented as a full and comprehensive incorporation into society, according to the ideas contained in the IMJ's own documents. In this context, the four thematic axes chosen as priority areas enabled a systematic approach to the respective processes, and in this framework, the topics related with sexual and reproductive health are dealt with specifically, especially in the chapter about the transition from the family of origin to the constitution of the couple, which investigates boyfriend-girlfriend relationships, couple relationships and sexuality.

The courtship experience is particularly important in the youth stage and the responses of the young people confirm this, with 85% of them declaring that at some time they have had a relationship of this type. The age at which this experience occurs for the first time is before age 20, but especially between ages 15 and 19; however, the number of young people who at the moment of the interview said they had a relationship of this kind was lower, at little more than a third. The subjects they talk about with their boy- or girlfriend most frequently focus on their relationship and feelings; at a second level of importance are conversations about their families, work and/or studies, sex and their physical appearance. Subjects they talk little or nothing about are politics, religion and the news.

Most young people seek in the experience of courtship a person to love and to share their feelings with; in second place are those who only want to have fun and go out with someone, and there are very few those who are thinking of marrying or living together. In this section it was thought important to know about their experience of love, and nearly eight out of ten young people were found to have been in love at some time in their lives. Likewise, they were asked about their assessment of the image of a woman or man; all of them (men and women) were asked about the aspects they appreciated in a woman, and in first place was the quality "responsible"; in second place, but some way behind, that she should be "tender and understanding", followed by "intelligent". In the case of the male figure, the first characteristic, of "being responsible" coincided, but with a greater percentage (58% against 44% for the female figure), and in second place "not having vices".

As regards sexuality, most of the young people said they knew the contraceptive methods as well as the methods of protection against sexually transmitted diseases (STD) and HIV-AIDS. For the latter case, condoms were mentioned by two thirds of the young people, followed by those who stated that they could be protected by having sexual relations with only one partner and finally those who answered that it was by abstaining from any sexual contact. 55% of the young people said they had already had sexual relations; the rest who had not give the main reasons as: their wish to reach marriage as virgins and their expectation of finding the

ideal partner (50% for each group); however, there is also the fear of pregnancy and of STDs.

For the young people who have had sexual relations, their age of initiation is mainly in the 15 to 19 year age range and the first sexual relationship was mostly experienced with their spouse or boy- or girlfriend. The assessment that the young people make of this first time is quite positive, with three fifths of them replying that it was pleasant which, together with the 32% who stated that the experience was very pleasant, means that nine out of every ten young people enjoyed their sexual initiation. Asked about the number of sexual partners they had had during the past year, 83% of the young people stated only one and 12% between two and three. As to the frequency with which they had had sexual relations in the past three months, two fifths have them from one to three times a week, the others are quite evenly spread between one and three times a month; some stand out as saying they have not had sexual relations in the past three months.

According to the results obtained, 31% of the young people are married or living with a partner, a little over half of them having started between 15 and 19 years of age, and 36% as from 20 and up to age 24. Three out of five of them state that they took the decision "for love", and only 5% did it because they were pregnant. Young couples talk together above all about their relationship, their own families and their feelings, followed by topics of sex and work; they do not talk any more about their studies and they still do not deal with political subjects; news, subjects from cinema and television, and their physical appearance now have little importance. The activities they realise together most often are eating at least once a day and watching television; going to parties or going out is in second place; going out as a couple with friends is practically eliminated.

Recognising the relative balance among the population by sex, jobs in the young people's households are more fairly shared than in the parents' home, although there is still a tendency to have properly "female" and "male" tasks; likewise the external help that the couple receive is noteworthy in certain activities such as going to meetings of neighbours or of the school and to stand in lines in government offices, etc. According to the young people, married or living together, the main way of resolving conflicts with their partner is by talking. Half of those who have children resolve the situations in the same way when they "are naughty"; at the other extreme, when the children behave well, a large proportion of them speak to them encouragingly and others hug them and kiss them. The assessment that the young people, married or living together, make of their experience as a couple is very positive, with a little over half stating it is "satisfactory" and another 40.3% that it is "very satisfactory"; only 3.8% say it is unsatisfactory.

As regards procreation, the young women who have been pregnant or who the men have made pregnant represent 35%; this occurred for the first time between age 19 and 20 for more than half of the men and women, and as from 20 years of age for the rest. On discovering their pregnancy, some three out of four young people were happy, and the others admit their anxiety. Practically the majority of the young parents express the same sense of happiness about the changes that accompanied fatherhood/motherhood. All the young people from 15 to 29 years of age were asked about the ideal number of children they would like to have, independently of the conditions that might make this possible; most stated that between one and three children would be best for them.

All together, the answers provide a panorama of high levels of social integration and of young people's great satisfaction with the life they lead, which contrasts considerably with the main approaches in the context of the studies and research prior to making the survey. The technicians working on the survey remarked on this, and it leaves open broad questions about the gaps that often separate interpretations from the evidence that only surveys with broad coverage can provide rigorously. Are the responses conditioned by the context in which they are formulated? Are the interpretations of the specialists more subjective than they should be? This is undoubtedly a broad field for debate within and outside frontiers.

NICARAGUA 2001

In the framework of the activities of the Secretariat of State for Youth (created in 2002), based on an agreement with the National Institute for Statistics and Censuses (INEC) and with the support of UNFPA, an exhaustive report was published in January 2003 about the characteristics of the youth population in Nicaragua, constructed on the basis of statistical information provided, especially, by the Living Standards Measurement Survey (EMNV – 2001) and the Health and Demography Survey (ENDESA – 2001). This is a tool situated half way between the National Youth Survey and the Youth in Figures, as it does make a rigorous analysis (and not only a presentation) of the available statistical data.

The Report (Asensio 2003) presents the information analysed in four great thematic areas: (i) demographic characteristics; (ii) youth and education; (iii) health, sexual life and reproduction; and (iv) economics and employment. The chapter focusing on health, sexual life and reproduction includes broad information about the topics mentioned, breaking down data on juvenile illnesses, consultations with specialists and reasons for not consulting, having health insurance, age of the first sexual relationship, existence or otherwise of a desire to have the first sexual relationship, sexual partner, live births of children per woman, pregnancies, and use of contraceptives.

In disease terms, the youth population presents a greater prevalence of respiratory problems, with 21.3% and of malaria or dengue with 9.1%. This shows up the difficulties that there have been in recent years to effectively fight the

epidemics linked with these diseases, currently associated with a wide variety of viruses, above all in urban areas. The condition of being healthy is more proper to women (…) which may be evidence that educational activity among women leads to better results in health-care than among men (idem).

Asked about consulting health specialists, 54.7% of young people do not consult, as against 40.9% who make ordinary consultations and 4.2% who make emergency consultations. Generally, the lack of consultation about illnesses or accidents has been associated with a certain tendency in the population towards self-medication, but there are also other explanatory socio-economic factors, mainly those associated with the institutional development and the general conditions of health of the country (…) The greater practice by urban young people of consulting for illnesses or accidents (53.3%) than in the rural areas (40.9%) (idem), seems to be explained by the greater incidence of health policies in urban areas, of their coverage and of other means of health care of the young population, such as formal or informal education.

On the question of having medical insurance, it is very important that 91.9% of young people (18 to 24 years of age) do not have this kind of coverage, a larger percentage than the young adults (25 to 30 years of age) where 88.9% of the cases have it. In a general picture of scarce coverage, lack of protection affects young people in particular, under the supposition that they get ill less than children or elderly people.

In terms of sexuality, the report shows that the half of the young people who had their first sexual relationship, did so at age 16, with very significant groups that had done so earlier or later. A first quartile of young people had their first sexual relations at age 13 and a third at 18. Half the 18 to 24 age group that had had their first sexual relationship did so at age 15, with one quartile that did so at age 17. Half the 25 to 30 age group had it at age 17, with one quartile who had it before 20 years of age. The presence of a quartile in rural areas that had their first sexual relationship at age 14 points to a significant group of women who initiate their sexual lives at an earlier age than the rest of the country, which deserves special attention from the education programmes and sexual and reproductive health services. The data confirm what many other studies have mentioned, that the more education is accumulated, the more the age of the first sexual relationship is postponed, which enables young people to better enjoy a healthy life and their own life projects.

On the question of whether the first sexual relations were desired, in 86.2% of the cases they had relations because they wanted to (11.1% accepted even though they did not want to and 2.7% were forced) and this denotes a certain degree of awareness and willingness, and it can be considered from psycho-affective point of view that there was little trauma in most of them for this reason. The fact that in the countryside there is an attitude of greater

willingness than in the cities when it comes to the first sexual relationship seems to be the result of deep-rooted customs preparing youth and adolescents both for sexual relations and for early unions, a custom which could, nevertheless, be linked with low educational levels, limiting their vision of the possibilities for enjoying their state of life, as well as few real alternatives for entertainment and personal development activities in those areas, among which might be creative sexual and reproductive health programmes.

Figures available about reproductive life indicate that the global fertility rate in women as a whole is 3.2 children born per woman, and is lower in the 18 to 30 age group (2.3 children per woman). This may be explained by educational differentials (illiteracy and the lack of availability of years of study and exams passed affects 20.5% of the total of women and 14.5% of the young people), but the sexual and reproductive health education and services programmes that have spread in recent years appear to have also shown results, as a general trend is seen towards fewer women with a high number of live born children. Thus 25.3% have had one child, 19.9% two children, 11.4% three children, 6.7% a fourth and 3% have five children, while 31.3% of young people have not yet had children.

On the question of contraceptives, in a context of evident growth in consumption, two thirds of the young women interviewed use them, above all those from 25 to 30 years of age (80.9%) in relation to those of 18 to 24 years (56.3%), which seems to be an explanatory factor of the higher pregnancy rates among the younger groups. Use is slightly higher in rural areas (67.1%) than in urban areas (65.1%). The largest supplier of contraceptives is the health system (covering almost 70% of the demand) with the rest of the market in stores and in private health services, which respond, above all, to the demands of the middle and higher income sectors of the population.

PANAMA 2004

The National Youth Survey in Panama is one of the most recent in this Latin American series, and it is formulated on the basis of approaches that to some extent move away from the more classical and well-known ones up to now. This is because it was made in the framework of the preparation of he National Report on human development by the UNDP, following the theoretical and methodological bases of the studies that are being made with this approach at world level. It is undoubtedly something exceptional that should be pointed out and imitated from here on in other national contexts in the region. The Report was presented in public at the end of 2004 with the participation of the president of the republic, which shows the importance that the subject has for the new government.

The report was constructed on the basis of various significant inputs, including its own National Youth Survey, together with the realisation of focus groups, in depth

interviews, studies on youth association patterns, bibliographical analysis on the subject, studies on youth and employment, and assessments of youth-directed programmes and services. The result therefore has great values from all points of view.

The survey, in particular, was applied to a sample of 1,593 young people of between 15 and 24 years of age, during February and March 2004. In parallel, 460 adults were interviewed, which enables all the intergenerational comparisons to be made which may be needed. From the theoretical and methodological point of view, the study structured a typology of young people, constructed on the basis of crossover of the socio-economic opportunities offered by society to the new generations with the socio-cultural resources in the hands of young people, in terms of social capital. Five types of young people were thus distinguished (UNDP 2004):

- Motivated Advantaged: These are young people with more education, access to technology, positive attitudes and a greater level of values. They represent 12.9% of the total of young people.
- Unmotivated Advancing: Similar to the previous group, but with lower values and attitudes and with more pessimism. These represent 25.2% of the total.
- Motivated Advancing: One third of its members live in rural areas. This is a socially rising group with clear opportunities for development. They represent 33.7% of the total sample.
- Motivated Disadvantaged: This is a group that present higher values and attitudes than the unmotivated disadvantaged, even though they do not enjoy good socio-economic opportunities. It constitutes 21.3% of the total young people.
- Unmotivated Disadvantaged: This is the group with the lowest opportunities of development, with the result that they present less positive attitudes and values. They represent 6.9% of youth.

The Report claims that these axes reveal that both the material and the socio-cultural opportunities are unevenly distributed and that therefore there is no single juvenile reality. These differences, it notes, have an impact on the young people's future development, their current capacity to involve themselves in the development of the society they live in, a society of which often they appear not to be part (idem).

In this context, the Report strongly emphasises the link of youth with the world of education and work, and distinguish here four particular situations:

a) One uncommon line is that of young people frankly inactive (neither studying nor working). In this group (12.4%) are young people in a kind of pause in relation to their development, needing options and opportunities that will push them back onto the road of enriching their capabilities.

b) Another line, also uncommon, is that of young people with good education (11.4%) who are concentrating on forming a future for themselves, even at the cost of reducing their economic and family independence. These young people come from families with a good level of resources.
c) Within the majority groups are those who only work or are looking for work (31.4%), having left education at secondary level in order to gain economic independence and help their families. Most of them would like to study more.
d) Finally, the majority group is that of young people who study and work (44.8%). These are young people who are probably making more effort to strengthen their capabilities.

The report states that the effort these young people are making to educate themselves is evident, despite the huge difficulties of their living conditions. This capacity of resilience in youth constitutes a great potential for their own development and for the country. It stresses that the capacity that these groups have to overcome adversity can become an opportunity if the successful experience of the young people with greater powers of resilience is used to orient the design and effectiveness of public policies in favour of those who are going through greater difficulties (idem),

Separating itself clearly from risk approaches, the Report stresses that young people have a stream of potentialities that aids them in affirming their identities. Their life testimonies evidence an impressive capability for associating themselves successfully and with ease. One of the most promising aspects of youth is its capacity for adaptation, like quick-change artists, knowing how to accommodate themselves immediately to new circumstances, with the capacity to overcome misfortunes once and again, to set out on new directions and also to dream and build new possibilities (idem).

This is undoubtedly an approach that is diametrically different from those that predominate, which nevertheless (in terms of the core topics of this report) does not incorporate dimensions related with the sexual and reproductive health of youth, which becomes a significant challenge for the future.

PARAGUAY 2003

In the case of Paraguay, there is no National Youth Survey available, but there is an instrument that can be assimilated, conceived in terms of a statistical (commented) compendium on youth, called Youth in Figures. The report was drawn up by a specially hired Technical Team, in the framework of an agreement between the Vice Ministry of Youth (under the Education Ministry), the General Department of Statistics, Surveys and Censuses (DGEEC), the Chamber of Senators (National Congress), the Technical

Planning Secretariat (Presidency of the Republic) and the German Technical Cooperation Agency GTZ (DGEEC 2003).

The purpose of the study was to quantitatively describe the most significant aspects of youth (persons from 15 to 29 years of age) as part of the process of systematising all the information that is essential for moving forward the new youth policies. To draw it up, it was preferred to use nationally representative information from the Integrated Households Survey 2000-2001, broken down by sex, by areas of residence and by poverty status. It was done based on a stock of 1,527,435 young people (26.2% of the total population), of which 58.3% reside in urban areas.

The processed information was grouped into seven great thematic areas: demography, education, work, health, drug use, citizen participation, and security and extra-family violence. In the health chapter, information is included on five great thematic areas: medical insurance, sick and healthy population, consultations and reasons for non-consultation, consultation facilities, and sexual and reproductive behaviour. As regards the latter, the report provides information only about pregnancies, distinguishing areas of rural and urban residence and socio-economic status: poor and non-poor.

The report says that, at national level, 43% of young women have been pregnant at some time. Although the percentage of women who have been pregnant is similar in urban and in rural environments, in the countryside the proportion of women pregnant twice or more is higher than in the cities (33% as against 19% respectively).

In addition, considering the status of poverty, it can be seen that the incidence of pregnancies in young women is significantly higher among women considered poor than among those who are not. While 60% of non-poor women have never been pregnant, this percentage drops to 48% among the poor, and while those who have been pregnant three or more times are 8.8% among the non-poor, they are 23.7% among the poor. Trends are similar in the intermediate situations: 20.2% of the non-poor and 13.9% of the poor have been pregnant only once, and 11% of the non-poor and 13.6% of the poor have been pregnant twice.

Differentiating by age groups, the trends show up even more clearly, as in the 15 to 19 age group the women who have been pregnant at least once are 11.1% among the non-poor and 16.7% among the poor, while among the 20 to 24 age group the respective figures are 44.4% and 69.2% (76% and 87% between 25 and 29 years old).

PERU 2002

The situation in the case of Peru is similar to that of Paraguay, since it does not have a National Youth Survey either (although there are surveys that are partial, both in coverage and in the topics analysed, there is not a comprehensive one such as those we are outlining in this chapter) but it does have a Statistical Compendium, called Peruvian Youth in Figures. The compendium was published

in 2003, with figures from the years 2000 to 2002, by the National Council on Youth (CONAJU) which is the government agency specially created to articulate and foster public youth policies, with the support of the German Technical Cooperation agency GTZ (CONAJU-GTZ 2003).

Basically two statistical sources were used: the National Household Survey 2001-2002 and the Demographic and Health Survey 2000, both made by the National Institute for Statistics and Information Technology (INEI), with the technical and operational support of the Economic and Social Research Institute of the National Engineering University (UNI). The processed statistical information was gathered into 11 chapters, as follows: demography, education, labour market, workers, unemployed, health, citizen participation, nutrition, communications media, heads of household, and independent workers.

In the chapter on health, information is included on ten specific topics: medical insurance, healthy and sick population, population with chronic illnesses, place where consultations were made, health staff attending the consultations, reasons for not consulting, young people needing hospitalisation, fertility and family planning. The last two topics are those that are particularly interesting in the context of this report, and the data provided come from the Demography and Family Health Survey (ENDES) which interviews only women.

In this framework, the report states that 89.3% of women from 15 to 19 years of age have not had children born alive, 28.1% of those from age 20 to 24 have had one child on average and 14.2% have had two. However, 25.5% and 23.8% of women from 25 to 29 years of age state they have had one and two children respectively. The number of children per young woman is higher in the rural areas (compared to the urban area) in all the age groups (while just 6.4% of young urban women have had three or more children, this is so for 18.5% of those in the rural areas).

The great majority (almost 100%) of young women at present living with a partner know about contraceptive methods, but their effective use is much lower, with just 47.5% of women between ages 15 and 29 having used them at some time. The percentage is greater among women currently in unions (83.9%) and above all among those from 25 to 29 years old (92.3%). The methods most used in the total of young women (15 to 29) are injection (23.2%) and the pill (16.9%). The report stresses, in any case, that 67.3% of young women do not use any contraceptive method, and points out that among those who do use them a bare 24.6% use modern methods (CONAJU-GTZ 2003).

DOMINICAN REPUBLIC 1992 AND 1999

In a context where studies and research on youth are scarce, the Survey on Recreation, Health and Work in Adolescents and Youths stands out, made in the Dominican Republic in 1999, with the support of the Johns Hopkins University, USAID and UNICEF, in the framework of the

activities of the Proyecto SI (soy importante [*Yes, I'm important*]) encouraged by the General Youth Promotion Department (Gómez, Schoemaker, Ramírez and Saba 1999). A similar effort had been made previously in the National Youth Survey in 1992 (Tejada, Herold and Morris 1992), and on a more limited plane, we should also mention a study on youth and HIV-AIDS (Gómez 1999) and another more demographic study (Cáceres 1999) made at the same time as the 1999 survey, which is what we present schematically here.

The results report (Gómez, Schoemaker, Ramírez and Saba 1999) presents the information grouped into nine overall themes: (i) demographic and socio-economic characteristics, (ii) labour participation, (iii) attitudes and aspirations about work and the future, (iv) attitudes and opinions on family life and sexuality, (v) fertility and sexual activity, (vi) morbidity and use of health care services, (vii) practice of sports and recreation, (viii) exposure to means of communication, and (ix) implications of the findings of the survey for the project in the framework of which it was made.

As can be seen, the topics of sexual and reproductive health have a significant space in the framework of all the information collected, which is presented differentiating indicators related with the following specific topics: (i) opinions about the ideal age for sexual initiation, marital union and the birth of the first child; (ii) ideal number of children; (iii) attitudes about sexual activity, fertility and matrimony; (iv) participation in talks and lectures on sexual education and opinion about who should offer this kind of information; (v) initiation of sexual activity; (vi) initiation of fatherhood and motherhood; (vii) recent sexual activity; (viii) use of condoms; (ix) use of modern contraception methods; and (x) self-efficacy, in terms of control of situations where youth and adolescents confront each other in their daily lives.

From a substantive point of view, the survey clearly showed the existence of sexist stereotypes still current among Dominican youth and adolescents. Thus while 63% of men and 41% of women surveyed stated that they agreed with the idea that it is preferable for the man to have sexual relations before marrying, 83% of the boys and 89% of the girls agree with the idea that it is preferable for the woman to remain a virgin until marriage. Differences by ages and educational status are not very significant, contrary to what might be expected. Likewise, while just 5% of the boys and 3% of the girls agree that the man has to have many children to show his manhood, 51% of men and 38% of young women think that the man who has an operation so as not to have children loses his sexual potency. The myth that female sterilisation diminishes libido is also still present in younger generations: 34% of the boys and 25% of the girls think that the woman who has an operation so as not to have children loses her desire to have sexual relations.

Another set of paradoxes can be found about who impart and who should impart sexual education, in the opinion of the young interviewees. Nearly nine out of ten (of the 58% who declared having taken part in talks on sexual education) stated they had received information in schools, but more than half (53%) think that such information should be given only by the parents, with 11% thinking the school should do it and another 33% feeling that responsibility should be shared between family and school. The report comments that the idea that the responsibility of offering sexual education corresponds only to parents could reflect the currency of moralisms postulating the private and dangerous nature of subjects related to sexuality.

On the question of fertility and sexual activity, the report shows that boys start sexual activity earlier than girls, and that at all ages there is a significantly greater proportion of boys who have already started sexual life, but even if boys start sexual activity earlier, it is the girls who start parenthood: at all ages there is a higher proportion of mothers than of fathers. One explanation of this discrepancy between the greater sexual activity but less procreation among men – the report notes – may be the fact that men typically do not recognise the paternity of the children born from casual or illegitimate unions.

As regards condom use, the survey shows that it is much more widespread among boys than among girls, because men typically have more prematrimonial sexual relationships and more sexual partners. The report states that two thirds of the boys and half the girls used some modern contraceptive method the last time they had sexual relations. It is remarkable that most of the young women (8 out of 10) think that it would be easy for them to say no if they were under pressure to have sexual relations, even though the capability to refuse in this situation is less for women with lower educational status, according to the responses.

Finally, as regards the ideal number of children in the perceptions of youth and adolescents interviewed, responses are between two (42%) and three (39%). According to the results report, family size increases with age and educational status, but women prefer a significantly lower number of children than the men. For women from 15 to 19 years of age, the ideal average is 2.7 and for those from 20 to 24 it is 2.8, while for men at the same ages the values go up to 3.0 and 3.1 children. While 41% of the boys are focused around a preference for three children and one fifth responded four or more, 50% of the girls prefer two children and 38% three. Looking at the age variable, the proportion wanting two children reduces as age increases, while those that want three rise, reaching 44% in young people from 20 to 24 years of age. In terms of educational status, behaviour about the ideal number of children is similar. The report claims that the fact that there is a consensus among youth and adolescents in favour of a relatively high number of children is partly explained by the high social value given to offspring in the Dominican Republic as a means of economic survival in old age, due to the almost total lack of social security systems.

URUGUAY 1990 AND 1995

The National Youth Survey, made in Uruguay in 1989-1990 by the General Department of Statistics and Censuses (DGEyC) and the ECLAC (Montevideo Office) with the financial support of UNFPA, was the first of the generation of specific surveys, that later multiplied throughout practically all the region. Up to that time, this kind of enterprise was known only in the industrialised world, and in Latin America there was a particular influence of the models of youth survey that had been done since the 80s in Spain. Two of the most well-known specialists worked on the survey (Germán Rama and Carlos Filgueira), and the latter was in charge (later) of carrying out the second survey, also made by the ECLAC Montevideo Office (just like the third made in 2002 from the ANEP, of which neither the results nor interpretations have yet been published).

The respective results reports (Rama and Filgueira 1991 and Filgueira 1998) provided at the time highly important elements of judgment for understanding youth dynamics, especially as regards social integration processes (through education and work) and youth emancipation processes, in different social contexts. In methodological terms, the same dwellings sample was used as for the households survey, and so the questionnaire for youth was able to focus completely on their specific situation, since all the household data of the young people were already available, provided by the surveys (more comprehensive but at the same time less specifically focused on youth). It seems strange that this significant methodological choice has not been adopted by any of the other youth surveys processed in Latin America in the following fifteen years.

The topics shaping the first report (corresponding to the 1989-1990 survey) were grouped in two large categories: youth in the social structure (including topics about educational formation, social mobility through education, employment, willingness to emigrate and family constitution), and youth opinions and attitudes (including topics about the family relationships, the perceptions of young people about their peers, the link between youth and Uruguayan society as a whole, and youth problems). The second report (based on the 1995 survey) concentrated on emancipation processes, specially stressing the sequence of roles assumed by young people, closely connected with education and employment. From this it is clear that the topics of youth sexual and reproductive health hardly stood out at all, even treated marginally, in the set of the topics given priority.

From a substantive point of view, the subjects of sexuality and sexual relations are analysed exclusively in the framework of the intergenerational dialogue established between parents and children, with which no comparisons can be made with the more classical approaches to the matter, but it can be used as an additional angle for its analysis. Little more than half the young people, the report notes, state that they talk with their parents about these subjects: the women more than the men, young people in Montevideo more than those of the urban interior, and those in the age group 15 to 19 more than those from 20 to 29 (Rama and Filgueira 1991).

VENEZUELA 1993

Together with the survey made in Uruguay in 1990, the one made in Venezuela in 1993 was one of the first at regional level, and it was clearly significantly influenced by the Uruguayan experience (even using specific advice from those who had previously worked in the context of Uruguay). The fieldwork was made in 1993, but the corresponding general report on results was published in 1995 (Angulo 1995a) and a complementary report was then added to it focusing on the topic of adolescent mothers (Angulo 1995b). In the past ten years there have been no new editions of this important survey, so we must limit ourselves to outlining this single edition, which, in practical terms, has almost no current value.

The survey was made with young people from 15 to 24 years of age, and the fieldwork was decisively helped by the Central Office of Statistics and Information Technology (OCEI). The sample was made up of a total of 5,649 young people, living in the Metropolitan Area of Caracas, the main cities of the interior of the country, and some small and mid-sized towns The tabulation plan for the information collected involved correlations by age groups (15-19 and 20-24), sex (male and female), educational status (differentiating six correlative and different levels), satisfaction of basic needs (SBN and UBN), housing conditions (services available and level of overcrowding), the rate of schooling and the dependency rate (among those who work).

The study areas selected were the following: (i) living conditions; (ii) education; (iii) employment; (iv) family; (v) politics; (vi) conflictivity; and (vii) leisure. In presenting the results, the report stresses the employment block, family disintegration, political demobilisation and conflictivity and youth dissatisfaction as the main problems that affect or are described by the younger generations. In the framework of the chapter on family disintegration, the report analyses topics related with the household, the couple and procreation, distinguishing images and lived family experiences and sexuality, prevention and procreation. It is clear from this, despite the complementary report on adolescent pregnancy going more deeply into many of these specific topics, that the dynamics related with sexual and reproductive health are given scant relative attention in the research as a whole.

From a substantive point of view, the figures show that (in 1993) 6 of every 10 young people had already initiated a sexual life, and the report points out that approximately one fourth of young people with sexual experience report having initiated sexual activity at ages below 15 (…). This figure rises to more than 35% in the case of young men (…) and increases in the group of young people in situations of

poverty to nearly one third (28.4%). Two thirds of those interviewed agree with prematrimonial relations, and only 39% use preventive measures, with a bare half of these adopting them permanently. For this reason, nearly two fifths (38.3%) of young men with sexual experience are parents, and this figure goes up to 69% in the case of young women. Procreation, as a consequence of the imprudent practice of sexuality without precautions, has become an aggravating factor in the already precarious juvenile condition.

COMMENTS ON NATIONAL DIAGNOSES ON YOUTH AND REPRODUCTIVE RIGHTS

The schematic presentation of the surveys and comprehensive youth diagnoses corresponding to the eighteen countries considered gave us a very complete and representative overall view of the region as a whole, and also made it easier to identify the main lines of work, with a view to effectively incorporating them into the dynamics of public youth policies. From this angle, at least five particularly significant dimensions can be stressed:

Firstly we should mention the uneven development of this kind of tools (surveys, statistical compendia, comprehensive diagnoses), comparing the various countries considered. At least four categories could be, somewhat arbitrarily, established here: (i) on the one hand, a small group of countries seem to have a quite consolidated situation in this matter, as they have incorporated them into their regular work dynamic (Chile and Mexico are clearly part of this group); (ii) on the other hand, there is a group of intermediate countries where there have been fruitful experiences, but where it is not yet possible to be sure if they will be consolidated, in some cases because these are recent experiences - (Brazil, Colombia, El Salvador, Nicaragua and Panama could be situated in this category); (iii) a third group is made up of countries where there are significant efforts but detached from the dynamics of public policies or whose sustainability over time is uncertain (Argentina, Guatemala, Bolivia, Paraguay, Peru and Ecuador would be part of this group); and (iv) lastly, a fourth group of countries form a category of those most backward in these matters, with some notable specific efforts that are now out-of-date. Among these are Costa Rica, Honduras, the Dominican Republic, Uruguay and Venezuela.

Another subject to note are some more qualitative comments about the tools (surveys, compendia, comprehensive diagnoses) available, where again there is an obvious variety of situations. On the one hand, there are systematic and comprehensive efforts (again the cases of Chile and Mexico stand out), while on the other there are the efforts of private companies devoted to public opinion studies (Argentina, Brazil and Colombia, for example) or of academic institutions that work with complete autonomy (Guatemala and the Dominican Republic, for example), which make contributions that are only exceptionally incorporated

dynamically into the public youth policy system. In parallel, we have a variety of situations, that include highly rigorous efforts (the surveys in Uruguay and Venezuela in their time and the more recent ones in Bolivia and Panama, or the Youth in Figures in Paraguay and Peru, for example) that are also difficult to integrate into the dynamics of public policies, despite the efforts made to do this.

Thirdly, the variety of substantive approaches used to tackle many of these technical efforts is clear, and here it is important to point out that most of the surveys that have a certain health bias (Bolivia and the Dominican Republic are the clearest examples) have been tackled with an exaggerated emphasis on risk approaches (premature pregnancy, drug abuse, violence, etc.), contrasting strongly with the opportunity approaches (Panama, obviously). This is highly important, in that the allure of figures often clouds the relevance of the substantive approaches with which social phenomena are observed (the youth dynamic in this case), and ends up justifying limited and even dangerous approaches in the field of public policies. Often, we can measure with great accuracy the age at which young people debut sexually, but we lack solid interpretative paradigms to give a foundation for modern, relevant public policies, that see youth as part of the solution and not as part of the problem, from a human rights approach focusing on the analysis of socio-economic, gender, race/ethnic origin or generational inequalities.

Another aspect is the keys to success and failure in these matters, and here it is evident that the most solid cases are based on comprehensive experiences of youth promotion, that have achieved some effective permanence over time, supported on highly qualified technical resources, working in suitable conditions on these subjects (Chile and Mexico, again obviously). In a complementary way, the most recent and most innovative experiences seem to base their success on the technical support received from international cooperation with solid interpretative paradigms and holistic proposals in terms of human development (as in the case of ECLAC in Uruguay and UNDP in Panama, without doubt). On the other hand, the cases that have not managed to consolidate noteworthy experiences in these areas seem to be explained by the lack of public policies and of solid institutions in these matters supporting this kind of enterprises, and/or by the incorporation of academic ideas or international agencies with exaggeratedly reductionist perspectives for work in these domains.

Finally, some paragraphs on the main challenges to be faced in the immediate future in these matters. Everything seems to indicate that some of the most important ones are to do with the need to develop some tools that are as solid in substantive terms as they are simple in terms of methodological implementation, that help us to move forward firmly and decisively in these matters, and the comparative construction of the Youth Development Index, developed by UNESCO in Brazil, could be a good example of this. Likewise, replicating the Report on Human

Development made in Panama (focused on youth) could be another decisive tool for successfully tackling the future challenges in these areas. The same could be said of the need to have systems of statistical indicators that help to monitor general and sector advances in the dimensions of juvenile development that are collectively given priority. In this sphere, the work done by the Integrated System of Social Indicators in Ecuador in the specific area of youth could be a good reference point for supporting the collective establishment of a solid and systematic, collectively useful system in all the region.

What is worrying is that none of the surveys outlined include elements about the perceptions of the young people interviewed about reproductive rights. It is also worth noting that, apart from some notable exceptions, the surveys do not spell out the theoretical approaches used by their writers to look at the young people surveyed. In this context, it is obviously not possible, in almost any case, to know if these surveys are made from a risk or from a rights approach, although in most cases, more implicitly than explicitly, risk approaches appear to take precedence.

Finally, it seems remarkable that these surveys have been made practically without any level of coordination with information-producing agencies at national or international level, and with little concern for the possible comparability of the data collected. Even though some international agencies have supported several of them financially (UNFPA itself, for example), not even in these cases is there any apparent concern for this, and thus the opportunity is lost to make comparative analyses of the results obtained. They do not even coincide in the age groupings considered, nor is there consistency in the questionnaires applied, with few questions in common, and practically never made in the same format.

If public youth policies are based on these studies, it is fundamental that in future these problems should be properly dealt with. For this, work should be done together to unify working criteria, define age groupings, sample sizes, common questionnaires and variables of analysis, as well as agreements on the frequency of application and the format for interpreting and publishing the results obtained.

The Ibero-American Youth Organization (OIJ) could fulfil a significant role in this, setting up a specialised task force, with members from the technical teams that have been working in these domains at the level of each country, with the technical and financial help of international agencies linked with these population dynamics, such as UNFPA and ECLAC. This would also enable the data analyses to take into account analytical hierarchies such as gender, race/ethnic origin, socio-economic inequalities and generational inequities.

It would be necessary to work to overcome problems that may be seen as bias, and even the prejudices of various of the researchers involved in these studies, about topics related with sexual and reproductive health, since in the studies made, there is a clear lack of knowledge of key approaches in these domains, such as that based on reproductive rights, a use of questionable language (minors, premature pregnancy, responsible exercise of sexuality, etc.) and even an ignorance (or the continuation of highly limited conceptions) of key categories in these matters, visible in the simplistic assimilation between sex and gender, categories that, in various cases, are used indistinctly.

Efforts that UNFPA supports in the future in these areas should bear these core elements in mind, in order to gradually overcome this kind of significant limitations.

Adolescence and Youth Laws and Reproductive Rights

There is general consensus in international instruments, in the Codes of Childhood and Adolescence and in children's policies that their ambit of application is persons of up to 18 years of age. However, in the case of yout laws, the ambit of application may cover very varied ages. This situation has generated a significant diversity of criteria in defining young people. Countries have different legal norms about the ages of their population groups, responding to their own political and social situations, but generating very noticeable variations from one country to another. Thus, in Mexico, young people are those persons whose ages vary between 12 and 29, in Costa Rica between 12 and 35, the Dominican Republic takes the segment between 15 and 35 years of age, and other countries, like Nicaragua, as from age 18, so as not to overlap with legislation about adolescents.

In many cases, there is an age overlap of adolescence and youth and in some cases of these with childhood, which generates some legislative incoherence, and can even go against the Convention on the Rights of the Child and the new legislation on childhood and adolescence, at the same time as it overlaps with all the national juridical norms aimed at regulating the various ambits of action of adult persons. However, when youth laws cover ages that may conflict with the legislation, policies and programmes made for adolescents, the youth laws themselves resolve this conflict, establishing that this is understood as complementary and not as substituting for the age limits regulated as guarantees and protection systems for adolescents.

Reproductive rights, in turn, have been brought into the youth legislation of Ecuador, the Dominican Republic and Nicaragua, providing for access to sexual and reproductive health care services in conditions of confidentiality and intimacy. In the cases of Ecuador and Nicaragua, this provision would not present any conflict of norms in the case of adolescents, as the Youth Law is applied as from 18 years of age. However, the ambit of application of the Youth Law of the Dominican Republic is as from age 15, and so it would be necessary to determine the real access of adolescents to health care services in a confidential manner.

Lastly, this vagueness and variation in ages is seen in an overlapping of policies and programmes, lack of coordination, institutional and budgetary weakness, and a lack of specific attention.

To understand to what extent there are empty spaces for the legitimation of reproductive rights for youth and adolescents, the legislative hierarchy must be remembered, by which international law on human rights has priority over national legislation. What is established in international law thus becomes an obligation of the State towards its citizens.

INTERNATIONAL INSTRUMENTS OF HUMAN RIGHTS FOR YOUTH

International human rights law has recognised and proclaimed individual and collective rights in the civil, political, cultural, economic and social ambits, all of which are applicable to youth. The Universal Declaration of Human Rights declares that all human beings are born free and equal in dignity and rights, that all persons are equal under the law and must receive equal protection through this, and that every person should be able to enjoy human rights and fundamental freedoms *without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status* (Art. 2). Even though age does not figure explicitly among the reasons for which the enjoyment of the rights cannot be discriminated, it is implicitly recognised within the term *or other status*, and is applicable for children as well as for adolescents, youth and people advanced in age.

The Covenants on Civil, Political, Economic, Social and Cultural Rights develop the principles established in the Universal Declaration of Human Rights. The Covenant on Civil and Political Rights gives a list of rights about the protection of the liberty, security and physical integrity of the person, as well as their rights to take part in public affairs. The International Covenant on Economic, Social and Cultural Rights includes among others the equal right of men and women to the enjoyment of economic, social and cultural rights (Art.3), to work (Art. 6), to social security (Art. 9), the right to an adequate standard of living, including food, clothing and housing (Art.11), to the highest attainable standard of physical and mental health (Art. 12), to education (Art.13) and to take part in cultural life and enjoy the benefits of scientific progress (Art.15).

Countries have often tried to argue that the phrase *to the maximum of its available resources, with a view to achieving progressively the full realization of the rights* established in Art. 2 of the International Covenant on Economic, Social and Cultural Rights, means that only once a State has reached a particular level of economic development does it have to put into effect the rights proclaimed in the Covenant.

In fact, as is clearly indicated by the Committee on

Economic, Social and Cultural Rights, this is not the intention of the clause. On the contrary, the Covenant in question obliges all the Party States, independently of their level of national wealth, to advance immediately and as quickly as possible towards putting into effect the economic, social and cultural rights, and for these rights to be exercised without discrimination (General Observation 3).

On the American continent, some months before the adoption of the Universal Declaration, the American Declaration of the Rights and Duties of Man had been approved within the Conference of American States. In 1969, the American Convention on Human Rights was passed, known as the Pact of San José de Costa Rica, that took effect as from the year 1978 and the Additional Protocol to the American Convention on Human Rights in the area of Economic, Social and Cultural Rights (*Protocol of San Salvador*).

Special mention should be made of the passing by the General Assembly of the Organization of American States (OAS) in June 1994 of the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women (Convention of Belém do Pará), which is the first international treaty in the world to recognise violence against women as a violation of human rights and especially so-called private violence and domestic violence, i.e., occurring in the ambit of family life.

In 1979, the General Assembly of the United Nations approved the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) that establishes in legally binding form the internationally accepted principles on the rights of women in all spheres of political, social, economic and cultural life. The basic juridical norm of the Convention is *prohibiting all forms of discrimination against women.* The specific nature of women as subjects of rights is based exclusively on their gender status, and goes back to the differences in treatment and opportunities that have been historically and socially constructed in function of erroneous notions about the different capabilities of men and women to act in the world of politics, work and the family (Faur, 2003).

The CEDAW embodies without distinction the civil, political, social, economic and cultural rights, in order to achieve a profound equality between men and women of all ages. With this Convention, a great step was taken towards the goal of equal rights for women, by determining that discrimination against women is an injustice and constitutes an offence against human dignity.

Likewise, Art. 12 of the CEDAW establishes that the *States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.* Art. 10 (h) requires that women have access *to specific educational information to help to ensure the health and well-being of families.* The Committee on the Elimination of Discrimination against Women interpreted that this article requires the State to eliminate discrimination against women in access to health care services, particularly in the area of family planning and in the pre- and post-partum periods.

The Committee on the Rights of Women, whose job is to watch over the implementation of the Convention by the States parties, has reaffirmed that the woman's lifespan must be borne in mind, and so, when speaking of the rights of women, girls and adolescents must also be considered (General Recommendation 24).

In the matter of the rights of children and adolescents, we must go back to the Convention on the Rights of the Child (CRC), which combines in one legal document the civil and political, economic, social and cultural rights, regarding them as complementary and necessary components for ensuring the comprehensive protection of children and adolescents.

The Convention on the Rights of the Child, in its Art. 24, establishes that *the States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. The States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.* It also establishes in relation to reproductive rights that the States shall adopt appropriate measures *to develop preventive health care, guidance for parents and family planning education and services* (Art. 24, sec. 2 f).

REPRODUCTIVE RIGHTS OF YOUTH IN THE FRAMEWORK OF HUMAN RIGHTS

The International Conference on Population and Development held in Cairo in 1994 (ICPD) gives a solid foundation to the need to situate sexual and reproductive health as a core component of health in general and of a person's life throughout their lifespan. This international conference, with representation from more than 180 countries, enabled the debate of the subject of women's sexual and reproductive health as a human right and established a new paradigm in terms of the debate on population and development, leaving demographic and population control issues on one side, to move on to the recognition of the reproductive rights of persons of both sexes as human rights.

The Conference adopted a Programme of Action for the following twenty years, taking on recommendations made by the different agencies of the United Nations, and thus introduced the contents of managing the procreative role, access to reliable information, and quality sexual and reproductive health care services, including family planning. Although it should be borne in mind that Declarations and Platforms of Action adopted in conferences do not have the force of law, they do constitute guidelines and ethical frameworks for adopting legislation and public policies in each country.

The Programme of Action was examined by the General Assembly, meeting in extraordinary session in June 1999, where the progress already made was assessed, the underlying difficulties examined, and recommendations presented for reaching the Conference goals in the next twenty years. An evaluation was also made during 2004 as the result of both the so-called ICPD+5 and ICPD+10, in which NGOs, governments and international organizations took an active part.

The ICPD fixed the objective of ensuring voluntary and universal access before 2015 to a complete range of sexual and reproductive health care services and information about these. It thus broadens the scope of reproductive rights, breaking down the traditional, restricted view, abandoning the fertility-centred approach and replacing it with an approach that integrates reproductive health, family planning, education, equality and gender equity.

Sexual and reproductive health has thus been defined as *a complete state of physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.* (Par.7.2) – *The implementation of the present Programme of Action is to be guided by the above comprehensive definition of reproductive health, which includes sexual health.* (Par.7.4)

It also declares that *reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.* (Par.7.3.) It states that adolescents should be provided with the information and services that will enable them to understand their sexuality and to protect themselves against unwanted pregnancies, sexually transmitted diseases and the subsequent risk of infertility. (Par. 7.5; 7.4.) It likewise declares that in most countries, adolescents are particularly vulnerable because of their lack of information and access to relevant services (Par.7.3).

The Cairo Programme of Action suggests that particular attention should be paid to *meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality*, and in this way it recognises the right of this age group to reproductive health care services (par. 7.3).

The importance is stressed of establishing school- or community-based health education programmes for children, adolescents and adults, with special care for girls and women (Commitment 6.1). and it establishes that it should *meet the special needs of youth and adolescents, especially young women, with due regard for their own creative capabilities, for social, family and community support, employment opportunities, participation in the political process, and access to education, health, counselling and high-quality reproductive health services* (Par.6.7).

In the extraordinary period of sessions of the General Assembly of the United Nations held in 1999, ICPD+5, the right of adolescents was recognised to enjoy the highest possible levels of health and to appropriate, specific, user-friendly and accessible services for young people, to address effectively their reproductive and sexual health needs, including reproductive health education, information, counselling and health promotion strategies. (Par. 73).

The World Conference on Women (Beijing 1995) reiterates the general concepts of previous Summits on the need for full respect for each and every one of women's human rights and that reproductive rights are human rights.

Bearing in mind the Programme of Action of the International Conference on Population and Development and the Declaration of Vienna and the Programme of Action approved in the World Conference on Human Rights, the Fourth World Conference on Women reaffirms that the rights to procreation are based on deciding freely and responsibly the number of children, the spacing of births and the moment in which they wish to have children, and to have access to the information and the means necessary for this, as well as the recognition of the right to reach the highest level of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. (Par. 223).

The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. (Par. 96).

The Platform of the Fourth World Conference on Women in China in 1995 affirmed the concept of reproductive rights as human rights, but also added the explicit recognition of the right of women to decide and control their sexuality, as

well as considering the need for the countries to revise laws that criminalise abortion.

The Beijing Conference stated that *discrimination against girls … in access to nutrition and health-care services endangers their current and future health and well-being. Adolescent girls need, but too often do not have, access to necessary health and nutrition services as they mature. Counselling and access to sexual and reproductive health information and services for adolescents are still inadequate or lacking completely, and a young woman's right to privacy, confidentiality, respect and informed consent is often not considered* (par. 93).

In June 2000, around 2,000 government delegates and 2,000 representatives of non-governmental organizations (NGOs) from more than 180 countries met in New York for a special session of the General Assembly of the United Nations to review the implementation of the Declaration and Platform of Action of Beijing 1995 (Beijing Platform). The Special Session, titled Women 2000: Gender Equality, Development and Peace for the 21st Century, also known as Beijing+5, served to reaffirm the goals and objectives of the other conferences and of Cairo+5. The Review Document instructed the States to *examine and review the policies, programmes and national laws in order to apply the document agreed in Cairo+5 and to consider the possibility of signing and ratifying the Enabling Protocol of the Convention on the Elimination of all Forms of Discrimination Against Women.*

The Committee on the Rights of the Child, in General Observation N° 4, established that in order to promote the health and development of adolescents, the States parties should strictly respect the right to privacy and confidentiality, including consultation and counselling on health matters. Health professionals have the obligation to observe the confidentiality of medical information concerning adolescents. Such information may only be disclosed with the consent of the adolescent or in the same situations applying to the violation of an adult's confidentiality. Adolescents deemed mature enough may request treatment as well as confidential services.

It also pointed out that, in light of Articles 3, 17 and 24 of the Convention on the Rights of the Child, States should provide adolescents with access to sexual and reproductive information, including on family planning and contraceptive, the dangers of early pregnancy, the prevention of HIV and the prevention of sexually transmitted diseases.

In the Special Session held in New York in May 2002, with the title A World Fit for Children it was established that, in order to have a healthy life, access should be provided *to effective, equitable, sustained and sustainable primary health-care systems…, ensuring access to information and referral services; … and promoting a healthy lifestyle among children and adolescent*s. It also

resolved *to develop and/or strengthen strategies … for expanding good-quality, youth-friendly information and sexual health education and counselling services; strengthening reproductive and sexual health programmes: and involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible.*

In March 2004, the ECLAC meeting in Santiago de Chile reaffirmed the commitment of the countries of the region with the principles, objectives and actions contained in the Programme of Action of the International Conference on Population and Development of Cairo+5: *Youth and adolescents: reiterate the strategic importance of encouraging quality public education as an instrument of upward social mobility to stimulate productive employment and reinforce its contribution to poverty reduction and to recognise, promote and protect the right of youth and adolescents to access to friendly reproductive and sexual information, education and health care services, safeguarding the right of youth and adolescents to privacy, confidentiality and informed consent and involve them in the design, implementation and evaluation of such programmes.*

In brief, we can see that the reproductive rights of youth and adolescents are recognised and protected by international human rights law, especially under the International Convention for the Elimination of All Forms of Discrimination Against Women (1981); the Convention on the Rights of the Child (1990), the Declaration and the Programme of Action of the International Conference on Human Rights, (Vienna 1993), the Programme of Action of the World Conference on Women (Beijing 1995), Beijing+5, following up the Programme of Action of Beijing and the Programme of Action of the International Conference on Population and Development, (El Cairo 1994), Cairo+5 and +10 following up the Cairo Plan of Action. It thus constitutes an unavoidable duty of the countries to guarantee that they are effectively complied with, bearing especially in mind that:

- These rights are inseparable from human rights and essential for each person to enjoy their full human potential and for their emotional and physical well-being.
- The right to enjoy the highest possible level of physical and mental health includes the right to have control over as well as to decide freely about one's sexual and reproductive health, without being subject to coercion, discrimination and violence, being able to control one's own fertility as an essential element for enjoying other rights.
- Reproductive rights are social determinants of health and as such, failing to exercise them determines poverty, lower levels of health and human development.

Chart N° 1: Ratifications and Implementation of Human Rights Treaties in Latin America and the Caribbean

Country	International Covenant on Civil and Political Rights	Internacional Covenant on Economic Social and Cultural Rights	Convention on the Elimination of All Forms of Discrimination Against Women	Convencion of the Rights of the Child	Inter-American Convention on the Prevention Punishment and Eradication of Violence Against Women	Additional Protocol to the American Convention on Human Rights in the area of Economic, Social and Cultural Rights	Optional Protocol to the Convention on the Elimination of All Forms of Discrimination on Against Women
Antigua and Barbuda			1989	1993	1998		
Argentina	1986	1986	1985	1991	1996	2003	
Bahamas			1993	1991	1995		
Barbados	1976	1976	1981	1990	1995		
Belize		1996	1990	1990	1996		2003
Bolivia	1982	1982	1990	1990	1994		2000
Brazil	1992	1992	1984	1990	1995	1996	2002
Chile	1976	1976	1990	1990	1996		
Colombia	1976	1976	1982	1991	1996	1997	
Costa Rica	1976	1976	1981	1990	1995	1999	2001
Cuba			1981	1991			
Dominica	1993	1993	1981	1991	1995		
Ecuador	1976	1976	1981	1990	1995	1993	2002
El Salvador	1980	1980	1981	1990	1996	1995	X
Grenada	1991	1991	1990	1990	2001		
Guatemala	1988	1992	1982	1990	1995	2000	2002
Guyana	1977	1977	1981	1991	1996		
Haiti		1991	1981	1995	1997		
Honduras	1981	1997	1983	1990	1995		
Jamaica	1976	1976	1984	1991			
Mexico	1981	1981	1981	1990	1998	1996	2002
Nicaragua	1980	1980	1981	1990	1995		
Panama	1977	1977	1981	1991	1995	1993	2001
Paraguay	1992	1992	1987	1990	1995	1997	2001
Peru	1978	1978	1982	1990	1996	1995	2001
Dominican Republic	1978	1978	1982	1991	1996		
St Kitts and Nevis			1985	1990	1995		
Saint Lucia			1982	1993	1995		
St Vincent & The Grenadines			1981	1993	1996		
Sao Tome & Principe			2003	1991			
Trinidad and Tobago	1979	1979	1990	1992	1996		
Uruguay	1976	1976	1981	1990	1996	1996	2001
Venezuela	1978	1978	1983	1990	1995		2002

Source: High Commissioner for Human Rights as at June 9th 2004.

SEXUAL AND REPRODUCTIVE HEALTH AS A STRATEGY FOR POVERTY REDUCTION AND SOCIAL DEVELOPMENT

Taking place in the year 2000, the Millennium Summit signified the commitment of States to reducing poverty which is the main determinant of the lack of exercise of human rights. The Millennium Development Goals (MDG) were formulated there and the respective targets were agreed for reducing world poverty before 2015. These MDGs should be understood as obligations of the States in relation to their citizens and of the States among themselves, especially as regards full compliance with the economic, social and cultural rights. The agreements made include the following eight priorities:

1. To eradicate extreme poverty and hunger. To halve before 2015 the proportion of people whose income is less than one dollar a day and suffer hunger.
2. To achieve universal primary education. To ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.
3. To promote gender equality and empower women. To

eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015.

4. To reduce child mortality. To reduce by two-thirds before 2015 the under-five mortality rate.

5. To improve maternal health. To reduce by three-quarters, before 2015, the maternal mortality ratio.

6. To combat HIV/AIDS, malaria, and other diseases. To have halted by 2015 and begun to reverse the spread of HIV/AIDS and the incidence of malaria and other major diseases.

7. To ensure environmental sustainability. To integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources. To halve by 2015 the proportion of people without sustainable access to safe drinking water. To have achieved by 2020 a significant improvement in the lives of at least 100 million slum dwellers.

8. To develop a global partnership for development. To develop further an open trading and financial system (includes a commitment to good governance, development, and poverty reduction—both nationally and internationally) … To deal comprehensively with the debt problems of developing countries. To develop and implement strategies for decent and productive work for youth. In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries.

The United Nations Millennium Project and later international documents have recognised that it will be impossible to reduce poverty without achieving universal access to sexual and reproductive health. Thus, the focus on the needs of youth and adolescents in terms of reproductive rights is key for achieving the objective related with improving maternal health and combating HIV.

The State of the World Population 2004 (p. 73), under the heading Adolescents and the MDGs, states: *Enabling youth to delay pregnancy is not only a health and human rights imperative; it is also a key to slowing the continuing momentum of population growth and allowing developing countries to reap the economic benefits that lower fertility can bring, and should be given priority in the global effort to eradicate poverty and achieve the Millennium Development Goals. Investing in young people's health, education and skills development, and allowing girls to stay in school and marry later, are also essential to meeting the MDGs related to gender equality, child mortality, maternal health and HIV/AIDS.*

In May 2004, the 57th World Health Assembly approved the strategy of the World Health Organization on reproductive health, with the aim of speeding up progress towards achieving the Millennium Development Goals and the reproductive health objectives set in the ICPD and in the five-year review of its Programme of Action.

The Assembly recognised the ICPD Programme of Action and urged countries to: *(i) adopt and implement the new strategy as part of national efforts to achieve the MDGs; (ii) make reproductive and sexual health an integral part of planning and budgeting; (iii) strengthen health systems' capacities to provide universal access to reproductive and sexual health care, particularly maternal and neonatal health, with the participation of communities and NGOs; (iv) ensure that implementation benefits the poor and other marginalized groups including adolescents and men; and (v) include all aspects of reproductive and sexual health in national monitoring and reporting on progress towards the MDGs.* (State of the World Population 2004. UNFPA, p. 38).

The United Nations Secretary-General has likewise declared: *The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women's rights, greater investment in education and health, including reproductive health and family planning* (Kofi Annan, *2002*).

CHILDREN´S RIGHTS: A MODEL TO FOLLOW?

The impact made by the Convention on the Rights of the Child (CRC) has been very important, and this is the specific instrument for the protection of human rights that has enjoyed the greatest international acceptance and recognition. The CRC is the foundation of the so-called *comprehensive protection doctrine*, which refers to the construction of a new concept of children and adolescents and their relationships with the family, society and the State. This conception is based on the express recognition of them as subjects of law which comes out of their character as a human person, in opposition to the idea of being defined on the basis of their juridical incapacity. This approach, that involves childhood and adolescence as a whole, has very important effects:

a) Children and adolescents are persons and owners of rights and obligations, just like adults, and so are subjects of law. They may not be considered as passive objects of State and parental protection.

b) Human rights, recognised in international human rights conventions, also apply to childhood and adolescence.

c) Apart from respect for the rights and duties of parents and representatives, Article 5 should be noted, when it makes it clear that the faculties given to parents are conferred with the aim of making use of them in a manner consistent with their evolving faculties, so that children and adolescents can exercise the rights recognised in this international instrument.

d) It is clear from the interplay of Arts. 12 and 24 that children and adolescents, as owners of rights to health service provision, have to be listened to and their

opinions taken into account, with due regard to their age and maturity.

Likewise, any unjustified obstacle to access to health care, also including sexual and reproductive health information and counselling for adolescents, constitutes age-based discrimination and is thus a violation of Art. 2 of the Convention on the Rights of the Child. States should ensure that adolescents have access to information and the opportunity to participate in decisions affecting their health through informed consent, rights to confidentiality, and to obtain age-appropriate information (Committee on the Rights of the Child, General Comment N 4 – 2003).

Most of the countries in the region have adopted Codes or framework laws on Childhood and Adolescence, and have incorporated specific clauses in their constitutions adapting their national legislation as a consequence of the obligations acquired with the ratification of the Convention on the Rights of the Child. In general, the new Latin American and Caribbean legislations define as a child any human being up to 12 or 14 years of age and as an adolescent any human being from that age up to reaching age 18. But the rights approach is much more developed and recognised in the populations of children than as regards youth. In practice, the emphasis on the implementation of the rights approach as the normative basis for youth policies derives from the process initiated with the countries' adoption and ratification of the CRC.

DO YOUNG PEOPLE REQUIRE SPECIFIC LEGISLATION AND PROTECTION?

As explained above, young people over 18 years of age are legally recognised in most of the countries as adult persons, and the rights they enjoy correspond to the generic concept of the human person, which makes them full subjects of rights. The Convention on the Rights of the Child is applicable to adolescents and young people of every country up to age 18. And the rights of adolescents and young people are also clearly included in the general instruments of human rights and in the general domestic legislation of the countries.

What need is there then for legal frameworks for young people on a group of specific rights, differentiated from those of adults? Just like at the end of the ´80s when the Convention on the Rights of the Child was adopted, and in the ´90s with the promulgation of the Codes on Childhood and Adolescence in various countries, the adoption of specific norms both at international level in the form of binding treaties and at national levels could serve to reassert the implementation of those rights already recognised in general in other international rights instruments. Secondly, it would allow the scope and implementation of international instruments on human rights to be defined through legislation and policies dealing specifically with the rights of young people.

Youth rights are mostly based on declarations that are general in character, and there are very few cases of constitutional provisions individualising young people and specifying them as owners of rights. One of the cases where legislation on the subject of youth is organised is seen in the Colombia Law on Youth (Law N° 375 of 1997), which grew out of the mandate and constitutional recognition of youth by article 45 of the Constitution of 1991. But there are not many examples in existence.

Reviewing how international norms have evolved as regards the rights of youth as a specific group, we only find "soft", i.e. non-binding, legal instruments. Thus, in the ´80s, the Declaration of International Youth Year was adopted, promoted by the United Nations Organization and the International Youth Year of 1985 called by the United Nations:

In the Ninth Ibero-American Conference of Ministers responsible for Youth (Lisbon 1998), the possibility was broached of drawing up an Ibero-American Charter of Youth Rights, which would consecrate in the Ibero-American context the recognition of the specific nature of youth and their recognition as subjects of rights. The Tenth Ibero-American Conference of Ministers responsible for Youth (Panama, 2002) agreed on the possibility of converting the Charter of Rights into an International Treaty compliance with which was binding.

In April 2004, in the Santo Domingo meeting, this intention was ratified and it was agreed that the Ibero-American Charter of Youth Rights should be called the Ibero-American Convention on Youth Rights. The objective of this Convention was to consecrate in a binding way the recognition of the requirements for protection and the guarantee of the exercise of the rights of youth, including that of gender equality, the free choice of a partner, comprehensive health and sexual and reproductive health. These initiatives were ratified in the 12th Ibero-American Conference of Ministers responsible for Youth held in Mexico in November 2004, but now the Parliaments have to pronounce on the matter.

In any case, it is important to bear in mind that the idea of having specific legislation based on an international instrument can help to accompany the transition from childhood to adolescence to youth as a continuity, and serve as a way of breaking the invisibilisation of a sector of the population that is left out of rights and opportunities or suffers discrimination. In this way it would follow the route taken with the CRC and progress would surely be made in these matters.

However, the idea of specificity should not make us lose sight of the need to work transversally across the different sectors. Integration and transversality should be adopted and practiced as fundamental strategies and practices of any youth legislation and policy. The subject of youth has to be tackled with an approach that incorporates human rights, the gender perspective and transversality. Making legislative changes can help, but it is not sufficient for the recognition of the reproductive rights of youth; this must be

accompanied by a profound institutional reorganization and the introduction of effective improvements in youth care.

THE REPRODUCTIVE RIGHTS OF YOUTH IN NATIONAL LEGISLATION

REPRODUCTIVE RIGHTS

After signing the ICPD commitments, many countries in Latin America launched processes for guaranteeing reproductive rights. In much of the English-speaking Caribbean, however, these processes dated from before the ICPD. After this conference, a large number of countries reviewed their legal and political frameworks and adopted measures to ensure the exercise of reproductive rights and access without discrimination to sexual and reproductive health care services. Thus Argentina, Belize, Bolivia, Colombia, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Paraguay, Peru, St Lucia and Venezuela adopted national sexual and reproductive health policies and programmes (CELADE 2004).

Likewise, various constitutions recognise the right to decide on the number of children and their spacing, such as the constitutions of Brazil, Colombia, Ecuador, Guatemala, Mexico, Paraguay and Peru. In Cuba, such programmes already existed prior to Cairo and were reinforced subsequent to the international conference. In Mexico, just as in Nicaragua and Peru, the principles underlying actions for promoting the full exercise of reproductive rights and guaranteeing access to family planning and reproductive health services are recognised in their population policy. In Mexico, both the General Law on Health and the Regulation of the General Law on Population stress the obligation to provide information and education about family planning to youth and adolescents (CELADE 2004).

Some countries made changes in the legal framework and promulgated new laws that helped to adapt the normative framework in order to give priority to care for the reproductive needs of women, men, youth and adolescents, incorporating the approach of reproductive rights and of sexual and reproductive health. Examples include the passing of the 2001 *Law of Social Development* in Guatemala or the 2002 *National Law on Sexual Health and Responsible Procreation* in Argentina. In Grenada, a care network was set up, organised by districts and made up of nurses who provide family planning services and prenatal and postnatal care. In Haiti, reproductive health promotion is the responsibility of the primary health care services (CELADE 2004). A national health policy was passed in Belize which stresses reproductive rights; and a reproductive health policy was also passed.

The ICPD was concerned about abortion as a health risk to be avoided through access to sexual and reproductive health information and services, including contraception. Analysing the differences in legislation about this health subject in the region, it can be seen that all the countries in Latin America prohibit abortion, although there are

differences in the acceptance of exceptions for danger to the health of the mother and in cases of rape. In the Caribbean area, however, in the cases of Cuba, Guyana (Medical Termination of Pregnancies Act, 1995); and Barbados (Medical Termination of Pregnancy Act 1983-4) abortion is legal. In the cases of Antigua and Barbuda, Bahamas, Belize, Dominica, the Dominican Republic, Grenada and St. Kitts and Nevis, abortion is illegal. Lastly, in the cases of Trinidad and Tobago, St Vincent, Surinam and St Lucia, even though abortion is illegal, there is treatment in the case of any complications arising.

HIV - AIDS

For HIV-AIDS, most countries of Latin America have adopted framework laws. In general terms, their provisions are based on the right to life and health and the human rights contained in the declarations and international treaties on human rights. The laws stress the rights and duties of people living with HIV and those ill with AIDS, guaranteeing the promotion, protection and defence of the human rights of the people affected, with emphasis on the ethical principles and rights to non-discrimination, confidentiality and autonomy.

As regards confidentiality and privacy, most of the legislation - despite mentioning the Convention on the Rights of the Child – differentiates and discriminates the situations of adults and minors, arbitrarily denying the rights recognised in this Convention. In this way it provides that, in order to make the serological tests for the diagnosis of HIV/AIDS that are indicated for minors, it is required that their parents or legal representatives give permission for this, and in many cases written consent is required, so that minors are not able to ask for the test to be done by themselves (examples are El Salvador, Guatemala, Honduras and Panama).

In contrast, in the case of Costa Rica (General Law on HIV/AIDS), it is established that decisions about the notification of parents or other responsible persons about the state of such minors infected with HIV, consent to treat them and any other kind of intervention, must be taken in the same way as for the rest of society, giving special attention to the principle of respect for the supreme interest of childhood, all in accordance with the law and the Convention on the Rights of the Child.

The legislation in El Salvador emphasises sexual abstinence and mutual fidelity as the only sure methods of prevention and that any campaign promoting the condom or any other barrier method must protect the consumer, informing them that such methods are not one hundred per cent effective (Law on the Prevention and Control of Infection Caused by Human Immunodeficiency Virus, Decree No. 588).

The legislation in Honduras shows significant influence from the religious authorities, when it includes the Catholic Church in the National Commission on AIDS, and establishes that educational guidance and messages in the public and

private mass communications media should respect the morality and religious conditions of Honduran people. Likewise, it clearly states that health professionals or health institutions are obliged to maintain confidentiality except in the case of minors, when those who exercise parental rights over them must be informed (Decree N° 147-99).

JUDICIAL INSTRUMENTS ON YOUTH

There is no single approach in Latin America and the Caribbean for tackling the subject of youth. It is important to remember that legislation about young people is generally scattered among normative instruments which are very diverse in kind and that there is legislation that, although not promulgated with the aim of directly influencing the specific situation of young people, has positive and negative repercussions on their status and situation.

On the one hand, in some countries there is no explicit legal treatment of youth as a specific population group, but they are dealt with generally within the adult population without recognising their specific needs as a group. In these cases, their recognition as a group has occurred through the creation of a variety of administrative institutions and programmes, which lack a general legal framework and are characterised by certain institutional fragility and instability, as in the cases of the National Youth Department in Argentina, or of Bolivia (Vice-ministry for Youth), Guatemala (National Youth Council), El Salvador (Youth Secretariat), Panama (Ministry for Youth, Women, Childhood and Family) and Uruguay (National Youth Institute), created by decree or ministerial resolution, generally dependent and under the orders of a particular ministry (education, social development).

In the cases of the National Youth Institute in Chile, the Mexican Youth Institute and the National Youth Council in Peru, although they adopted youth laws, in fact these are norms for the creation of government agencies in charge of running youth programmes. But even these cases do not make much of a contribution in terms of asserting young people as subjects of rights.

However, a limited number of countries such as Colombia, Costa Rica, Ecuador, the Dominican Republic, Nicaragua and Venezuela have specific legislation on youth in the form of a General Youth Law, which recognises the rights and participation of young people, as well as the bodies that formulate, guide and run youth policies and programmes, in concert with the State, civil society and the young people themselves. In Colombia, the subject of youth is even included in the National Constitution in terms of protection and participation. Also notable in this country is the creation within the Ombudsman's office of the Programme for the Promotion and Protection of the human rights of young people (Art. 28 of the law on youth and Resolution N° 846 of 1999). These laws create the so-called youth systems, normally made up of a guiding body at national level and local agencies and occasions for youth participation at local and national level.

In any case, the real strength and negotiating power of these institutions within the government structures to become guiding forces to guarantee full compliance with the legislation and the design of an active and comprehensive policy for young people is at least doubtful. In the cases of Costa Rica (Decree N° 30622) and Colombia (Decree N° 089-2002), the functioning and responsibilities of each of the legal instances created have been regulated in detail. In addition, in the case of Costa Rica, the regulation of Art. 3 establishes that, in order to meet the objectives set in the Law, all public sector institutions must include programmes and services, considerations, demands and rights of young people in their plans.

As regards the funding provided for meeting the objectives of the laws, youth legislation generally includes budget items that come out of ordinary budgets and income that can be obtained by the activities that the youth institutions themselves run, without setting specific percentages (Chile, Ecuador, Peru, Mexico and Nicaragua). Not setting a percentage of the budget allocation may affect the institutional development and proper financial support and running of the services and activities included in the law, forcing youth institutions in each country to negotiate budget allocations every year. The case of the Dominican Republic is an interesting model, where the law prescribes the obligation of allocating a specific annual budget for the Secretariat of State for Youth equivalent to 1% of the national budget, which must be devoted to funding compliance with the law, but in practice this has not been fulfilled.

Decentralisation to local offices according to the distribution in regions or municipalities is provided for in the youth legislation of the Dominican Republic, Peru, Nicaragua, Ecuador, Costa Rica, and Colombia. Activities should undoubtedly be decentralised to departmental and municipal levels, but the decentralisation should occur in the framework of a proper articulation and be accompanied by financial resources, but this does not happen in most of the legislations that the countries have adopted. It does work in the case of Costa Rica, where the Law establishes that 22.5% of the budget of the National Council must be devoted to funding the projects of the Cantonal Committees, which is also important in terms of decentralisation. In the Dominican Republic, the law says that a budget allocation should be made that is no less than 4% of the total of ordinary annual resources received by local governments, but this is not complied with either.

But whether it is a matter of programmes, general legislation or the creation of guiding institutions in youth subjects, strategies should be adopted for the recognition and genuine functioning of reproductive rights for youth in order to achieve social and political support and to include within public and institutional agendas the subjects of reproductive rights, among which are:

a) Inter-sector work: in health, education, employment, the administration of justice, social organizations, among others.
b) Consciousness-raising among male and female public officials in the education, health, judicial, municipal and police sectors, among others.
c) Generating visible coordination institutions with decision-making powers and with management and budgetary autonomy (youth councils, inter-sector bodies, etc.).
d) The active participation of young people, their families and organizations at local level (local councils, instances for community participation open to young people, etc.).
e) The creation of institutional networks for protection, including consciousness-raising on topics of youth in institutions for the defence of rights in general (adult) to support the cause of the defence of youth rights.
f) An alliance with the communications media, especially in subjects about the empowerment of women, reproductive rights and the prevention of intra-family violence.
g) The decentralisation and transfer of resources to regions and municipalities.
h) Knowledge of the reproductive rights approach, among users as well as service providers, and about the legal instruments that have been passed so that compliance with these can be demanded.
i) The use and publicising of court cases, and the creation of case-law sensitive to the subjects of youth, reproductive rights and gender.

Chart Nº 2: Youth Laws in the Region of Latin America and the Caribbean

Country	Law and Age	Rights Approach	Express Promotion of Reproductive Rights and Gender Equity	Guiding and Policy Bodies	Funding	Municipalities
Argentina				National Youth Department		
Bolivia				Vice-ministry for Youth		
Brazil						
Chile	Law 19042			Art. 1 – National Youth Institute Art. 9 – Regional Institute Offices	Art. 12 – The patrimony of the National Youth Institute will be made up of: a) The resources allocated to it annually in the Law of the Public Sector Budget.	
Colombia	Youth Law 375 14 to 26 years of age	Yes		Art. 18 – National Youth System Youth Vice-Ministry of the National Education Ministry National Youth Council (Art. 21) Departmental Councils (Art. 20) Functions regulated by Decree 089 February 2000 Art. 28 Ombudsman (Programme of Promotion and Protection of human rights of youth established by Resolution Nº 846 of 1999)	Art. 43 – National public sector resources without specifying percentage	Art. 19 – Municipal youth councils The municipalities and districts are the main executors of youth policy in their respective jurisdictions. They have authority to draw up plans and investment programmes to enable the execution of the policies. Art. 27 Functions regulated by Decree 089, February 2000

Country	Law and Age	Rights Approach	Express Promotion of Reproductive Rights and Gender Equity	Guiding and Policy Bodies	Funding	Municipalities
Costa Rica	Law 8261 12 to 35 years of age	Yes		Art. 10 – National Youth System. The vice-minister (a) of youth. b) The National Council of Public Policy on the Young Person, Art 11 The National Consultative Council on the Young Person Art. 22	Art. 30 – provides for special items (National Fund for Family Allocations and the product of extraordinary issue of the National Lottery)	Art. 24 – Cantonal youth committees Art. 26 - Funding (22.5%) of the Council budget will be destined for funding the projects of the cantonal committees for the young person
Ecuador	Law 2001-49 18 to 29 years of age	Yes	Art. 16 – Sexual and Reproductive Health and Rights. Art. 8 and 18 Gender equity	Art. 21 - National Youth System National Youth Policies Council National Youth Institute	Art. 35 - National public sector resources without specifying percentage	1.7.1.1 Art. 27 – Local Youth Councils
El Salvador				Secretariat for Youth		
Guatemala				National Youth Council		
Honduras						
Mexico	Law of Mexican Youth Institute 12 to 29 years of age			Art. 1 - Mexican Youth Institute	Art. 5 - National public sector resources without specifying percentage	✔
Nicaragua	Law 392 for Promotion of Comprehensive Development of Youth. 18 to 30 years of age	Yes	Arts 5 and 18 of the law and Art. 32 of Regulatory Decree No. 25-2002 Sexual and Reproductive Health and Rights Art. 4 (3) and 5 Gender Art. 16 guarantee education pregnant adolescents. Art. 18 Prevention sexual violence.	Art. 22. 3 - National Youth Commission Art. 22.2 - Autonomous Regional Councils of the Atlantic Coast.	Art. 23 and 51 to 53 of Regulatory Decree No. 25-2002 National public sector resources without specifying percentage	Art. 22.1 - Municipal Councils and Assemblies
Panama				Ministry of Youth, Women, Childhood and Family		
Paraguay				Vice-ministry		

Country	Law and Age	Rights Approach	Express Promotion of Reproductive Rights and Gender Equity	Guiding and Policy Bodies	Funding	Municipalities
Peru	Law 27.802 15 to 29 years of age	Yes		Art. 6 – National Youth Council made up of: Art. 7 – Coordinating Committee of the CONAJU National Youth Council Art. 9 - National Youth Commission Art. 17 – Youth Participation Council	Art. 15 - National public sector resources without specifying percentage	Local and regional governments, central level bodies and private organizations related with youth work.
Dominican Republic	General Law on Youth 49-00 15 to 35 years of age	Yes	Art. 11 – Sexual and Reproductive Health and Rights. Art. 27 – Gender Equity	Art. 46 – Secretariat of State for Youth Art. 36 - National Youth Council and Provincial Councils Art. 49 - National Youth Advisory Body	Art. 47 - 1% of national budget	Art. 33 – Municipal Youth Units Art. 34 – Municipal Youth Councils Art. 51 – House of Youth in the municipalities Art. 43 – Budget allocation no less than 4% of local government resources
Uruguay				National Youth Institute		
Venezuela	National Youth Law (2001) 18 to 28 years of age	Yes	Arts 20, 21 and 22 Sexual and Reproductive Health and Rights Art. 8 and Art. 11 Gender Equity	National Youth System Art. 45 - National Youth Institute Art. 50 – Inter-institutional Youth Council. Art. 52 - National Youth Council		

The judicial survey made about each country, presented below, analyses the countries firstly on the basis of international norms, enquiring which commitments they have made by ratifying international human rights treaties. The second step is to review the reports that the countries have presented to the United Nations Committees, especially that on the Rights of the Child and on Women's Rights, and the observations that these have made about each country, particularly on the topics of adolescence, youth and sexual and reproductive health.

In the analysis that follows, there is no attempt to establish with certainty what the real situation is in each country, but what the formal situation is according to the normative instruments as regards the subject of youth and adolescents, with special emphasis – given the bias of this report – on reproductive rights.

In any case, the adoption of a legislative framework constitutes only the initial phase of the work. In the countries in which this aim is being reached, work will have to continue on a task that may be even more difficult to realise, i.e., the processing of the institutional changes necessary for the legislation to come into real effect, and to deepen the indispensable changes of attitude so that the right does not remain as a mere formality.

ARGENTINA

The principal human rights treaties are listed expressly and limitatively in the Constitution, which expressly establishes that these have constitutional hierarchy.

Art. 75 subsection 22 of the Constitution declares that *the American Declaration of the Rights and Duties of Man; the Universal Declaration of Human Rights; the American Convention on Human Rights; the International Pact on Economic, Social and Cultural Rights; the International Pact on Civil and Political Rights and its empowering Protocol; the Convention on the Prevention and Punishment of Genocide; the International Convention on the Elimination of all Forms of Racial Discrimination; the Convention on the Elimination of all Forms of Discrimination against Woman; the Convention against Torture and other Cruel, Inhuman or Degrading Treatments or Punishments; the Convention on the Rights of the Child; in the full force of their provisions, they have constitutional hierarchy, do not repeal any section of the First Part of this Constitution and are to be understood as complementing the rights and guarantees recognized herein....*

The same article in subsection 23 declares that Congress is empowered *to legislate and promote positive measures guaranteeing true equal opportunities and treatment, the full benefit and exercise of the rights recognized by this Constitution and by the international treaties on human rights in force, particularly referring to children, women, the aged, and disabled persons.*

Argentina has made several declarations and reservations to the Convention on the Rights of the Child. Concerning article 1 of the Convention, it declares that the article must be interpreted to the effect that a child means every human being from the moment of conception up to the age of eighteen. Likewise, it declares that, concerning Art. 24 subsection f, it considers that questions relating to family planning are the exclusive concern of parents in accordance with ethical and moral principles. It is a State obligation to adopt measures providing guidance for parents and education for responsible parenthood.

According to domestic legislation (Civil Code) minors are those persons under 21 years of age, establishing that they are adult minors as from age 14.

Abortion is illegal in Argentina, except in cases of rape and risk to the woman's health (Art. 86 of the Penal Code).

The Argentine representative presented a series of declarations and reservations about the final document of the Cairo Conference: *The representative said that it accepts Principle 1 on the understanding that life exists from the moment of conception and that from that moment every person, being unique and irreproducible, enjoys the right to life, which is the source of all other individual rights* It also declared that Argentina *accepts paragraph 5.1 since, although the family may exist in various forms, in no case can its origin and foundation, i.e., the union between man and woman, which produces children, be changed.* Lastly it stated that Argentina *cannot accept the inclusion of abortion in the concept of 'reproductive health' either as a service or as a method of regulating fertility. This reservation also applies to all similar references to this concept.*

It also declared reservations on the final document of the World Summit for Social Development (Copenhagen) about not accepting the inclusion of abortion in the concept of reproductive health, either as a service or as a method of regulating fertility, and made the same comment as it made on the Cairo document about the forms of the family.

Lastly, as regards the final report on the Fourth Conference on Women, it presented similar reservations to those made on the documents of the other conferences, and the Argentine representative added a clarification about the consensus given to paragraph 106 k - consisting in the possibility of reviewing laws imposing sanctions on mothers undergoing abortion – this *does not mean a proposal to decriminalise it nor to make those who may be co-authors or participants in this offence exempt from prosecution.*

The Committee on the Rights of the Child (2002), analysing the report presented by Argentina, recommended the promotion of health policies for adolescents, especially as regards reproductive health and programmes of health and sexual education in schools.

The Committee recommends that the State party: a) In order to further decrease child mortality and morbidity and maternal mortality rates, take measures to implement the Reproductive Health and Responsible Procreation Act of July 2000; b) Provide adequate antenatal and post-natal health-care services and develop campaigns to inform parents about … family planning and reproductive health, especially in the provinces; and c) take further measures … to evaluate the effectiveness of training programmes in health education, in particular as regards reproductive health, and to develop youth-sensitive and confidential counselling, care and rehabilitation facilities that are accessible without parental consent when this is in the best interests of the child (Paragraphs 47 and 51).

The Committee on the Rights of Women (2004) recommended in its latest report that women should be guaranteed access to health care services, including sexual and reproductive health and that the necessary measures should be taken to reduce the high rates of maternal mortality. It also recommends paying special attention to the prevention and struggle against HIV/AIDS.

In 1990, Law 23.798 (AIDS) was passed and regulated by decree 1244 of 1991, and in October 2002 a National Law on Sexual Health and Responsible Procreation (Law 25673) was promulgated, creating the National Programme of Sexual Health and Responsible Procreation, which applies to the general population without discrimination, i.e., it includes youth and adolescents.

Specifically it provides for the aim of promoting the sexual health of adolescents and establishes that the priority will be the satisfaction of the higher needs of children in full enjoyment of their rights and guarantees consecrated in the Convention on the Rights of the Child.

Art. 2 of Law 25673 states that *the objectives of this programme shall be: a) for the population to achieve the highest possible level of sexual health and responsible procreation so that they may take decisions free of discrimination, coercion or violence; b) reduce maternal and infantile morbid-mortality; c) prevent unwanted pregnancies; d) promote the sexual health of adolescents; e) contribute to the early prevention and detection of sexually transmitted diseases, of HIV/AIDS and genital and mammary pathologies; f) guarantee to all the population access to information, counselling, methods and service provision related to sexual health and responsible procreation; g) potentiate women's participation in decision-making about their sexual health and responsible procreation.*

Art. 3 states that *the programme is aimed at the population in general, without discrimination* and Art. 4 declares that *the present law is made in the context of the exercise of the rights and obligations that are part of parental responsibility. In all cases, the first consideration shall be to meet the higher interests of children in the full enjoyment of their rights and guarantees consecrated in the International Convention on the Rights of the Child (Law 23.849).*

Art. 4 of Decree 1282/2003 regulating the law establishes the guidelines for the care of adolescents based on the rights approach, the perspective of their higher interest and stressing the right to information, privacy and confidentiality. *For the purposes of satisfying the highest interests of children, they shall be considered beneficiaries, without exception or discrimination, of the highest level of health and within this of sexual and reproductive health prevention and care policies in accordance with the development of their faculties. In referrals, a climate of trust and empathy shall be fostered, encouraging the attendance of a significant adult, particularly in the case of adolescents under 14 years of age. Minors will have the right to receive on request and according to their maturity, clear, full and timely information, maintaining confidentiality and respecting their privacy. In all cases and as appropriate, indicated by the medical doctor, barrier methods and in particular the use of a condom will be prescribed, in order to prevent sexually transmitted infections and HIV/AIDS. In exceptional cases, at the discretion of the doctor, it will be possible to also prescribe other methods among those authorised by the National Administration of Medicines, Foods and Medical Technology (Anmat), and minors under fourteen (14) years of age should attend with their parents or a responsible adult.*

The prologue regulating Law N° 25.673 bases its adoption on the international human rights treaties with constitutional hierarchy, stressing the rights of all persons to have ready access to information, education and services related with their health and reproductive behaviour. It clarifies that the law being regulated by this decree is not intended to replace the parents in the guidance and sexual education of their under-age children, but on the contrary, the purpose is to guide and suggest, accompanying the parents in their exercise of parental rights, aiming to respect and to create an environment of trust and empathy in medical referrals as far as possible. It also stresses that the ratification of the International Convention on the Rights of the Child obliges minors to be valued as subjects of rights, and capable of choosing their Life Plan, declaring that Law N° 25.673 and its regulation are in full agreement with the provisions of article 921 of the Civil Code, which treats fourteen (14) year-old minors as adult minors.

BOLIVIA

Art. 228 of the Bolivian Constitution (1967 Constitution with the reforms of 1994) states that it is the supreme law of national judicial organization and that it will be applied by the judges and the authorities preferentially over the laws, and makes no mention of hierarchy of the treaties. Art. 199 provides that the State shall protect the physical, mental and moral health of children and shall defend the rights of the child to a home and to education.

The Committee on the Rights of the Child (1998) expressed its concern about discrimination between boys and girls and *the use of the biological criterion of puberty to set different ages of maturity for boys and girls. This practice is contrary to the principles and provisions of the Convention and … constitutes a form of gender-based discrimination which affects the enjoyment of all rights.*

In turn, the Committee on the Rights of Women (1995) notes the lack of intention of the government to change the illegality of abortion.

Art. 266 of the Penal Code typifies abortion as an offence. Abortion is considered unpunishable when the pregnancy *has been the consequence of an offence of rape, abduction not followed by marriage, statutory rape or incest.* Neither is it punishable if the abortion *has been performed in order to avoid a danger to the life or the health of the mother.*

The Boys, Girls and Adolescents Code was passed in the year 1999, coming into effect in June 2000, and was regulated by Supreme Decree 26086 on February 21, 2001. Art. 2 defines a child as any human being from conception up to reaching twelve years of age and an adolescent as from twelve to reaching eighteen years of age.

The Code (Arts. 13 and 14) provides that every boy, girl and adolescent has the right that the State ensure universal and equal access to health promotion, prevention and recovery services, with the free provision for those who have insufficient resources, of medicines, prostheses, and others related to medical treatment, habilitation or rehabilitation as necessary for life and health.

Art. 100 of the Code refers to *the status of subject of law and recognition of their civil, political, economic, social and cultural rights, guaranteed by the Constitution, the Laws, the International Convention on the Rights of the Child and other international instruments ratified by the Bolivian State.*

Secretariat Resolution N° 0660 is the legal framework for the Prevention and Monitoring of HIV/AIDS in Bolivia.

BRAZIL

The Federal Constitution of 1988 establishes the priority of human rights in international relations, marking a historic change in the approaches prevailing up to then in previous constitutions.

According to the report presented by Brazil to the Committee on the Rights of the Child (2004), *all the internationally ratified agreements, promulgated domestically and published by presidential decree by Brazil, have become part of its judicial regime and can therefore be invoked in the courts of law*. As regards human rights treaties such as the Convention on the Rights of the Child, it is important to note the provisions of paragraph 2 of Art. 5 of the Constitution, that establishes that *the rights and guarantees expressed in this Constitution do not exclude others deriving from the regime and from the principles adopted by it, or from the international treaties in which the Federative Republic of Brazil is a party* (without underlining in the original), which should be interpreted as conceding constitutional status to the rights expressed in the treaties on human rights in force in Brazil.

However, given that the Statute on the Child and Adolescent, established through article 227 of the Federal Constitution of Brazil, reproduces all the principles of the Convention on the Rights of the Child, this is more widely used in judicial judgments.

The Constitution determined the creation of a Single Health System (SUS), with the guiding principles of decentralisation, comprehensive care combining preventative and curative activities, and community participation in its management. Law 8080/90 regulated the constitutional article creating the SUS, based on principles of universality, integrity, equity and gratuitousness, participation and decentralisation.

Art. 226 was also included in the Federal *Constitution* of 1988, guaranteeing in paragraph 7 family planning as a reproductive right, establishing the State's obligations in guaranteeing this right and prohibiting any coercion in the field of reproductive decisions: *… Based upon the principles of human dignity and responsible parenthood, family planning is a free option of the couple, it being incumbent upon the State to provide educational and scientific resources for the exercise of such right and any coercion on the part of official or private institutions being forbidden.*

In 1996, the *Family Planning Law* was passed in the National Congress regulating the article of the Constitution. The law provides for family planning as part of a set of reproductive health care actions, including STI/AIDS prevention, prevention of neoplastic diseases of the reproductive system and antenatal care.

Abortion is limited to cases of pregnancy resulting from rape (article 128, II) or when it is the only means of protecting the woman's life (article 128, I). The 1940 Penal Code still contains provisions based on a sexist perspective that discriminate against women. It reproduces anachronistic and discriminatory principles, using terms such as the honesty and virginity of the woman. (See CEDAW 2002 report – pages 18 and 61).

The Committee on the Rights of the Child (October 2004) expressed its concern about the high rates of early pregnancy that mainly affect the socially underprivileged segments of society and recommends that the State party improve the adolescent health programme, addressing specifically reproductive health issues and sex education, taking into account the General Comment N° 4 on adolescent health and development. With the adoption of the new Civil Code (Law 10406), minority ends at 18 years of age.

Law N° 8.069 was adopted in 1990, establishing the Statute of the Child and Adolescent which conceives children and adolescents as subjects of rights, distinguishing a child as every person under 12 years and an adolescent as a person between twelve and eighteen years. Art. 7 establishes the right to protection of life and health through the execution of public social policies. The Statute also provides for Rights Councils to formulate policies and programmes and Tutelary Councils, with councillors elected by popular vote and acting at municipal level.

Paragraph 7 of Art. 226 of the Federal Constitution, which establishes the right of every citizen to family planning, was regulated through Law N° 9.263/96, that defines family planning as the set of measures aimed at controlling fertility, guaranteeing women, men or couples the same rights as regards the initiation, limitation or increasing of progeny (Art. 2). The law also provides for equal access to birth control information, methods and available techniques (Art. 4) and guidance for the population through preventive and educational measures and activities.

CHILE

Art. 5 of the Constitution of Chile declares that *the exercise of sovereignty recognises as its limit respect for the essential rights arising from human nature. It is the duty of State bodies to respect and promote such rights guaranteed by this Constitution, as well as by those international treaties ratified by Chile which are currently in force.*

In the second report by Chile (1999) presented to the Committee on the Rights of the Child, it states that *Chile's ratification of the Convention invests it with constitutional status in the juridical system by virtue of the provisions of article 5.2 of the Political Constitution of the Republic, which makes an explicit reference to the international human rights treaties ratified by Chile.*

Abortion is illegal and is one of the main causes of maternal mortality, and the Committee on the Rights of Women has asked the government to revise the abortion laws, to permit it in cases of therapeutic necessity and of health. (CEDAW 1999).

It should be stressed that, in signing the Convention on the Elimination of All Forms of Discrimination against Women, Chile declared *that some of the provisions of the Convention are not entirely compatible with current Chilean legislation. At the same time, it reports the establishment of*

a Commission for the Study and Reform of the Civil Code, which now has before it various proposals to amend, inter alia, those provisions which are not fully consistent with the terms of the Convention.

The Committee on the Rights of the Child expressed its concern about the high rates of early pregnancy, that the rates of maternal mortality may not reflect actual cases related with complications from illegal abortions, in particular those affecting pregnant adolescents, and the lack of preventive programmes on reproductive health.

The second report that Chile presented to the Committee on the Rights of the Child declares that it recognises that the country has no specific legislation regulating the minimum age for receiving medical or legal counselling without parental consent. However, in practice any person may receive medical counselling, without any requirement of the consent of parents or legal representatives, whereas majority is required in the case of medical treatment or surgery without parental consent, in this case 18 years of age. (Report by the Government of Chile to the United Nations Committee on the Rights of the Child, 1999).

The Committee expresses its concern about the high rates of early pregnancy and the lack of information, counselling and preventive programmes on reproductive health, including the lack of adequate access to contraceptives, in particular in rural areas. The Committee also expressed concern about the insufficient recognition of reproductive rights and various violations of the rights of women in the educational environment and in health institutions. The Committee recommends that the State Party: a) Implement in an effective way the National Policy for Adolescent Health, especially in rural areas, and increase its efforts to promote adolescent health, including mental health, policies, particularly with respect to reproductive health and substance abuse, and strengthen the programme of health education in schools; b) Undertake a comprehensive and multidisciplinary study to assess the scope and nature of adolescent health problems, including the negative impact of sexually transmitted diseases and HIV/AIDS, and continue to develop adequate policies and programmes (Committee on the Rights of the Child, 2002).

The Chilean Government also notes that there is a regulation of the Ministry of Education expressly prohibiting schools in receipt of any kind of State funding from cancelling a girl's enrolment on the grounds of her pregnancy. There is therefore the problem of private schools, for in the absence of any legal regulation of this matter they can decide at their own discretion on the future of a student who has become pregnant.

It also states that the provision of family planning services remains a controversial issue. In legal terms there are only ancient regulations which have lost all force. These pre-1973 regulations provide that adolescents are entitled to request means of contraception and family planning advice provided that they are accompanied by their parents. (Report by the Government of Chile to the United Nations

Committee on the Rights of the Child, 1999 – paragraphs 710 and 711).

It should also be noted that Law 19042 created the National Youth Institute. This agency is a decentralised public service with its own funding. Being decentralised means that there is a regional office of the National Youth Institute in each of the regions of the territory of Chile. Art. 2 establishes that the Institute is a technical agency, responsible for collaborating with the Executive Power in designing, planning and coordinating policies related to youth affairs. Art.12 establishes the funding of the Institute as those resources assigned by the Budget Law of the Republic, those assets transferred to it or acquired by it, and the fruits, rents and interests from its capital assets and services.

Law 19.779 sets the norms relating to HIV, and Decree 371 (2001) regulates the Health Ministry examination procedure for detecting the virus.

COLOMBIA

The 1991 Constitution considers the treaties on human rights as a guide for interpreting the rights embodied in the Constitution of Colombia.

The Constitution declares that family relations are based on the equality of rights and duties of the couple and on the mutual respect of all its members... The couple has the right to decide freely and responsibly the number of their children (Art. 42). Art. 45 expressly recognises adolescents and young people as subjects of rights and provides that adolescents have the right to comprehensive protection and formation and that the State and the society guarantee the active participation of young people in public and private bodies responsible for the protection, education and progress of young people.

The Committee on the Rights of the Child (2000) and the Committee on the Rights of Women (1999) expressed their concern about abortion as a principal cause of maternal mortality and that there are no exceptions to the prohibition when the life of the mother is in danger or in the case of rape, which is a violation of Article 12 of the CEDAW.

In the context of the constitutional mandate, in 1997 the Law N° 375 on Youth was issued, defining young people as persons between 14 and 26 years of age. The law refers to the promotion of the comprehensive formation of young people and declares that the state must guarantee the respect and promotion of the rights proper to young people to enable them to fully participate in the progress of the nation (Art. 2).

In the framework of this Law, the National Youth System was created, defined as the set of institutions, organizations, bodies and persons working with youth and for youth. The social youth organizations that the Law defines are the National Youth Council, the Departmental Councils and the District and Municipal Youth Councils as collegiate representative bodies and the non-governmental organizations that work with young people and other youth groups of any kind. The state organizations at national level

are the Vice-Ministry of Youth in the National Education Ministry, and at departmental and local level the departments that the territorial bodies autonomously create, such as secretariats, offices or departmental, district or municipal institutions for youth (Art. 18).

Art. 43 declares the sources of funding to be *public sector resources at national and territorial levels, resources originating in the private sector, those from international cooperation, and lastly those obtained by the young people themselves.*

In the year 2000, Decree 089 was promulgated, regulating the organization and functioning of the Youth Councils as collegiate agencies, social in character, autonomous in the exercise of their competencies and functions and part of the National Youth System, enabling mechanisms of intercommunication, oversight and collaborative construction of youth policies.

In 2003, Law 812 of June 26, 2003, was adopted, approving the National Development Plan 2003-2006 *Towards a Community State*, which establishes that *the National Public Youth Policy will be designed and implemented with a ten-year vision, based on the participation of the youth population for its design and construction, connecting local and municipal processes.*

Decree 1543 of 1997 regulates the handling of HIV-AIDS-STI infections.

COSTA RICA

In accordance with Art. 7 of the Political Constitution of Costa Rica, international treaties and agreements have a hierarchy above the laws.

The Constitutional Chamber recognised, on the basis of Art. 48, that the human rights instruments in force in Costa Rica not only have a similar value to the Political Constitution, but have priority in that they grant people greater rights or guarantees (Constitutional Chamber Sentence N° 3435-92).

The representative of Costa Rica made a statement about the final document of the Fourth World Conference on Women reaffirming Costa Rica's commitment to and support for the Platform for Action and that it understands any references to women's rights in relation to sexuality to mean, as in the case of men, the capacity of women or men to achieve and maintain their sexual and reproductive health in a framework of relations of equality and mutual respect.

The Committee on the Rights of the Child (2000) expressed its concern concerned at *the high and increasing rate of teenage pregnancies; at the insufficient access by teenagers to reproductive health education and counselling services.*

The Penal Code (Arts. 118, 120 and 121) punishes abortion, but establishes unpunishable categories of abortion, which can only be practised in order to avoid a danger to the life or health of the mother and to the extent that this cannot be avoided by other means.

In 1998, the *Code of Childhood and Adolescence* (Law No. 7739) was sanctioned, Art. 2 of which establishes that its ambit of application includes children (every person from their conception to completing twelve years of age) and adolescents (i.e. every person over twelve years and under eighteen).

As regards the right to health, it establishes the right to health care and guarantees the creation and development of programmes of care and comprehensive education directed to minors, including sexual and reproductive health programmes. Art. 41 thus states that *minors shall enjoy direct health care by the State free of charge. Public health care and prevention centres or services shall be obliged to provide directly the service that this population requires without discrimination of race, gender, social status or nationality. It shall not be excused for lack of legal representatives, lack of identity documents, lack of room or any other circumstance.*

Article 44, in turn, re-establishes the Competencies of the Health Ministry, defining that the *Health Ministry shall ensure the enjoyment of the right to the highest level of health, access to disease prevention and treatment services, as well as health rehabilitation for minors. For this purpose, the Health Ministry shall have the following competencies: a) To ensure comprehensive care for this group, promoting the active participation of the family and the community, b) To guarantee access to quality health care service, specialising in children and adolescents, c) To guarantee the creation and development of programmes of care and comprehensive education directed to minors, including sexual and reproductive health programmes.*

It also prohibits public and private education institutions from imposing corrective measures or disciplinary sanctions on students for reasons of pregnancy (Art. 70).

In May 2002, Law 8261 of the Young Person was adopted in order to protect the fundamental rights, obligations and guarantees of young people. The law itself declares that this shall be understood as a complement to the comprehensive policy defined for adolescents in the Code of Childhood and Adolescence, as far as this is compatible and giving precedence to the latter period of life. Thus, according to Art 4, *the young person shall be a subject of rights and shall enjoy all those inherent to the human person guaranteed in the Political Constitution of Costa Rica, in the international instruments on human rights or in the special legislation on this matter. Adolescent persons shall enjoy the rights contemplated in the Code of Childhood and Adolescence, Law N° 7739.*

It also establishes the right to health, prevention and access to health care services that guarantee a healthy life and to have access to scientific and technological development available to them, with equality of opportunities. According to article 2, adolescents are those persons over twelve years of age and under eighteen years and young people are those included between twelve and thirty-five years.

This Law created the National Youth System (Art. 10), made up of the Vice-ministry of Youth (Art. 8), the National Council of Public Policy (Art. 11) which is the governing body, responsible for drawing up and executing the public policy for the young person, the Cantonal Youth Committees and the National Consultative Network (Art. 22). In order to regulate the National Youth System, a regulation was adopted to the general law on the young person, detailing the functions of each of the bodies making up the system (Decree N° 30622). For the funding of local bodies, article 26 of the law establishes that 22.5% of the budget of the National Council must be destined to fund projects of the Cantonal Committees.

The Young Person Law (Art. 30) also provides for the way in which the financing of the National Council will be composed, which as well as receiving items allocated in the budget, has specific allocations such as from the budget of the National Fund of Family Allocations and the product of an extraordinary issue of the National Lottery once a year devoted to youth by the Social Protection Board.

Also among the norms adopted by Costa Rica should be mentioned the Law of Responsible Fatherhood, No. 8101 of 2001, Decree No. 27913-S creating the Inter-Institutional Commission on Health and Reproductive and Sexual Rights, the General Law on Protection of the Adolescent Mother No. 7735 of 1997, the General Law of Health No. 51973 and the General Law on HIV-AIDS, No.7771 of 1998, that provides sexual education and AIDS prevention to boys, girls and adolescents.

ECUADOR

The Constitution of Ecuador establishes that the State will guarantee all its inhabitants, without discrimination, the enjoyment of the human rights established in this Constitution and in international instruments in force (Art. 3.2).

Art. 17 declares that *the State shall guarantee all its inhabitants, without discrimination of any kind, the free and effective exercise and enjoyment of the human rights established in this Constitution and in the declarations, Covenants, agreements and other international instruments in force. It shall adopt measures for the effective enjoyment of these rights through permanent and periodic plans and programmes.* Likewise, Art. 18 states that *the rights and guarantees determined in this Constitution and in all the international instruments in force shall be directly and immediately applicable by and before any judge, court or authority.*

In particular, in the case of civil rights, it declares that the State shall recognise and guarantee persons the right to take free and responsible decisions about their sex life (Art. 23.25). The Constitution also recognises the right of the couple to decide the number of their children and eases the exercise of this right declaring in Art. 39 that *it will foster responsible motherhood and fatherhood. The State will guarantee the right of persons to decide the number of children they can reproduce, adopt, maintain and educate. It shall be the obligation of the State to inform, educate and provide the means that aid in the exercise of this right.*

It also provides for the promotion of *sexual and reproductive health, through the participation of society and the collaboration of the means of social communication* (Art. 43).

The representative of Ecuador expressed reservations about the Final Report of the Cairo International Conference on Population and Development, declaring that, in accordance with the provisions of its Constitution, laws and the norms of international law, it reaffirms, inter alia, the following principles embodied in its Constitution: the inviolability of life, the protection of children from the moment of conception, freedom of conscience and religion, the protection of the family as the fundamental unit of society, responsible paternity, the right of parents to bring up their children and the formulation of population and development plans by the Government in accordance with the principles of respect for sovereignty. Accordingly, it expresses a reservation with respect to all terms such as "regulation of fertility", "interruption of pregnancy", "reproductive health", "reproductive rights" and "unwanted children", which in one way or another, within the context of the Programme of Action, could involve abortion. It also enters a reservation concerning certain unnatural concepts relating to the family, inter alia, which might undermine the principles contained in its Constitution.

In their concluding observations, the Committee on the Rights of the Child (1998) and the Committee on the Rights of Women (1994) expressed their concern about the subject of adolescent health, and the need to promote a health policy for adolescents and the strengthening of counselling services in the area of reproductive health, and that abortion is illegal and punishable under the Penal Code.

The legal framework related to abortion is established in Art. 447 of the Penal Code, that it is prohibited and punishable, except if it is done to prevent a danger to the life or health of the mother, and if this danger cannot be avoided by other means; if the pregnancy is the result of rape or statutory rape committed with a mentally deficient or mentally ill woman.

In 2003, Law N° 100, the Code of Childhood and Adolescence, was adopted, with norms applicable to all human beings from conception till completing eighteen years of age. (Art. 2). Likewise in Art. 4, there is a distinction between children, as persons who have not completed twelve years of age, and adolescents, as persons of both sexes between twelve and eighteen years of age.

According to Art. 27 *children and adolescents have the right to enjoy the highest level of physical, mental, psychological and sexual health.* The provision of Art. 30 should be stressed as it establishes that health facilities, whether private or public, are obliged to provide emergency medical services to every child and adolescent needing these and cannot refuse this care on the pretext of the absence of

their legal representative. Finally, Art. 65 declares that *adolescents will be able to directly exercise those judicial actions aimed at the exercise and protection of their rights and guarantees. Children will be able to directly request help for the protection of their rights when they need to act against their legal representative.*

In 2001, Ecuador sanctioned the *Youth Law* to promote the enjoyment and effective exercise of their civil, political, economic, social and cultural rights, which considers young people as all persons included between 18 and 29 years of age (Official Register N° 439, October 24, 2001, N° 2001-49, National Congress). However, the Law first establishes a set of moral duties that have no meaning from a judicial point of view, but show up its adult-centred perspective. One clear example of this is when it indicates the duty of young people to "tell the truth".

The law establishes in Art. 8 that the full force of the principle of gender equity should be fostered, understanding by this the recognition of equal rights, opportunities and responsibilities for men and women. It also expressly declares that health protection policies should be directed at promoting the health care services, including sexual and reproductive health and the development of suitable education programmes in all areas of health and the prevention of diseases in general and in particular those that are sexually transmitted (Art.16).

The law provides for the National Youth System, composed by the National Council defined in Art.22, as *a specialist agency for defining, monitoring and assessing the juvenile rights promotion policies, responsible to the President of the Republic, and working autonomously in fulfilment of its mandate.* The National Youth Institute (Art. 25) is the executive agency of the Council's resolutions. Local Councils are also provided for (Art. 21).

Art. 35 provides that the budget *shall consist of: a) the budget and the assets of the present National Youth Board; b) the chattels and fixed assets in its ownership; c) resources obtained from its own management such as income for services rendered to public and private bodies as well as franchises granted and other rights; d) non-reimbursable credits from public and private, national and foreign institutions; and e) legacies and donations.*

Also to be noted are the passing in 1995 of the Law to Combat Violence Against Women, Children and the Family, which typifies and sanctions physical, psychological and sexual violence against women and the family and includes measures to protect victims of intra-family violence, and the Free Maternity Reform Law of 1998 that establishes the right to quality cost-free health-care during pregnancy, confinement and post-partum, together with access to sexual and reproductive health programmes (Combined fourth and fifth reports of Ecuador presented to the Committee for the Elimination of All Kinds of Discrimination Against Women, in December 2001).

EL SALVADOR

The Constitution of El Salvador (Arts 144 and 145) expressly establishes that the treaties constitute laws of the Republic and that, in the case of conflict between a treaty and the law, the former prevails, but under the Constitution.

The Constitution does not expressly establish an age limit for considering a person as a minor, but only the obligation of the State to provide protection and to guarantee the rights of minors. In the reform to the Constitution ratified by the Legislative Assembly through Decree N° 541, of February 3, 1999, published in the *Diario Oficial* N° 32, of February 16 of that year, Art. 1 of the Constitution of the Republic is reformed, by which every human being is recognised as a human person from the instant of conception.

The representative of El Salvador expressed reservations about the final document of the Cairo Conference, considering in relation to Principle 1 that life must be protected from the moment of conception. As regards family, it expressed reservations about the way in which the expression "various forms of the family" will be interpreted, as the union is between man and woman, as defined in the family code and in the Constitution. It declared that abortion should not be included in the concepts of reproductive rights, reproductive health nor of family planning, either as a service or as a method of regulating fertility.

The Family Code (Art. 345) defines for the purposes of the protection and guarantee of the rights established in the Constitution and the Convention, that a minor is *every natural person who has not reached 18 years of age.* The Family Code (Art. 216.3) also contains other dispositions about the age of minors as regards the agreement between the parents on their personal care. The Code establishes that in such cases *children shall be heard when they are over 12 years of age.* The Code establishes that the correct interpretation and implementation of the family law is *in the form which best guarantees the effectiveness of the rights established in the Constitution of the Republic and in the international treaties and conventions ratified by El Salvador* (Art. 4 and 8).

The Committee on the Rights of the Child (2004) urges the country to speed up the adoption of the legislation on children and adolescents in conformity with the Convention on the Rights of the Child. The Committee expressed its concern about the high number of teenage pregnancies and the lack of programmes on sexual and reproductive health, and recommended that measures be taken especially about the sexual education of adolescents in schools. It also expresses its concern about the high number of children with HIV. Among other things, it recommends developing the possibility of confidential care services that are accessible without parental consent when this is in the best interests of the child.

Decree N° 588 (2001) regulated the Law of Prevention and Control of Infection by HIV.

GUATEMALA

Art 46 of the Constitution of Guatemala establishes the principle that, in the matter of human rights, the treaties have pre-eminence over domestic law. Thus *the general principle is established that, in the matter of human rights, the treaties and conventions accepted and ratified by Guatemala have pre-eminence over domestic law.*

The Constitution recognises the right to decide the number and spacing of children in Art. 47, which establishes that *the State guarantees the social, economic and judicial protection of the family. It shall promote its organization on the legal basis of matrimony, equal rights between the spouses, responsible parenthood and the right of persons to freely choose the number and spacing of their children.* Likewise, Art. 51 on the protection of minors and the elderly, establishes that *the State shall protect the physical, mental and moral health of minors and of the elderly (and) shall guarantee their right to nourishment, health, education and security and social insurance.*

Guatemala made a declaration about the Convention on the Rights of the Child in relation to Art. 1, clarifying that Art. 3 of the Constitution of Guatemala establishes that the State *guarantees and protects human life from the time of its conception, as well as the integrity and security of the individual.*

Guatemala also made reservations about the final document of the Cairo Conference, particularly as regards the chapter about the Principles, accepting them with the observation that life exists from the moment of conception and that this right to life is the foundation of all the other rights. It also expresses its reservation about Chapter V, paragraph 5.1, accepting it in the sense that, although the family may have various forms, in no case can its essential nature be changed, which is the union between a man and a woman, and that this reservation extends to all the mentions in the document about reproductive rights, sexual rights, reproductive health, fertility regulation, sexual health, individuals, sexual education and services for minors, abortion in all its forms, distribution of contraceptives and safe motherhood; and from Chapter VIII e) and from Chapters IX, XII, XIII and XV, which refer to the terms and concepts mentioned above.

It expressed reservations about the document that came out of the World Summit for Social Development in Copenhagen, especially as regards the use of such terms as reproductive health, family planning and sexual education. It also made a general reservation about any concept that might be contrary to the Constitution of Guatemala and to the regional commitments it has made, as well as reaffirming the reservations made to the Programme of Action of the Cairo Conference.

Lastly, as regards the final document of the Fourth Conference on Women, it reiterated the same reservations as in the previous conferences, stressing the sovereign right to apply the recommendations in accordance with domestic law. It made particular reservations about the interpretation of the Platform of Action in relation to the unrestricted respect for life from the moment of conception and the interpretation of the concept of gender as female and male gender for referring to women and men, and reserving the expression lifestyle as its meaning was not clear in the document.

It should be pointed out that in June 2003, the Law of Comprehensive Protection of Children and Adolescents was passed, which, in Art. 2, defines children as any person from their conception to thirteen years of age, and adolescent as anyone from thirteen until they are eighteen years of age.

The Inter-American Commission stated that in relation to the situation of childhood, it valued the passing of the Law of Comprehensive Protection of Children and Adolescents, through Decree 27-03 of June 4, 2003, which protects the rights of the child more adequately than the rules previously in force (the Code of Minors of 1979). Among other conclusions, the report indicates that impunity means that childhood is even more vulnerable to abuse (Annual Report CIDH 2003, Chapter IV).

Art. 30 of the law of protection establishes that the State will enable education campaigns on health and human sexuality to be run for parents, educators and students. Art. 32 states that public or private health care centres must request authorisation from parents, legal guardians or those responsible, before hospitalising or giving treatment required by children and adolescents, except in cases of emergency in which their life or integrity is at risk.

The Committee on the Rights of the Child (2001) in its final report recommends the provision of adequate antenatal and postnatal health services and the development of campaigns to provide parents with basic information about health, family planning and reproductive health. The Committee also expresses its concern regarding the high rates of early pregnancy, the growing number of cases of HIV/AIDS among young people, and notes the limited availability of programmes and services in the area of adolescent health, including mental health, and the lack of sufficient prevention and information programmes in schools, especially on reproductive health.

For this, the Committee on the Rights of the Child (2001) recommends that the State party increase its efforts to promote adolescent health policies, particularly with respect to reproductive health. It also recommended that the State party undertake further measures, including the allocation of adequate human and financial resources, to evaluate the effectiveness of training programmes in health education, in particular as regards reproductive health, and to develop youth-sensitive and confidential counselling, care and rehabilitation facilities that are accessible without parental consent when this is in the best interests of the child.

The law of Social Development of Guatemala (Decree N° 42-2001) stipulates that it will guarantee the free and full exercise of responsible fatherhood and motherhood, the basic and inalienable right of people to a free, informed, true and ethical decision on the number, spacing and timing of

their sons and daughters, and the duty of fathers and mothers in the education and adequate care of their needs for their comprehensive development; for this purpose, the State will strengthen public health, social assistance and free education (Art. 15).

Art. 41 of the Health Code and Art. 15 of the Law of the Dignity and Comprehensive Promotion of Women establish that the State, through public sector institutions, will act to promote women's health, including aspects of reproductive health.

Art. 25 of the Social Development Law states that *for the purposes of the present Law, reproductive health is a general state of physical, psychological, personal and social well-being in all aspects related with human sexuality, with the functions and processes of the reproductive system, with a sex life coherent with personal dignity and one's own life-options that lead to the enjoyment of a satisfying and risk-free sex life, and with the freedom to reproduce or not, and to decide when and with what frequency in a responsible way.*

Art.26 (4) establishes that specific and differentiated care will be provided for the population of adolescent age, including institutional counselling on the nature of comprehensive human sexuality, responsible motherhood and fatherhood, antenatal controls, childbirth and postnatal care, spacing of pregnancies, haemorrhage of obstetric origin, and prevention and treatment of Sexually Transmitted Infections (STI), of the Human Immunodeficiency Virus (HIV) and of Acquired Immunodeficiency Syndrome (AIDS).

Art. 29 provides for the inclusion in the educational system of the subject of gender, human sexuality, human rights, responsible fatherhood and motherhood and reproductive health, to make specific sex information and education programmes available to everyone, in order to foster healthy lifestyles for individuals and families, aimed at the prevention of unplanned pregnancy, teenage pregnancy and the prevention of sexually transmitted infections, in all the educational centres and levels of the country.

Guatemala has a General Law for combating HIV/AIDS and the Promotion, Protection and Defence of Human Rights in the face of HIV/AIDS (Decree 27-2000).

HONDURAS

The Constitution of Honduras (Arts. 17, 18 and 119) establishes that, once the treaties are ratified, they form part of domestic law and in the case of conflict between a treaty and a law, the former will prevail, and it expressly declares that *children shall enjoy the protection provided for in the international agreements watching over their rights.*

The representative of Honduras expressed reservations about the final document of the Cairo Conference, saying that one accepts the concepts of "family planning", "sexual health", "reproductive health", "maternity without risk", "regulation of fertility", "reproductive rights" and "sexual rights" so long as these terms do not include "abortion" or "termination of pregnancy", because Honduras does not accept these as arbitrary actions, nor as a way of controlling fertility or regulating the population. Lastly it stated that the content of the terms "family composition and structure", "types of families", "different types of families", "other unions" and similar terms can only be accepted on the understanding that in Honduras these terms will never be able to mean unions of persons of the same sex.

In the Fourth Conference on Women, the representative of Honduras made a statement that, although Honduras shares the concepts about reproductive health, sexual health and family planning, these should not include abortion or termination of pregnancy as a method of family planning.

The Committee on the Rights of the Child (1999) was *particularly concerned at the high and increasing rate of teenage pregnancy and the insufficient access by teenagers to reproductive health education and counselling services, including outside schools. The Committee also suggested that a comprehensive and multidisciplinary study be undertaken to understand the scope of adolescent health problems and as a basis to promote adolescent health policies and strengthen reproductive health education and counselling services.*

Also worth noting are the Law of Equality of Opportunities for Women of the year 2000, recognising equality in family relationships, in health and in the environment, in education, culture and communication, in work and in social security and also Decree N° 147-99 on HIV/AIDS.

MEXICO

Art. 133 of the Constitution of Mexico declares that *this Constitution, the laws of the Congress … and all treaties made in accordance therewith … shall be the supreme law of the whole Union.* The Constitution recognises that all persons have the right to decide freely, responsibly and in an informed manner about the number and spacing of their children (Art. 4).

On December 13, 1999 Art. 4 of the Constitution was reformed concerning the rights of the child, establishing that *children have the right to the satisfaction of their needs of food, health, education and healthy play for their whole development. Older family members, guardians, and others who have them in their custody, have the duty to preserve these rights. The State will provide what is necessary to support respect for the dignity of childhood, and the full exercise of the rights of children. The State will support facilities that will help in the fulfilment of the rights of childhood.*

As regards the Convention on the Elimination of All Forms of Discrimination against Women, Mexico declared that it was signing the Convention on the understanding that its provisions agree in all essentials with the provisions of Mexican legislation and would be applied in accordance with the prescriptions of Mexican legislation and that the granting of material benefits in pursuance of the Convention would be as generous as the resources available permit.

Ratifying the Additional Protocol to the American Convention on Human Rights in the matter of Economic, Social and Cultural Rights, the government of Mexico did so on the understanding that Art. 8 of this Protocol would be applied in the Mexican Republic in the ways and according to the procedures contemplated in applicable provisions of the Political Constitution of the United Mexican States and its enabling regulations.

The Committee on the Rights of Women (1998) recommended Mexico to review its legislation related to abortion. The Mexican Supreme Court, in a case resolved on January 29, 2002, decided by seven votes to four the constitutionality of the so-called Robles Law, which applies no sanctions to abortion when the product of the conception presents congenital malformations (eugenic abortion) and in the case of rape. Therapeutic abortion for reasons of saving life is permitted in most of the Mexican states and in all the states for reasons of rape.

The Committee on the Rights of the Child (1999) in its final report stressed the high rates of maternal mortality among adolescents and the high number of pregnancies recorded in this population group.

The Law for the Protection of the Rights of Children and Adolescents was adopted in the year 2000, and its Art. 1 establishes that *this law is based on the sixth paragraph of article 4 of the Political Constitution of the United Mexican States, its provisions are public in nature, of social interest and of general observance in all the Republic of Mexico and have the objective of guaranteeing children and adolescents the protection and respect for fundamental rights recognised in the Constitution.*

By Art. 2, the law applies to children, who are persons up to reaching 12 years of age, and adolescents are those who are between 12 years and before 18. Art. 28 establishes that *children and adolescents have a right to health. Federal, Federal District, state and municipal authorities, each in their respective competencies, will coordinate in order to: G. Provide special care for endemic, epidemic, sexually transmitted diseases and HIV/AIDS, promoting information and prevention programmes about these. H. Establish measures aimed at preventing early pregnancies.*

Mexico has also adopted a law creating the Mexico Youth Institute as a decentralised public agency with its legal personality, own assets and specific competencies for acting for youth. The law that the beneficiary of the services and activities of the Institute is the population between the ages of 12 and 29.

Mexico has adopted norms for the Prevention and Control of HIV Infection and the Prevention and Control of Sexually Transmitted Infections. (NOM-010-SSA2-1993 - NOM-039-SSA2-2002)

Nicaragua

The Constitution of Nicaragua (1987 Constitution with subsequent reforms in 1995) enumerates the principal human rights treaties in Art. 46: *All persons in Nicaragua shall enjoy protection and recognition by the state of the rights inherent to human beings, as well as unrestricted respect, promotion and protection of human rights, and the full force of the rights encompassed in the Universal Declaration of Human Rights; in the American Declaration of the Rights and Duties of Man, in the International Covenant on Economic, Social and Cultural Rights; in the International Covenant on Civil and Political Rights of the United Nations Organization and in the American Convention on Human Rights of the Organization of American States.*

Art. 71 establishes that *children enjoy special protection and all the rights that their status requires, and so the International Convention on the Rights of the Child has full force.*

The representative of Nicaragua made a series of reservations about the final document of the Cairo Conference on Population and Development. First, it declared that in no event can the essence of the family be changed. Its essence is the union between man and woman, from which new human life derives. Second, it accepts the concepts of "family planning", "sexual health", "reproductive health", "reproductive rights" and "sexual rights" expressing an explicit reservation on these terms when they include "abortion" or "termination of pregnancy" as a component. Abortion and termination of pregnancy can under no circumstances be regarded as a method of regulating fertility or a means of population control. Then it expresses an explicit reservation on the terms "couple" or "unions" when they may refer to persons of the same sex, and lastly it states that if only accepts therapeutic abortion and expresses an explicit reservation on "abortion" and "termination of pregnancy" in any part of the Programme of Action of the Conference.

The Committee on the Rights of the Child (1999) and the Committee on the Rights of Women (2001) expressed their concern about the high rate of maternal mortality affecting young mothers and the need for family planning programmes and services.

Art. 47 of the Constitution states that citizens are those Nicaraguans who have reached their sixteenth birthday. The Code on Children and Young Persons was passed in 1998 and Art. 2 considers as children those who have not reached 13 years of age and as adolescents those who are between 13 and their 18th birthday. Art. 18 states that *adolescents as from 16 years of age are Nicaraguan citizens and enjoy the political rights contained in the Political Constitution and the laws.*

By Art. 17 of the Code on Children and Young Persons, children and adolescents have the right to be heard in every judicial or administrative procedure affecting their rights, liberties and guarantees, whether personally or through a legal representative or the competent authorities. It also establishes that it is the responsibility of the State with the active participation of the family, the school and the community to develop preventive health care directed to the mother and father as regards sexual education and reproductive health, and the hospitals and public health

centres must immediately attend every child and adolescent registered in them, with the medical services that the emergency attention requires, without presenting any reasons for refusing this, even the absence of legal representatives, lack of economic resources or any other cause (Art. 39 and 41).

Art. 44 establishes that children and adolescents have the right to receive comprehensive, objective, guiding, scientific, gradual and formative sexual education, that develops self-esteem and respect for one's own body and for responsible sexuality; the State will guarantee sexual education programme through the school and the educational community. The law also includes a strategy for implementing the National Policy on Comprehensive Care for Childhood and Adolescence that must be directed towards *f) the promotion of the role of the girl in order to foster the development of her personal identity, self-esteem and dignity and to achieve full integration in equality of conditions with the boy, in the economic, social, political and cultural spheres of the Nation.*

Law 351 was passed on the Organization of the National Council for the Comprehensive Care and Protection of Children and Young Persons and the Office of the Children's and Young Person's Ombudsman, and in July 2000 the General Regulations of this Act were passed in Decree N° 63-2000.

The General Health Act came into force as from May 2002. The principles enshrined in the Convention on the Rights of the Child were borne in mind while drawing it up, and reflected in the Act's basic principles, the importance attributed to the Programme of Comprehensive Care for Women, Children and Young Persons and the definition of a Basic Package of Health Care Services for the care of Children and Young Persons. (see Third Report on the Situation with regard to the Rights of Children and Young Persons in Nicaragua, covering the period 1998-2002, presented to the Committee on the Rights of the Child).

In the reports on poverty reduction strategies and on human capital and poverty about the adolescent fertility rate, it notes that it is one of the highest in Latin America. It also stresses that the problem of pregnancy in adolescence is related to cultural patterns of early motherhood, abuse of women, and high school drop-out rates. The solution is to improve access to family planning and access to reproductive health care services (see Nicaragua: A Strengthened Growth and Poverty Reduction Strategy Paper (31 July 2001, p. 10).

Law 392 on the Promotion of the Comprehensive Development of Youth (2001) applies to every person between the ages of 18 and 30. This law, the approval of which is noted in the report on the State of World Population 2004, enumerates the rights of youth (defined as persons between the ages of 18 and 30) to have information about health, sexual education and reproductive rights, including access to family planning services and information on the STIs, unplanned pregnancy, abortion performed in poor conditions and HIV/AIDS.

Art. 5.4 prescribes the right to receive a scientific sexual education in the educational centres and to exercise reproductive and sexual rights with responsibility, to live a healthy, pleasurable sexual life, and prepare them for responsible motherhood and fatherhood.

Art. 18.1 provides for *giving information to young people about sexual and reproductive health, in particular pregnancy in adolescents, unwanted pregnancies, abortion in dangerous conditions, STDs (sexually transmitted diseases) and HIV/AIDS. Providing appropriate services with emphasis on age-appropriate prevention, treatment, counselling and advice about immunopreventable diseases, about family planning, pregnancy in adolescents, which should include information on care and support for the girls from the family, responsible sexual behaviours, the exercise of responsible motherhood and fatherhood, family relationships based on the respect, care and development of all its members with equality of treatment and free of violence.*

Also noteworthy is Art. 16.5, establishing the need to guarantee free primary and secondary education, by which no youth is to be excluded from the state education system for economic, political, cultural, religious or gender reasons, or individual adolescent girls for reasons of pregnancy or breastfeeding.

Decree N° 25-2002 regulating Law N° 392 specifies the agencies responsible for the information services and for providing specialised sexual and reproductive health services for young people. Art. 32 establishes that *the Health Ministry, in coordination with the Secretary for Youth shall provide information to young people on sexual and reproductive health through appropriate media of communication, fostering healthy sexual behaviours, incorporating the comprehensive sexual and reproductive health approach based on human rights and gender equity within the health care services, in such a way that their demand and use increase and that they respond to the needs of the young Nicaraguan population.* Likewise, Art. 33 establishes that *the Health Ministry must guarantee the provision of specialised services for young people, with emphasis on prevention, treatment, counselling and advice on immunopreventable diseases and on family planning and pregnancy.*

From the point of view of the institutions created under the law, the spaces for youth participation will be developed in the framework of the National Youth Commission as the national context, the Autonomous Regional Councils of the Atlantic Coast and the Municipal Councils and Assemblies (Arts. 22 and 23 of Law 392 and Art. 37 and following of the regulatory decree).

The Youth Council of Nicaragua is the point for coordination of youth organizations and civil society organizations working on the subject of youth at national, regional, departmental and municipal levels (Art. 23 of the law and Art. 41 of the regulation).

The Youth Secretariat of the Presidency of the Republic

will be a member of the National Youth Commission and will be primarily responsible for administering the budget funds, which, in accordance with Art. 25, will come from *the resources allocated by the Government of the Republic. The funding of the public policies to be carried out by the Ministries of State will come from the General Budget of the Republic, which will allocate funds for developing the youth policy on the basis of the present Law.*

In 1999, the government of Nicaragua formulated and passed Law 238 for the Promotion, Protection and Defence of Human Rights in relation to AIDS, under which the Nicaraguan AIDS Commission was set up.

PANAMA

Art. 4 of the Constitution of Panama (1972 Constitution reformed by the Reform Acts of 1978, by the Constitutional Act of 1983 and the Legislative Acts 1 of 1983 and 2 of 1994) states that the country accepts the norms of International Law.

Art. 55 of the Constitution regulates parental rights, defined as the set of duties and rights that parents have in relation to their children, establishing that the law shall regulate the exercise of parental rights in accordance with the social interest and the benefit of the children. Art. 59 in turn provides that an agency shall be created with the aim of protecting the family in order to foster responsible fatherhood and motherhood through family education.

Art. 106 declares that *in the matter of health, it is primarily the responsibility of the State to realise the following activities, integrating the functions of prevention, cure and rehabilitation: 3. Protect the health of mothers, children and adolescents, guaranteeing comprehensive care during the process of pregnancy, breastfeeding, growth and development in childhood and adolescence.*

Lastly, according to Art. 125, all Panamanians over eighteen years of age, without distinction of sex, are citizens of the Republic.

The Committee on the Rights of Women (1998) expressed its concern about the illegality of abortion, especially in cases of rape.

The Committee on the Rights of the Child (2004) expressed its concern about the persisting societal discrimination against girls and adolescents and while it notes the adoption of Law 29 on the health and education of pregnant adolescents, it recommends that the country ensure the comprehensive observation of general comment No. 4 issued by the Committee on the right to health, in particular as regards reproductive health, sex education and family planning It also recommends that it develop confidential counselling about HIV, without requiring parental consent.

Among other laws to be noted, are Law N° 42 of November 19, 1997, creating the Ministry of Youth, Women, Childhood and the Family (directed to promoting human development) and Law N° 3 of January 5, 2000, a general law on sexually transmitted infections, human

immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS).

The Family Code, that came into force in 1994, establishes aspects related to gender equity and equality, the education of girls, and the continuation of schooling for pregnant adolescents. This Code regulates the rights and guarantees of minors, understanding as such every human being from conception to the age of 18 years. A person who has reached 18 years of age achieves adulthood and citizenship.

Art. 491 of the Family Code, developed through Executive Decree N° 28 of January 26, 1996, declares the prohibition of imposing disciplinary sanctions on students for reasons of pregnancy and the need to develop a system that will enable the continuity and finishing of the adolescent's studies.

The report presented to the Committee on the Rights of the Child (2003) states that there is no specific provision establishing a particular age for seeking medical advice without parental consent. The administrative regulation notes that the comprehensive health programme for adolescents includes advice and guidance for adolescents on request, without the authorization or presence of parents. In practice, however, this regulation remains subject to the decisions taken by health service providers.

PARAGUAY

The 1992 Constitution of Paraguay (Arts. 137, 141 and 143) establishes the supremacy of the Constitution over international law. International treaties form part of domestic legal order and Paraguay says it accepts international law and the principle of *the international protection of human rights.*

According to the report presented by Paraguay to the Committee on the Rights of the Child (2001) Article 137 of the Constitution ("On the supremacy of the Constitution") should be noted that states that *the Constitution is the supreme law of the Republic. The Constitution, the international treaties, conventions and agreements that have been approved and ratified by the Congress, the laws adopted by the Congress, and other related legal provisions of lesser rank make up Paraguay's corpus of positive law, in the order of priority in which they appear above. This order of priority has been established in accordance with the Kelsen Pyramid and, as stated, in the event of a conflict with domestic legislation the supremacy of the Constitution prevails, followed by the Convention and then by acts and other decrees and/or resolutions.*

Constitutionally, the right to decide on the number and spacing of children is recognised in Paraguay, as Art. 61 *recognizes the right of individuals to decide freely and responsibly on the number and spacing of their children and to receive through the relevant bodies education, scientific guidance and adequate services in this matter. Special plans shall be drawn up on reproductive health and maternal and child health for the poor members of the population.*

The representative of Paraguay made statements about the Cairo Conference on Population and Development,

declaring that the right to life is the inherent right of every human being from conception to natural death (Art. 4 of the Constitution of Paraguay). Therefore, Paraguay accepts all forms of family planning with full respect for life, as is provided for in our national Constitution, and as an expression of exercising responsible parenthood.

It also declared that the inclusion of the term "interruption of pregnancy" as part of the concept of regulation of fertility in the working definition proposed by the World Health Organization makes this concept totally unacceptable to our country.

The representative of Paraguay to the Fourth Conference on Women made it clear that the concept of "methods for the regulation of fertility" that are not legally prohibited will have the scope permitted by the national legislation of Paraguay. It also expressed the government's satisfaction about the section on women and health, which responds to the provision of the National Constitution in saying that special plans will be established for reproductive health and mother and child health for the poor members of the population.

The Committee on the Rights of the Child (2001) expressed its concern about *the high rates of early pregnancy and notes the lack of sufficient prevention and information programmes in schools, especially on reproductive health.* It also requested the country to adopt *training programmes in health education, in particular as regards reproductive health, and to develop youth-sensitive and confidential counselling, care and rehabilitation facilities that are accessible without parental consent when this is in the best interests of the child.*

Abortion is illegal except in cases when the life of the woman is at risk. The Committee on the Rights of Women (1996) urged the State to comply with its obligations under article 12 of the CEDAW and the Beijing Platform. It also urged that it should consider revising the penal sanctions and provide sufficient family planning services.

Law 1680 of 2001 establishing the Code on Childhood and Adolescence establishes and regulates the rights, guarantees and duties of the child and adolescent, in accordance with the provisions of the National Constitution, the Convention on the Rights of the Child, and the international instruments on the protection of human rights approved and ratified by Paraguay.

Art. 14 recognises the right to sexual and reproductive health. *The State, with the active participation of the society and especially that of parents and families, shall guarantee health services and programmes and of comprehensive sex education of children and adolescents, who have the right to be informed and educated in accordance with their development, culture and family values. Services and programmes for adolescents should include professional secrecy, free consent and the comprehensive development of their personalities, respecting the rights and obligations of parents and guardians.*

Peru

The Constitution (Art. 44) establishes that it is the primary duty of the State to guarantee the full currency of human rights and that treaties entered into by the State and in force form part of national law.

The Constitution recognises the right to decide about parenthood and the duty of the State to ensure all individuals education, information and access to the means for them to be able to exercise their right to decide on their reproduction. Art.. 6 of the Constitution of Peru states that *the purpose of the national policy on population is to encourage and promote responsible fatherhood and motherhood. It recognizes the right of families and individuals to decide. For this purpose, the State ensures suitable education and information programmes and access to means that do not affect life or health.*

Art. 30 of the Constitution establishes that citizens are those Peruvians who are over eighteen years of age.

The representative of Peru made declarations about the Programme of Action of the Cairo Conference on population and development, stressing article 2 of the Constitution, which accords to everyone the right to life from the moment of conception; abortion is rightly classified as a crime in the Criminal Code of Peru, with the sole exception of therapeutic abortion. It concludes saying that *the Programme of Action contains concepts such as "reproductive health", "reproductive rights" and "fertility regulation", which in the opinion of the Peruvian Government require more precise definition, with the total exclusion of abortion on the ground that it is inconsistent with the right to life.*

As regards the final document of the Fourth Conference on Women, it reiterates that the concepts of sexual or reproductive health cannot include abortion as a method of regulating fertility or of family planning. It likewise stated that sexual rights refer only to heterosexual relationships

The Committee on the Rights of the Child (2002) remarked on the insufficient access of adolescents to education and counselling services on reproductive health and the Committee on the Rights of Women (1998) stresses the close relationship between maternal mortality and the cases of abortion. The Committee recommended that the legislation on abortion be revised, pointing out that criminalisation only aids unsafe abortions with complications for the woman's health.

The Penal Code sanctions abortion in general, and only admits as legal abortion that which is practiced for therapeutic purposes, i.e., that made to save the life of or to avoid grave risk to the health of the woman.

In the year 2000, the Code of Children and Adolescents was adopted, which in Art.1 establishes that a child is considered to be every human being from conception till twelve years of age, and adolescent from twelve until eighteen years of age. Article 15 declares that it must be guaranteed that basic education includes sexual orientation and family planning.

In July 2002, Law 27.802 of the National Youth Council was adopted. Art. 2 establishes that this law applies to young people between 15 and 29 years of age, without any discrimination that may affect their rights, obligations and responsibilities.

Art. 6 provides for the creation of the National Youth Council (CONAJU) made up of: a) The Coordinating Committee of CONAJU; b) the National Youth Commission (CNJ); c) the Youth Participation Council; d) local and regional governments, central level agencies and private organizations related with youth work.

DOMINICAN REPUBLIC

The 1994 Constitution (Art. 8) recognises the main aim of the State as being the effective protection of the rights of the human person. According to Art. 12 of the Constitution, citizens are all those Dominicans of either sex who have reached 18 years of age, and those who are or have been married, even though they have not reached that age.

The Committee on the Rights of the Child (2001) expressed its satisfaction with the enactment of children's rights related legislation such as Law 14-94, also known as the Code for the Protection of Children and Adolescents (1994). The General Law on Education (1997), the Law against Family Violence (1997), the General Law for Youth (2000) and the General Law on Disabilities (2000) are regarded as positive steps for the implementation of the Convention in the State party.

The Committee in its 2001 report expresses its concern about the high teenage pregnancy and maternal mortality rates; at the insufficient access by teenagers to reproductive health and sexual education and counselling services, including outside schools; at the increasing rate of HIV/AIDS and of STDs and suggests that a comprehensive and multi-disciplinary study be undertaken to understand the scope of the phenomenon of adolescent health problems, especially early pregnancies and maternal mortality. It recommends that the State party adopt comprehensive adolescent health policies and strengthen reproductive health and sexual education and counselling services. The Committee further recommends the State party to continue taking measures for the prevention of HIV/AIDS and to take into consideration the Committee's recommendations adopted on its Day of General Discussion on "Children living in a world with HIV/AIDS".

According to the Code for Children and Adolescents (Law 14-94), these are every human being from birth to 18 years of age. *Children are qualified as those from birth to 12 years of age and adolescents from 13 till reaching 18 years.*

The Committee on the Rights of Women expressed its concern about relationship between the illegality of abortion without exceptions and the high maternal mortality rate.

According to the General Law on Youth 49-00, *young people are considered as those persons whose ages are in the range between 15 and 35 years. This age group neither substitutes for nor contravenes definitions adopted in other current legal texts* (Art.3).

Art. 11 guarantees *the national coverage by comprehensive health care services, including sexual and reproductive health services, with criteria of confidentiality, professionalism and high quality without discrimination of any kind and with a gender perspective, promoting youth development.*

The law also establishes as a general rule gender equity and the prohibition of any kind of discrimination by sex or sexual orientation (Art. 27).

Art. 30 describes the National Youth System composed of:

- Secretariat of State for Youth as the governing body, responsible for formulating, coordinating and monitoring Dominican state policy on youth, and overseeing compliance with the present Law (Art. 46);
- National Youth Council and Provincial Councils (Art. 36);
- Municipal Youth Units (Art. 33);
- Municipal Councils for Youth (Art. 34);
- National Youth Advisory Body (Art. 49) and
- House of Youth in the municipalities (Art. 51). According to Art. 43, *the various governments of the municipalities and the National District will dispose of a budget allocation for youth topics that will not be less than 4% of the total of ordinary annual resources.*

Art. 41 establishes the obligation to allocate an specific annual budget to the Secretariat of State for Youth equivalent to 1% of the national budget, which will be devoted to funding compliance with the initiatives described in this law. The law was regulated in the year 2000 and provides for the Secretariat of State for Youth to devote one and a half per cent of its budget for the Youth Initiatives Fund.

The Dominican Republic adopted the AIDS law (Law N° 55-93) in 1993.

URUGUAY

The Constitution of Uruguay has no provision that expressly declares the hierarchy of international treaties within domestic legal order, although doctrine and jurisprudence have coincided in that the treaties have the same hierarchy as the laws.

Art. 41 declares that the care and education of children, for them to reach their full bodily, intellectual and social capability, is a duty and a right of parents.

The law will provide the necessary measures for childhood and youth to be protected against the bodily, intellectual or moral abandonment of their parents or guardians, as well as against exploitation and abuse. Abortion is illegal in Uruguay except when the life of the woman is at risk, when it is justified for therapeutic reasons or in cases of rape or incest.

Law 17.823 or the Code of Childhood and Adolescence was recently passed, establishing that all children and adolescents are owners of rights, understanding child as

every human being up to thirteen years of age and adolescent as those over thirteen and under eighteen years of age.

Venezuela

Article 23 of the Constitution recognises that the treaties, pacts and conventions about human rights, signed and ratified by Venezuela have constitutional hierarchy and prevail in the domestic order, to the extent that they contain norms on their enjoyment and exercise more favourable than those established by this Constitution and the Law of the Republic, and they are to be applied immediately and directly by the courts and other bodies of public authority. Article 27 likewise recognises that every person has the right to be protected by the courts in the enjoyment and exercise of their constitutional rights and guarantees, even of those inherent to the person that are not expressly contained in this Constitution or in international instruments on human rights. Likewise, Article 280 establishes that the Ombudsman is responsible for the promotion, defence and oversight of the rights and guarantees established in this Constitution and the international human rights treaties, as well as the legitimate, collective and diffuse interests of the citizens.

As regards the Fourth World Conference on Women, Venezuela made declarations expressing reservations about the final document, saying the concepts of "family planning", "sexual health", "reproductive health", "maternity without risk", "regulation of fertility", "reproductive rights" and "sexual rights" are accepted so long as these terms do not include "abortion" or "termination of pregnancy". It also expressed reservations about the mention of unwanted pregnancy and to mentions of abortion in conditions of risk, since abortion is penalised in Venezuela under any condition, except in the case when it is the indispensable means for saving the life of the mother.

The Committee on the Rights of the Child (1999), concerned about the high incidence of maternal mortality and of adolescent pregnancy, recommends that the State adopt comprehensive adolescent health policies and strengthen reproductive health education and counselling.

Likewise, the Committee for the Elimination of Discrimination against Women (1997) declared its concern about the lack of access to family planning programmes (especially for adolescents), and that the legislation penalises abortion, even in cases of incest or rape, since abortion is not illegal only when the life of the woman is in danger.

Art. 2 of the National Youth Law of October 2001 considers young people as persons whose age is between 18 and 28, without any discrimination.

The State must guarantee young men and women the right to comprehensive health, and respect the right to be informed and educated in sexual and reproductive health in order to maintain responsible, healthy, voluntary and risk-free sexual behaviour and motherhood and fatherhood (Arts. 20 and 21).

According to Art. 20 *every young woman has the right to motherhood and childcare being compatible with the activities of her interest, for her comprehensive and full development. The State, society and the family will provide the guarantees for this right.* Art. 22 also establishes that *the State, with the support of society and the family, will provide young men and women through the public health institutions, with timely and accurate information for access to youth health care services and other resources necessary for the development of programmes of prevention, cure and rehabilitation aimed at fighting diseases from drug addiction, sexual transmission and others of high cost and risk.*

The law creates the National Youth System composed of the National Youth Institute, the Inter-institutional Youth Council and the National Youth Council. (Art. 44). Art. 45 declares that the *National Youth Institute has legal personality and its own assets, and its function shall be the superintendency, coordination, programme formulation, compatibilisation and evaluation of youth policies.*

Article 50 of the Organic Law for the Protection of the Child and the Adolescent recognises that all children and adolescents have the right to be informed and educated, according to their maturity, about sexual and reproductive health for a sexual behaviour and responsible, healthy, voluntary and risk-free motherhood and fatherhood and that the State, with the active participation of the society, must guarantee sexual and reproductive health care services and programmes to all children and adolescents. These services and programmes must be financially accessible, confidential, protect the right of children and adolescents to a private life and respect their free consent, based on timely and truthful information. Adolescents over 14 years of age have the right to request and receive services by themselves.

COMMENTS ON THE LEGISLATION ON ADOLESCENCE AND YOUTH AND REPRODUCTIVE RIGHTS

This analysis, focusing on reviewing the legislation at international level and in each of the 18 countries considered, enables us to show the state of play. The first overall conclusion to be drawn is about the differences that exist between youth and adolescents, since, as opposed to those under 18 who enjoy a set of special rights embodied in the Convention on the Rights of the Child (CRC) from their status of persons in development and from their historical consideration as persons incapable of exercising their rights for themselves, young people are, from the legislative point of view, considered as adults and so have the same rights and obligations as them.

Everything suggests that the Project of the Ibero-American Charter on Youth Rights may help to systematise and specify these rights in particular, but it runs the risk of not providing anything really important or new in the dynamics of public youth policies, if it does not manage to

link up effectively with other key dimensions in these domains (viable comprehensive plans, effective budget resources, efficient institutions to ensure their current force, etc.).

The fundamental problem lies not only in achieving the recognition of young people as subjects of rights, but in constructing norms, policies and institutions that guarantee the full enjoyment and exercise of these rights. Public policies in the region have become less and less universal public policies and more programmes focused towards specific subjects for resolving particular problems.

It would seem that the policies are only instruments for patching and compensating for the problems of the least protected sectors of society. As a result, focalisation has moved from being an instrument of public policy to being in itself a public policy. In any case, it may be best for individuals to be attended without more labels than those that are strictly unavoidable, without being separated from the human group of which they form part in function of the set of needs and difficulties and not of the symptom or of the specific conflict.

This should lead us to reflect on which would be more fruitful, to advocate and focus efforts exclusively on formulating and sanctioning laws and policies that are specific to youth, or to ensure the institutional and budgetary mechanisms that enable the full enjoyment and exercise of the rights already recognised for youth, constituting them as citizens of truly democratic societies.

Perhaps the advocacy strategy is more successful because it includes specific norms for youth and adolescents in the laws of sexual and reproductive health, education, HIV, sexual violence, employment and other specific topics, rather than fighting for the adoption of general, independent youth laws, disconnected from general legislation on health, education, work, etc. In addition, it is essential that existing laws formulate concrete and viable mechanisms for enforcing the rights they establish.

It is not enough for the rights to be declared; mechanisms must be constructed to make their exercise and enforceability effective. Reality shows us that there are more and more young people unable to achieve their life-projects, excluded from opportunities in the area of health, education or work, outside the decision-making spaces or – simply – totally excluded from being citizens and thus subjects of rights.

We must overcome the contradiction between legalism and reality. The contrast between legislation and reality is a counterpoint between two languages without a neighbour, calling each other in vain. The legal dilemma facing humanity is perhaps not the struggle for the sanctioning and formal force of the laws, but that of the viability or inviability of the rights embodied in them.

The budgetary aspect is also fundamental, since the formulation of budget laws should be aimed at satisfying economic, social and cultural rights provided for in human rights treaties and the constitution of each country, and not making the force and enjoyment of rights dependent on financial vagaries, inverting the legal pyramid and positioning budget laws above the established constitutions.

Most adolescents and young people, once raised to the status of subjects of fundamental human rights, continue lacking a place, function and recognition in society. We must be wary of believing that the positivisation of human rights in international normative instruments and their reflection in local legislation is sufficient enough. In reality, this can make us believe that these are realised and so neutralise their original, revolutionary potential to transform.

While public youth policies continue working on the basis of a risk approach (that sees youth as simply a vulnerable group that needs certain support to improve its quality of life) we will not move far ahead, and so it is imperative to match legislative efforts with the corresponding practical management.

It is important to make this distinction in order to be aware that, in many cases, the reception of the rights guaranteed in international treaties, or in the domestic legislation of a country does not respond to a real adaptation that signifies the effective introduction of these principles with their consequent legal and social policy effects, but is merely a formal adaptation – that might be called euphemistic – incorporating a series of rights, forgetting to introduce the necessary steps for guaranteeing compliance and concrete legal action when they are violated (Morlachetti 1999).

The progress implied in the recognition of rights and the efforts devoted to this by the international community are undeniable but, as Ferrajoli (1999) says, *to make a true democracy, it is necessary to take seriously the fundamental rights as they are being solemnly proclaimed in our constitutions and in international declarations and thus put an end to that great apartheid that excludes four fifths of the human race from enjoying them.*

The Design of Youth Plans and Policies and Reproductive Rights

The design of youth plans, policies and programmes in Latin America and the Caribbean has recently (particularly since the celebration of the International Youth Year in 1985) had considerable development, to the extent that it can be claimed – with the support of abundant evidence – that the production of the past twenty years matches that made in the previous century.

Likewise, it is important to note that, contrary to what happened until the mid-80s, from then on great advances have been made in terms of quality, above all as regards efforts based on more scientific and less intuitive and personal approaches, trying to regard public youth policies with more comprehensive and integrated approaches, and to overcome the sectorialism with which those policies had worked up to then.

It is also important to stress that the approaches given priority in the most recent designs have tried resolutely to overcome the view – deep-rooted until not long ago, and still current among many of the decision-makers - that sees young people as a problem or as a risk-group, and have tried to base their proposals on more modern approaches, especially on those that see young people as subjects of rights (returning to the contributions of the International Convention on the Rights of the Child) and as strategic actors of development (Rodríguez 2002).

In this context, the attempt has been made to overcome more traditional approaches of public management in these domains, especially as regards their excessive centralisation (fostering the corresponding decentralisation), supposed universality (fostering focalised approaches) and the already-mentioned sectorialism (promoting integration and the harmonisation of programme responses at all levels).

The clearest examples in these matters are certainly those seen in Chile, Colombia and Mexico, but also notable are those of Costa Rica, Nicaragua and El Salvador. Even though significant initiatives have been developed in other countries of the region (for example in the Dominican Republic and more recently in Peru), the fact is that these are experiences in which various approaches still coexist, and it is not clear which of them predominates effectively in practice. Other countries have expanded their sector attention to youth (especially in education and employment) (in Argentina and Brazil, for example) without having laid out comprehensive and integrated responses up to the present.

In order to analyse the space which – in this framework – topics related to reproductive rights (the main topic of our report) have occupied, we review each of the national cases in which the corresponding evidence is available, to close the chapter with some comparative considerations, to be able to identify the main conclusions of this analytical exercise.

NATIONAL PLAN FOR ADOLESCENT HEALTH 2001 IN ARGENTINA

In Argentina, despite the wide variety of existing sector programmes for youth and adolescents, at national as well as at provincial and municipal level, there is no Comprehensive Youth Plan that links up and drives these sector initiatives, which contributes to a great extent to the considerable disconnection of efforts and the limited impacts obtained in these matters.

In this context, neither is there a Comprehensive Adolescent Health Plan. The only identified attempt at this was the *Comprehensive Plan of Health in Adolescence,* formulated in 2001 in the framework of the Coordinating Executive Unit of Mother-Child Juvenile and Nutritional Programmes of the national Health Ministry, which unfortunately never passed its first stages of implementation as a result of the acute institutional crisis of the time and the change in government teams.

In any case, it is worth sketching this initiative, given its rigorous design and the significant advance involved at that time in the broad inter-institutional work achieved for its effective formulation. The Plan (Ministerio de Salud 2001a) was preceded by two very rigorous works in terms of situational diagnosis (Ministerio de Salud 2001b) and of definition of a conceptual framework (in terms of a comprehensive approach) of great intellectual value and utility for operational management (Ministerio de Salud 2001c).

Todo Bien ("All Well" – the name of the Plan) starts from the recognition of adolescence and youth as a heterogeneous population group, with specific differences depending on the social and economic strata they belong to, gender, age subgroups, territory of residence, etc. In terms of its approach, it stresses equally the risks and the strengths and potential present in this stage of life, and explicitly declares that the proposal is formulated in total agreement with the International Convention on the Rights of the Child, and the Plans of Action of the International Conferences of Cairo (1994) and Beijing (1995), stressing the importance of working on the promotion and defence of reproductive rights.

The policies, programmes and adolescent health projects

are seen as opportunities for the full exercise of the rights and responsibilities by the young people and of the recognition of these rights and responsibilities by others, i.e., the rest of the population (Ministerio de Salud 2001a, p.12). The actions proposed adopt a comprehensive approach, in its four senses: multidimensional perspective, different levels of action, inter-institutional coordination, and multiplicity of actors involved. *As a consequence, the comprehensive approach to adolescent health is closely related with prevention, participation, and multi-actor, multi-disciplinary and multi-sector concepts* (idem, p. 13).

The purpose of the Plan is defined in terms of *contributing to the construction of a state policy aimed at the comprehensive development of the adolescent population, emphasising the specific function of the health sector, which is to foster, protect and maintain the physical, mental and social health of the adolescent population, reducing risks and consequences in terms of morbi-mortality* (idem, p. 14).

To achieve these aims, the Plan proposed four overall axes for action:

1. Strengthening the government areas of adolescent health (at national and provincial levels) to install the topic in government agendas.
2. Strengthening the health care services to increase the coverage and quality of care, developing specific activities for the adolescent group, stressing the primary level of care, setting up a network of services that eases access and the promotion, prevention and timely attention to problems.
3. Developing social communication and advocacy, so as to affect the conceptions and achieve the commitment of relevant social actors and of society in general for the health and comprehensive development of adolescents, based on the defence of individual and social rights and the construction of citizenship.
4. Promoting adolescent and youth participation in health matters. This involves fostering their protagonism in issues of care of themselves, each other and their environment, as well as encouraging their participation in the formulation and running of health policies, especially in the running of health care services at the various levels of care (idem, p. 14).

In each case, the Plan formulates *specific actions*, among which are national and provincial diagnoses of situation; evaluation and design of plans, programmes and projects; systematisation and dissemination of good practices; promotion of work concerted between several actors; making of comparative participatory evaluations; formulating, updating and disseminating conceptual and normative frameworks for adolescent and youth health care at the different levels (primary, secondary and tertiary); establishment of counselling services with specifically trained staff; promotion of rights; guarantee of confidentiality and informed consent by the adolescents and young people; inclusion of the gender approach at all levels; communication campaigns of information and awareness-raising; negotiations with media for the control of messages of violence; promotion of the selective and critical use of the media by youth and adolescents; advocacy for the enactment of national, provincial and municipal laws, resolutions and by-laws, in accordance with the view of youth and adolescents as social actors and citizens and bearers of rights and obligations (political and social); strengthening of the capabilities of youth and adolescents (empowerment); institutional strengthening at all levels; support for the development of local projects; encouraging the strengthening of adolescent and youth organizations; promoting self-care and modalities of mutual care; and support for the development of adolescent protagonists, through training health monitors or promoters for more immediate and timely work with their peers, among others.

The Programme also proposes a *division of tasks and responsibilities* between the various institutions involved.

NATIONAL PLAN FOR ADOLESCENT AND YOUTH DEVELOPMENT 1998-2002 IN BOLIVIA

In the case of Bolivia, it can be seen that the growing social and political tensions of recent years have had a clear influence on the dynamics of public policies, to the extent that, in several important cases, various of the most important and pioneering initiatives launched in the past have been left aside or have been almost completely abandoned. The closing of the Ministry of Human Development, in particular, is a clear example of this.

In this context, it is no surprise that there is no relevant information available for assessing the implementation of the *National Concerted Plan for Sustainable Development of Adolescence and Youth 1998-2002,* and even less a new Plan of such characteristics and dimensions, updated and designed to be applied within the horizon of the next few years. The *Bases for the Bolivian Development Strategy* 2005-2007 (Ministerio de Desarrollo Económico, 2005) for example, includes no specific measures in this direction, and even though it is still a very general proposal and subject to change (fruit of the negotiation currently under way) it is an eloquent example of the regression that is occurring in this area.

The real dimension of this can be seen when one realises that in the last years of the '90s significant advances were made, when the National Youth Survey was held (1997), a rigorous diagnosis was made of the state of youth (Baldivia 1997 a and b), a rigorous formulation of national youth policy guidelines (Baldivia 1997c) and even the writing of a Youth Bill (which Parliament finally did not pass, but which set the bases of a public policy and its institutional development that was relevant and timely).

The National Plan 1998-2002 itself was, moreover, drawn up with broad participation from public and private

institutions (including, of course, the youth organizations themselves), from a perspective that saw *young people as leading actors for the development of their potential and the improvement of their quality of life, reducing levels of poverty and promoting their participation in the process of productive transformation of the country.* The general aim was to *create favourable conditions so that youth and adolescents could attain a comprehensive and sustainable development*, breaking this down into specific, institutional, social, environmental and economic objectives (Comité Técnico Nacional de Adolescencia y Juventud, 1998).

Among the principles for action, the following six stand out: (1) recognition and respect for the importance and specific nature of adolescence and youth within the stages of human development; (2) comprehensive approach to the solution of problems of adolescence and youth; (3) adolescent and youth policies had to change from government policies to being state policies; (4) national adolescent and youth policies had to be adapted to regional, ethnic and gender realities; (5) encouraging a leading role for youth and adolescents in discovering their situation and in solving their problems; and (6) the adolescent and youth policies had to be transversal and comprehensive policies (idem).

In this framework, it is worth stressing the activities provided for in the social dimension of the Plan:

a) Incorporate the generational approach in the framework of health policies.
b) Generate mechanisms that enable the design and development of curricula that respond to the needs, interests, problems and educational aspirations of the youth and adolescents.
c) Generate alternative options for education for youth and adolescents from rural and urban areas.
d) Broaden the coverage and quality of education.
e) Encourage the formation of staff in the subject of adolescence and youth.
f) Develop a sports culture with gender and generational equity.
g) Develop the cultural capital of youth and adolescents.
h) Design and standardise proposals for social housing for youth and adolescents.
i) Implement a protection system for high-risk groups.
j) Develop comprehensive preventive activities against the production, illicit trafficking and use of drugs through the following strategic lines of intervention: research, communication, education/training, community participation and social mobilisation, with defined goals for each case.
k) Develop a comprehensive rehabilitation programme adapted to the needs and characteristics of drug-dependent persons, bearing in mind cultural, economic, regional and social contexts.

It can be appreciated that at this level of breakdown, the topics related with reproductive rights do not appear

explicitly, but they do when it reaches the description of the operational activities related to the first of the axes noted here. In this framework, the topics related with the dynamics of youth sexual and reproductive health receive precise attention, which, by the way, reflects the significant role played by the health sector in the design of this Plan. In terms of substantive ideas, the text introduces a very important core idea when it proposes *to incorporate the generational approach in the framework of health policies*, but it does not explain clearly the tone of the approaches, whether of risk, or rights, etc., it proposes to operate with. There is not enough public information available to characterise the current situation on these matters, but the fact is that, apart from some partial efforts, progress has come to a halt, in the context of the existing growing social and political conflicts.

YOUTH PROJECT OF THE CITIZENSHIP INSTITUTE IN BRAZIL

Apart from some significant experiences to be found in States and Municipalities, and even in some sector areas (as in health, for example, an area in which the successive Comprehensive Adolescent Health Plans have been an important benchmark for many other countries in the region), Brazil did not have, until now, a public youth policy at federal level, a lack that has begun to be compensated for with the creation of the National Youth Secretariat and of the National Youth Council, under the General Secretariat of the President's office itself, in February 2005.

In this context, some significant progress is taking place, among which should be noted the *First Job* Programme of the Labour Ministry and the so-called *Projoven* of the new Youth Secretariat, that focuses on education and employment. These and other initiatives of the member institutions of the Inter-ministerial Youth Group (which has been operating for more than one year with broad institutional participation) will surely become part of a comprehensive plan in the next stages of this fruitful process.

As an example, together with the historic effort launched in relation to child and adolescent labour, a very important initiative has been started by the Human Rights Secretariat of the Justice Ministry, related with the fight against sexual exploitation and the traffic in children and adolescents (see www.mj.gov.br/trafico), an area is which there is also a great effort in legislation, driven by the Parliamentary Front for the Defence of Child and Adolescent Rights, a framework in which a Bill is being studied for a National Policy Against Traffic in Persons. Likewise, it is important to mention that the Health Ministry, with the support of UNFPA, has this year launched the "Conceptual Framework of Reference: Adolescent and Youth Sexual and Reproductive Health", formulated from a very progressive point of view and currently under debate with the actors involved in the subject.

However, up to now there is no public policy document on youth, in the form of those known in Colombia, Costa

Rica, Mexico, Nicaragua or Panama. The closest for the moment is the final report of the *Projeto Juventude* (Youth Project) of the Citizenship Institute, a quite particular NGO (founded and run by the current President Lula) which has been gathering material for two years to define a public policy proposal on youth (Instituto Cidadanía, 2004) largely adopted by the federal government.

The proposals from the Citizenship Institute are structured in broad areas of action, preceded by a diagnosis of the situation of youth and the establishment of a set of general guidelines of national youth policy. These areas of action include topics related with education, work, culture, participation, sports, health and prevention of violence, intersected by some transverse axes on which certain juvenile groups are located, identified by the diversities in terms of gender, race, area of residence and levels of income.

In this context, it is important for the present report to sketch the component related with health, which has some general considerations, followed by some more specific themes, including mental health, drug consumption, sexuality and sexual diversity. The latter is of particular importance in the context of Brazilian society, and the Report tries to include it dynamically within its proposals.

Within these spheres, the report analyses various problems, noting that *the difficulties of intervention among youth are aggravated by the perverse effects of the cultural conservatism that afflicts us daily. As if* – adds the report – *the prejudices arising from our tradition were not enough, we also have to confront retrograde ideas, fed into by some religious sectors, reinforcing the repression of pleasure, denying the sexual body, disseminating erroneous ideas about the effects of condoms and preaching sexual abstinence in adolescence (…) We have to – it concludes – implement programmes for youth tackling sexuality, reproductive health, the prevention of sexually transmitted diseases and HIV-AIDS, keeping in mind the social, cultural and economic aspects of the country* (Instituto Cidadanía 2004, p. 56).

Among the specific recommendations and proposals are the following:

a) the creation of specific spaces for the care of youth and adolescents in the health care services, in relation to sexual and reproductive health, in which prevention and their reception match the reality of these youth and adolescents;

b) the formation of health, education and legal professionals about sexual and reproductive health, gender relations and sexual, racial and age diversity;

c) encouraging effective collaboration between schools and health units in relation to themes connected with sexuality;

d) implementing the subject of Sexual Education continuously within the school teaching policy;

e) guaranteeing juvenile participation in drawing up public policies in the area of sexuality and reproductive health;

f) including the topic of homosexuality with greater intensity in the media, trying to break down taboos and moral preconceptions;

g) guaranteeing the existence of a genuinely lay State, not guided by any kind of religious dogma (idem, p. 56 and 57).

The Interministerial Task Force also presents several sets of challenges, again structured around certain action strategies, among which is one focused on promoting healthy lifestyles. In this, the Report mentions that the main problems to be faced are related with early pregnancy, deaths from extreme causes (homicide, traffic, suicide and others) and drug consumption, and provides some indicators to show the seriousness of all of these.

In line with the priorities established in the diagnosis, the guidelines in public youth policy terms establish the need to *foster, preserve and assist health among young people bearing in mind their main problems (…), include the specific requirements of young people and foster environmental education for sustainability* (Grupo de Trabajo Interministerial 2004, p. 21). Bearing in mind these objectives, the Report stresses some of the main difficulties faced up to the present in the operational handling of public policies in these areas: an absence of interministerial articulation, great concentration of actions in the school, lack of knowledge about public (state and non-state) services available to young people, and insufficiency of actions, among others, formulating alternative proposals in each of these areas (creating a portal of information, multiplying specific spaces, creating channels for dialogue with young people, etc.).

NATIONAL YOUTH POLICY IN COLOMBIA

After a broad and rigorous consultative process, including the different social sectors and a wide range of public and private institutions related with youth dynamics, as well as a wide group of national and international experts, the Presidential Programme Colombia Joven (coming under the President's Office) presented in public its National Youth Policy, designed in terms of Bases for the Ten-year Youth Plan 2005-2015 (Colombia Joven 2004).

This document, one of the most rigorous and systematic seen in recent years, is written from a modern, rigorous approach, resolutely avoiding the commonplaces into which this type of exercises have repeatedly fallen, and far from focusing on a self-referential approach, goes into the complexities of the social, economic, political and cultural dynamics of Colombia, to try to situate the more specifically youth-related dynamics within this framework.

It starts by stressing that *the National Youth Policy is not the set of activities carried out by the Presidential Programme Colombia Joven, but all the efforts and actions presented by the different sector institutions of the public administration that are targeted at young people* (idem, p. 6).

It likewise declares that *the National Youth Policy is the starting point and the finishing point*, insofar as *the Ten-year Youth Plan that will be drawn up through an exercise of broad-ranging debate and agreement, will be the route which will enable Colombia to have both a State Policy in relation to youth, as well as a permanent discussion on youth-related matters* (idem, p. 9).

The first part of the document (focusing on the situational diagnosis it starts from) makes a demographic characterisation of the subject, together with an analysis of the situation of young people in terms of participation in public affairs, solidarity and living together. It reviews the access of young people to different public services, and their situation in relation to the available economic, social and cultural opportunities. The chapter closes with a schematic balance of the lessons learned in the area of public youth policies.

In this context of access to services, the text devotes a specific section to the subject of sexual and reproductive health, basically reviewing the topics related to adolescent fertility, early pregnancy and sexually transmitted diseases (in particular HIV-AIDS) that particularly affect younger generations.

It stresses that *teenage pregnancy is a social phenomenon that goes far beyond health and affects the opportunities for development of young women and their children and families* (p. 20). It notes the fact that *nearly two thirds (62.7%) of women aged 25 to 29 use planning methods, but this percentage is much lower among adolescents (17.3%) contrasting with an ever earlier start to sexual activity* (idem).

As regards suitable care during pregnancy, the text states that *the number of women who do not attend any antenatal check-up has been falling gradually and by the year 2000 91% of pregnant women in the previous 5 years had received some antenatal assistance and this had led to better health for the mother and child* (idem, p. 21). No more details are given about this, in a context in which the diagnosis as a whole is presented rigorously but very briefly.

Similarly, it notes that *as regards HIV-AIDS, information available for the year 2003 showed 3,050 cases, of which 19.11% (583 cases) were in the age range from 15 to 24 and 38.75% (1,182 cases) corresponded to age groups between 25 and 34* (idem, p. 21), which clearly indicates that they caught the disease in their juvenile period (given the long period that occurs between infection and its confirmation).

The second part of the text is devoted to explaining the bases of the National Youth Policy, and stresses that it *recognises young people as subject of rights, bearers of values and specific potentialities that made them key actors for the construction of a more equitable and democratic society, with peace and social justice. The development of society as a whole* – the text adds – *depends largely on the existence of broad capabilities in youth, since it is during this stage of life that people develop and establish the attributes and qualities that mean that, in the future, we can count on*

having healthy, productive, trained citizens to deal with the challenges that are part of the contemporary world (idem, p. 35).

In this framework, the document adopts a series of criteria supporting the youth policy, among which are: emphasis on the local dimension, equity and plurality, gender approach, differentiation between adolescence and youth, highlighting the rights of young people, a population perspective to influence the sectoral aspects, budget allocation, and a dynamic and fluid relation with the Development Plans (idem, pp. 37 to 39). Although no specific rights of any kind are distinguished, it should be noted, in the context of these reports, that there is not one reference to reproductive rights, a key aspect of our specific analysis.

The third part of the text focuses on strategic objectives and axes, and stresses three priorities: (i) participation in public affairs and the consolidation of a culture of solidarity and living together; (ii) access to goods and public services; and (iii) widening of social, economic and cultural opportunities (p. 49). The health topics (in general) are included in the second strategic axis, and it is stressed that *it is necessary to put health care services and social security within reach of young people, act for the prevention of diseases, risk factors and violent deaths, speed up tasks to prevent intra-family violence, contribute to reducing the incidence of pregnancy in adolescents and of HIV, encourage young people to join social security, improve conditions of health and hospital care, and provide comprehensive care for young pregnant women and those breastfeeding* (idem, p. 42).

The fourth part of the document centres on tools for implementing the national youth policy and so does not present substantive details about the themes that we are analysing here (or about any similar theme).

PUBLIC POLICY FOR THE YOUNG PERSON IN COSTA RICA

After wide consultation with different actors related with youth dynamics, and giving young people themselves an outstanding role in this context, in October 2003 the *National Assembly of the Young Person* unanimously approved the *Public Policy on the Young Person* presented by the *Council of the Young Person*. The Legislative Assembly then supported that approval and as from then the Public Policy began to be effectively implemented.

Previously, as the framework for this substantive process, the Legislative Assembly in May 2002 passed the *General Law of the Young Person*, with which, in the words of the Vice Minister for Youth, *among many other achievements, the young people themselves, represented by the National Assembly of the Consultative Network, came to enjoy the faculty of approving the National Plan of Public Policies for the Young Person, which was developed and presented by the National Council of Public Policies for the Young Person* (Consejo Nacional de la Persona Joven, 2004a, p.5).

In the words of the President of the Republic, presenting the Document, *public policy rests on two great areas: civil and political rights and economic, social and cultural rights. These two great areas present together 8 components in which the policy based on the rights approach is divided: Right to Life, Liberty and Personal Security; to Participation; to Health; to Family; to Equity and Non Discrimination; Economic Rights, to Education, to Expression, Recreation and Sports* (idem, p.3).

As can be appreciated, the public youth policy in Costa Rica is surely the one formulated most in line with the *rights approach*, which distinguishes it from many other experiences, centred more specifically on the risk approach or in the opportunities approach. In the words of the Executive Director of the Council on the Young Person, *the strategies, components, aims, conceptualisation, definition, characteristics and approaches guiding the Public Policy on the Young Person include the guidelines for generating opportunities and conditions that guarantee the development of their capabilities and the exercise of rights and citizenship* (idem, p. 9).

In this framework, reproductive rights have a suitable place within the context of public policy as a whole. Thus, naming and detailing the rights established in each of the components, various paragraphs stand out devoted to affectivity and sexual and reproductive health, including, in its own words, the following:

- Promotion of articulation activities for strengthening comprehensive services of sexuality and affectivity education, with emphasis on the exercise of the sexual rights of young people, which include access to information and knowledge, decision-making for a responsible and healthy sexuality, including differences in sexual orientation and adapting to the reality of young people.
- Encouraging STI/HIV/AIDS prevention strategies, within a framework of promoting the comprehensive health of young people, keeping in mind the particularities of the topic, clearly incorporating a differentiated approach based on sexual diversity and covering all the existing forms of prevention.
- Including promotion, education and formation activities aimed at treating young people living with HIV-AIDS with equity and without discrimination.
- Strengthening and carrying out intersectoral, comprehensive activities, aimed at the empowerment of the female and male population about their right and freedom to choose and take decisions in the sexual and reproductive area, respecting current national legal norms.
- strengthening and broadening intersectoral activities aimed at reducing pregnancy before age 15, emphasising education, the development of the capability of prevention and the use of protection methods, both among young men and among young women.

- Fostering the exercise of responsible sexuality by men and women.

In each case, these approaches have been being built on the basis of wide experience throughout the past ten years, especially as from the *Programme of Comprehensive Care of Adolescence* (PAIA) of the Costa Rica Social Security Board (CCSS) and of the Inter-institutional Commission on Health and Reproductive and Sexual Rights (created by Decree N° 27913-S), which in considerations 5 and 7 recognises the right of every person to control all aspects of their health (including reproductive), despite making clear in consideration 6 that the State is obliged to respect the principle of autonomy in adults, as stressed in the Balance of Institutional Development of Youth in Costa Rica (Consejo de la Persona Joven, 2004b).

However, the distances that generally exist between the norms and their effective implementation are significant, and this is no exception. In the Balance of Institutional Development of Youth itself, some qualified interviewees stress this point most eloquently. *Youth and adolescents – they note – have reproductive rights, and the institutions do not tackle the subject as they ought. The CCSS has made an effort, but the services are still not suitable or sufficient. Taking responsible decisions about sexuality involve women appropriating their own bodies, (but) if there are no comprehensive programmes tackling these issues it will be difficult to move ahead and reduce teenage pregnancy* (idem, p.19).

This is particularly important for young women over 19, since they are attended in the same facilities and in the same conditions as the other adult women, with differentiated services hardly existing for women under this age. This may be marking some limit, adding to the difficulties for adolescent girls themselves, but this should not eclipse the significant effort that has been being made in these matters, and that makes the case of Costa Rica clearly stand out in the region as a whole.

ACTION PLAN FOR YOUTH: CHILE COMMITS ITSELF TO YOUNG PEOPLE

With the arrival of the first Concertation government, the Chilean state committed itself to redeem the social debt it held with youth. This commitment became a reality during 1991, with the creation of the National Youth Institute and the implementation of the Opportunities Programme for Youth, PROJOVEN, as established in the introduction to the Youth Action Plan in May 2004 (INJUV, 2004). *Currently – the document adds - the various realities that young people present have made it necessary to redesign a government plan to strengthen state action on youth* (idem, p. 2). *In this context the execution of the commitments made by the ministries and services in this Plan of Action will enable progress towards the consolidation of a network of opportunities for young people* (idem, p. 3).

The Plan of Action was designed by the Government Committee for Strengthening State Action on Youth, created through Presidential Instruction N° 03 of January 23, 2004, with the aim of structuring a Youth Action Plan containing the lines to be adopted by the various Ministries and Public Services for encouraging and developing young people in the country through the articulation, implementation, monitoring and coordination of actions, programmes, measures and other elements defined for putting such lines of action into practice.

Once the corresponding work had been set out, the Committee published the Action Plan drawn up, structuring a broad and very concrete set of measures, around five central axes: (i) juvenile citizenship and network generation; (ii) cultural and recreational opportunities; (iii) self-care in health; (iv) juvenile work enterprise; and (v) access to new technologies. In each case, the theme is presented on the basis of a schematic but very rigorous situational diagnosis, followed by the foundations for planning additional or alternatives measures, and the corresponding establishment of the commitments to be adopted in each case, differentiating actions of institutional coordination, actions in the legislative ambit, areas of direct intervention and areas of dissemination.

The time horizon with which the Plan of Action is conceived is limited to the period 2004-2006, and the themes with which we are concerned in this report are situated in the third point (self-care in health). There, in terms of situational diagnosis, it is established that *the critical nodes of the relationship between health and youth consist of 4 topics: (a) the development of safe sexuality; (b) the fostering of self-responsible behaviours in drug consumption; (c) easing the access of young people to the health care services in greater demand, in accordance with their age (dentistry, gynaecology, etc.); and (d) the development of healthy habits of life and non-violent partner relationships* (idem, p. 15).

With relation to sexuality, the data... show that faced with increasing liberalisation in sexual behaviour, the mechanisms of prevention of the STDs or of unwanted pregnancy are not being used with the frequency that they should. The main consequence of this is that the age of the birth of the first child is also quite premature (idem, p. 15).

In terms of commitments to action, in particular in areas of direct intervention, the Action Plan establishes that the *Health Ministry will, between 2004 and 2006, implement a specialised mode of attention for youth in 50% of the consulting rooms or health centres: trained professionals, specific timetable, with its own spaces.* It was also established that the *Health Ministry will increase the availability of sexual and reproductive health counselling, including preventive self-care in STD/HIV-AIDS and with access to fertility control methods. This would be implemented as from 2004 and by the end of 2005 it was hoped to attend 100% of youth demand in these matters* (idem, p. 16).

In the area of publicity, it was decided that the *Health Ministry, SERNAM and INJUV would run publicity campaigns about the agreements signed by the country that recognise and protect rights: eradication of all forms of discrimination and violence against women, the Intra-family Violence law, etc.* Likewise it establishes that *SERNAM will implement 16 workshops with 240 young people of both sexes, between 15 and 29 years of age, participants in the Bridge Programme, aimed at raising awareness, disseminating and promoting rights in sexuality and family responsibilities with a gender approach. These workshops would be run from July to November 2004* (idem, p. 17).

Lastly, in the context of strengthening institutional coordination, the Action Plan established that *SERNAM, the Health Ministry and the Ministry of Education would hold 16 conferences from May to October 2004, with the aim of giving technical and economic support for the continuation of the activities of the 8 communes, members of the Pilot Plan for Responsible Sexuality 2001/2003* (idem, p. 17).

As can be seen, the distances between the working perspective current in Chie and those current, for example, in Costa Rica, are very noticeable. On the one hand, the rights approach clearly established in Costa Rica, becomes more diffuse in Chile, while on the other hand, the activities are much more concretely defined in Chile (where there is a Plan of Action) than in Costa Rica (where they are still working in terms of a Public Policy, that, at the time of writing these notes, has not been made concrete at a higher level, in terms of a real Action Plan).

In Chile, in addition, a target has been defined focusing much more directly on care in health centres (in fact, in general, an objective is defined related with the incentive for youth and adolescents to affiliate to health centres). Although the activities are not restricted to this sphere, and also include activities in the area of prevention, the fact is that there is a marked priority in terms of direct care, and the most ambitious targets focus precisely on this area.

In the Chilean context the rights also coexist with responsibilities, much more clearly than in the case of Costa Rica. According to the Action Plan, *juvenile practices related with health should be dealt with by the medical services through giving information and counselling that will enable the development of self-care practices for which the young people will be fully responsible* (idem, p. 16).

NATIONAL PROGRAMME OF COMPREHENSIVE ADOLESCENT HEALTH CARE IN CUBA

Passed in the year 2000, the National Programme of Comprehensive Adolescent Health Care in Cuba has defined its *general objective* in the following terms:

To increase the coverage and improve the comprehensive care of adolescent health, with a gender approach to contribute to raising their quality of life, adapting available resources in the National Health System, with the active

participation of the adolescents, family and community and international cooperation (Ministerio de Salud Pública 2000).

In this framework, the Programme has set the following *specific objectives:*

1. To achieve comprehensive differentiated care of adolescents, with multi- and interdisciplinary participation in all levels of the National Health System.
2. To identify and attend early those adolescents with risk behaviours and their families so as to reduce the main causes of morbidity and mortality.
3. To run health promotion and prevention activities aimed at modifying the main health problems of the adolescent group.
4. To contribute to the development of healthy and responsible sexuality executing the activities of the National Sexuality Education Programme.
5. To favour the incorporation of adolescents with leading roles in the formation of healthy habits and lifestyles.
6. To improve and develop the knowledge of professionals, technicians and other workers in the National Health System about the comprehensive care of adolescent health.
7. To promote the design and execution of research into adolescent health, protective factors and risk.
8. To foster intersector, community and family participation to improve comprehensive adolescent health.

The programme is applied in the whole country, in all areas of the National Health System, under the responsibility of the Public Health Ministry, through the National Department for Mother-Child Care and Family Planning. For it to be implemented effectively, a *National Commission for Comprehensive Adolescent Health Care* was set up (composed of a broad range of public and private institutions), and also with Provincial and Municipal Commissions with the same goals and functions, through which the running of the corresponding activities was decentralised. Among the specific activities were included organizational actions, information, education and communication, preventive and assistential, teaching and research.

A good part of the everyday dynamics in these matters is performed from the out-patient services of the hospital units, working systematically to become adolescent-friendly, for which they must meet the following requirements:

a) Programmed consultations devoted to adolescents in the various specialities which the hospital has.
b) Consulting rooms with suitable basic conditions and privacy and specific waiting areas for adolescents.
c) Multidisciplinary teams made up of all the specialities the hospital has that are linked to adolescent care.

d) Guaranteed access to educational materials on the most frequent and important adolescent health problems in the waiting areas.
e) Programming and running of information, education and communication activities in the waiting areas, directed to adolescents and their parents.
f) Use of hospital clinical history in every referral made with all adolescents.
g) Making periodic satisfaction surveys with adolescents, parents or escorts and health staff.
h) Training programme in health problems and care of the adolescent population directed to the medical and paramedical staff of the unit.
i) Staff trained or in a training programme for adolescent care.
j) Interrelation with the family doctor, school and others as necessary.

It will be appreciated that this a programme that has similarities and differences with other similar programmes in the region, in that the situation of Cuban adolescents presents similarities and differences with other contexts of this group in Latin America, in a context of advanced demographic transition and aging population.

Thus, while in most of the countries of the region the main causes of infant mortality and morbidity are related with violence (traffic accidents, homicides and suicides) in Cuba *the main causes of medical referral for the group from 10 to 19 years of age are episodes of acute respiratory infections and acute diarrhoea, just like the rest of the population*, *without repercussions in mortality* (idem). Similarly, while in the region the situations of educational exclusion are evident (especially in middle school), *most Cuban adolescents are in school* (idem), which provides other conditions for promotional work.

NATIONAL YOUTH PLAN 2004-2008 IN ECUADOR

In the case of Ecuador, public youth policies have not developed steadily over time to match the size of the problems and the challenges that must be faced. Even though the National Youth Department (DNJ) dependent on the Ministry of Social Welfare (MBS) was created in 1987, with the aim of harmonising and potentiating youth-related public policies, only recently has it managed to achieve the design of a *Proposal for a National Plan for Youth* (for the period 2004-2008), drawn up with the active participation of the young people themselves, through a broad consultation in regional and local workshops. To reach this, various efforts have come together, both in the area of situational diagnosis (MBS 2000, CEPAR-UNFPA 2003, Cevallos coord. 2004) and in the area of youth concertation (through the Youth Policy Coordinator and other similar networks).

The Plan (DNJ 2004) was designed based on the Situational Strategic Planning methodology developed by

Carlos Matus, and identified the main macro problem to face as *the loss of youth rights and duties, of the identity and self-esteem of young people, due to the lack of interest of State and Society, the weakness of the DNJ and the low participation, organization and role of young people* (idem). It notes some indicators of these: 25% compliance with youth rights; no representation of young people in State decision-making agencies and in the economic, political and social life of the country; low response of the youth organizations to the DNJ; zero national state budget for the DNJ; little coordination of the work of public and private organizations and institutions in youth work; and a high level of social violence against young people.

Faced with the panorama described schematically, the Plan proposes the following vision: *by 2008, as young people we will be subjects generating social change, organised social actors, with solidarity, humanised, creative, innovative, responsible and fair, with a constructive, critical and purposeful strategic vision, with the ability to demand the enforcing of and compliance with our rights and duties, with a true identity built on self-esteem, revaluing our roots and respecting our multiple diversity, with a power of decision that expresses a new youth leadership and protagonism in political, economic, environmental, educational and cultural life, at local, national and international levels. Society and the State* – the text adds – *will recognise, disseminate and respect our rights, capabilities, interests and views. We will have our own, autonomous, representative institutions* (idem).

As regards its mission, the Plan claims that *the DNJ will be constituted as the National Institute for Youth (INJ), will be a consolidated institution, with administrative and financial autonomy, with capacity for self-management and a decentralised structure, will represent youth interests, its authorities named and incorporated democratically by young people, with the recognition and support of young people and their organizations, of the State and of international agencies, and it will give support to the various proposals, projects and initiatives of all the youth organizations in all corners of the country* (idem).

Its function - adds the text - *will be to strengthen youth organizations; contribute to the formation of a new social and political leadership of the country; plan, coordinate, drive and unify the comprehensive participation of young people and their organizations at local, national and international levels; promote and oversee the implementation and compliance with the Law of Youth and its regulation, as well as the National Plan for Youth; and to push forward reforms in accordance with the interests and visions of youth* (idem).

In concrete policy terms, the Plan establishes the following: (1) participation, democratisation and decentralisation of decisions; (2) empowerment starting from the young people and supervision of the functioning of the DNJ; (3) unity and coordination with other like-minded sectors; (4) setting-up of a national youth network-

movement; (5) persuasion, negotiation and mobilisation with the public authorities; (6) development of proactive and planning capacities in the DNJ and in the youth organizations; (7) formation in values and the construction of a new youth ethic; (8) intercultural and intergenerational dialogue; and (9) juvenile oversight.

Given the methodology under which the Plan was conceived, this moves away from the classical presentations, structured in sectoral terms by grand public policies, and concentrates on critical nodes of the macro problem already mentioned. Although this is a great advance on the more traditional logics, the fact is that it is not simple to identify the specific themes (such as those we are concerned with in this study). However, themes such as domestic violence, sexual harassment, early pregnancy and other matters related with the dynamics of sexual and reproductive health do appear.

Neither does the document explain the approaches, of risks, rights, etc., under which it is conceived, but its style of writing clearly shows the inclusion of the gender perspective and the rights perspective in all its components, without, in the latter case, making specific and explicit reference to reproductive rights (in a context in which it does not explicitly refer either to other rights in particular). From this it can be assumed that the text incorporates the rights approach in the domain of sexual and reproductive health.

As can be seen, the Plan has been conceived with a strong juvenile bias, without adult participation (except in subordinate roles) and centred on the DNJ (conceived of as an institutional tool for youth in the State apparatus) and on youth organizations (the priority object of the actions to be taken in the period envisaged for its currency) practically without taking into account the various public and private institutions related with the juvenile dynamic, which are, in the end, those which effectively implement public policies devoted to this population sector (ministries of education, work, health, etc.).

Undoubtedly, the current economic, political and social context of Ecuador is not the best for trying to put such an initiative into practice, but in any case we will have to wait to see as time passes to evaluate if it is possible to put it into practice and what impacts it effectively achieves. In any case, it seems difficult for it to prosper, given the evident divorce that there is between the youth dynamic in particular and the public dynamic in general.

NATIONAL YOUTH PLAN IN EL SALVADOR

One of the first resolutions adopted by the President of the Republic, when he took office in June 2004, included the signing of a Presidential Decree creating the *National Youth Secretariat* (with ministerial rank), which started work immediately, setting up offices and forming work teams in very different areas, beginning, also at once, pushing forward a broad range of initiatives related with youth policies.

In this framework the Secretary for Youth announced that they would work on a design of a Proposal of a National Youth Plan, and to do this, set up the technical teams and inter-institutional consultancy network necessary for this. As a corollary of all this process, at the start of the December 2004 a broad process of validating the Proposal of a National Youth Plan 2005-2015 was run, with the participation of wide range of public and private institutional actors, and it was later approved by the government.

The Document containing the proposal (Secretaría Nacional de la Juventud, 2004) summarises the background history of public youth policies run up to that time, as well as the proposals that had previously been formulated, as well as bringing together the general and specific foundations of the Plan: the goal, objectives and general strategy of the Plan; the axes and priority strategic areas for action; the institutional operating system to be built for its effective implementation; the necessary human, infrastructure and financial resources; the monitoring and evaluation system to be built for its follow-up; participatory validation process for the proposal; and the mechanisms and points for approving and implementing the proposal.

The *goal* to be achieved with the implementation of the Plan establishes: *to improve the quality of life for youth, creating opportunities and conditions to incorporate them in society, supporting them in acquiring autonomy, constructing their personal and social identities, develop their potentialities and their recognition as full citizens and as strategic actors for development in building the knowledge society* (idem, p. 17).

The Plan seeks three overall objectives: (i) to improve the quality of life of young people; (ii) promote juvenile development at all levels; and (iii) attend vulnerable and excluded juvenile groups. In this framework, the Plan will operate around five main axes for action: (i) seek youth autonomy; (ii) foster youth well-being; (iii) develop youth citizenship; (iv) support the development of youth creativity; and (v) create opportunities for vulnerable and excluded young people (idem, p. 18).

These five axes for action, in turn, group initiatives around 18 strategic intervention areas, including the fostering of education and training, incorporation in work, support to young entrepreneurs, access to housing, promotion of comprehensive health, favourable youth environments, options for recreation and healthy leisure, culture and youth creativity, scientific and technological inventiveness, etc.

In terms of the core theme of this report, the Plan proposes to *promote comprehensive health among young people, through: (i) ensuring compliance with the regulation in the processes, contributing to improve quality in providing health care services (ii) strengthening the practice of healthy lifestyles through specialised health promotion, protection and care for adolescents; (iii) favouring inter-institutional articulation around the SIBASI, encouraging youth and community participation at all levels; and (iv) fostering self-care and the productive use of leisure among adolescents, as established in the Strategic Plan for Comprehensive Adolescent Health Care 2004-2009* (idem, p. 25).

This Strategic Plan for Comprehensive Adolescent Health Care 2004-2009, in turn, does not break these actions down into overall areas, since it is formulated around main objectives presented in terms of processes (strengthening the regulatory framework, developing technical competencies among health staff, strengthening intersector and inter-institutional coordination mechanisms, monitoring and evaluation of the quality of care, strengthening actions of advocacy, etc.) but it makes clear that the plan is supported by *applying the rights and gender approach in the implementation of all kinds of actions related to the adolescent population* (MSPAS 2004, p. 20).

Similarly, in the glossary included in the Strategic Plan itself, it states that sexual and reproductive health *is a general state of physical, mental and social well-being, and not the mere absence of disease, in all the aspects related with the reproductive system, its functions and process (World Conference on Population, 1994)*, and adds that *it is the set of interventions for prevention and attention that are carried out with the adolescent population to foster care and self-care in preserving and recovering sexual and reproductive health, as well as the rehabilitation of adolescents for a healthy practice of their sexual and reproductive life* (idem, p. 41).

In addition, the systematisation of the main experiences seen in recent years in the area of sexual and reproductive health (in the ambit of the Health Ministry, the Ministry of Education and some specialised NGOs) indicates that highly important collective learning has been gathered, which can be used as basis for confronting the main future challenges, among which stand out the need to strengthen the multisector responses; to integrate sexual and reproductive health further and better in the public health programmes and comprehensive sexuality education in the school curriculum; provide more and better education and training in sexual and reproductive health for health professionals and teachers; establish a reference system linking educational strategies and access to care in the health services, including the distribution of condoms and of adolescent-friendly contraceptive methods; incorporate within the normative framework instruments of International Law directly linked with health and sexuality; value and potentiate more and better the social role of participation; incorporate the gender approach in all the components of the strategy; and incorporate cultural aspects in understanding the lived experience of sexuality (Laporta, Murguía and Quintana, 2004).

NATIONAL PLAN OF COMPREHENSIVE ADOLESCENT CARE IN GUATEMALA

In the case of Guatemala, apart from some failed attempts at the end of the 80s and the start of the 90s, there

is no Comprehensive or National Youth Plan. However, there are several sector programmes related with the youth population, among which stands out, in the context of this report, the *National Plan of Comprehensive Adolescent Care* implemented since the end of the 90s, with the participation of a broad range of public and private institutions, led by the Health Ministry.

According to the details of the official documents themselves, this Plan *is based on the spirit of the precepts of the Political Constitution of the Republic of Guatemala, the Peace Accords, the Convention on the Rights of the Child and the Health Policy 1996-2000 of the Public Health and Social Assistance Ministry* and was designed with the *fundamental objective of promoting, protecting and maintaining the comprehensive health of adolescents, through actions of health promotion, prevention, education and care to foster healthy lifestyles* (Ministerio de Salud Pública 1999). In this framework, the Plan set the following specific objectives:

1. To promote knowledge and suitable attitudes in adolescents through formal and informal educational activities, in order to encourage them to live healthy lifestyles.
2. To promote a continuous training and education process for officials from various sectors who attend adolescents, as well as the training of adolescents themselves as health promoters.
3. To guarantee the accessibility and quality of care for all adolescents by means of differentiated services, but especially for workers and those who are outside the educational system, those who come from marginal communities and populations displaced by wars and conflicts.
4. To promote the development of a national youth policy that enables activities to be carried out in coordination with other public and private sectors and thus increase the effectiveness and social impact of the projects executed.
5. To promote the active participation of adolescents and their communities in identifying priorities and needs in the problems affecting them, by establishing communal networks with the participation of local organizations of various kinds.
6. To promote the development of research and operating projects that keep in mind the needs of the diverse ethnic groups in the country.

In terms of intervention strategies, the Plan is conceived to provide comprehensive care, from multidisciplinary, intersector and participatory, gender-sensitive approaches, and using the IEC (information, education and communication) strategy.

In this framework, the Plan has been implementing a wide series of actions, including, among others, the production of information and analytical material, especially the following:

- A situational diagnosis of adolescents in Guatemala, centred on analysing their living conditions (Ministerio de Salud Pública 2000a);
- An analytical study on the legal and political framework affecting and protecting the adolescent and youth population in Guatemala (Ministerio de Salud Pública 2000b);
- A diagnostic evaluation of adolescent health promotion experiences through information, education and communication (Ministerio de Salud Pública 2000c);
- A directory of institutions, youth leaders and professionals who work with adolescents in Guatemala (Ministerio de Salud Pública 2000d);
- A series of local, regional and national forums of youth and adolescents, recording and disseminating debates, conclusions and recommendations of the programme beneficiaries themselves (for example, Ministerio de Salud Pública 2000e).

Likewise, intensive work has been done in the development of another series of specific actions, among which figure the following:

a) Training of human resources, both in terms of formation of juvenile animators, and in training community health promoters and technical staff specialised in adolescent and youth primary, secondary and tertiary health care.
b) Advocacy activities in defence of the rights of adolescents, both before decision-makers and public opinion as a whole, trying to change the dominant approaches in these areas, which see youth simply as a risk-group.
c) Development of direct adolescent and youth care services, especially in topics related with sexual and reproductive health, drug consumption and violence, aiming to develop healthy lifestyles, through decentralised approaches and with a strong emphasis on local contexts.
d) Fostering articulation with other youth promotion initiatives at national and local level, as a way of potentiating the work of all and improving the impacts in the final beneficiaries of these efforts, especially with the Ministries of Education, Culture and Sport, and Agriculture, and with the Mayor's Offices.

In a panorama marked by the move towards individual, disconnected activities, this Plan is a good sign in terms of systematic, long-term initiatives.

PROGRAMME OF COMPREHENSIVE ADOLESCENT CARE IN HONDURAS

In Honduras, the Adolescent Comprehensive Care Programme (PAIA) was designed with the aim of helping to

improve the quality of life of adolescents, and it has the active participation of various institutional actors. The main lines of the Plan (Secretaría de Salud 2000) are the following:

- Mission: *To identify and create comprehensive care spaces in adolescence, encourage comprehensive gender equity approaches, participation of the adolescent in the family and adaptation of the health care services.*
- Vision: *To articulate actions with the different actors in society to promote an environment that will foster adolescents with an awareness of citizenship, healthy, with high personal esteem that enables them to develop their internal control, to increase protection in the face of the risks in the exploratory activities proper to adolescence.*
- General Objective: *To promote, provide and guarantee fair participation for adolescents without any kind of discrimination, promoting their positive public image and the validity of their contribution to national development.*

The main components of the Programme, aimed at promoting and creating spaces in various specific areas, are as follows:

a) Sexual and Reproductive Health: *Through which adolescents can made a reflexive, critical and constructive analysis for the exercise of their rights.*
b) Mental Health: *In this framework it proposes a management of behaviours in strengthening healthy lifestyles, free of any kind of violence.*
c) Physical Health: *To detect early the disorders that can affect the growth of young people.*
d) Prevention and Treatment of Morbi-Mortality: *This aims at establishing an early diagnosis of health disorders and rehabilitation.*
e) Fostering Healthy Environments: *Through the leading role of adolescents at all levels.*

In terms of its *intervention strategy* the PAIA is designed with an approach giving priority to intersectoriality, interdisciplinarity, multidisciplinarity, decentralisation, social participation, adapting services to the users, the development of human resources, information-education-communication, and epidemiological vigilance. As can be seen, these are lines promoted by various international agencies (particularly the PAHO) and adapted to very varied contexts.

As part of the actions implemented, in this case too the production of materials of information and analysis stand out, among which are the following:

- A situational diagnosis of adolescents in Honduras, focused on analysing their living conditions (Secretaría de Salud 2000a);

- An analytical study on the legal and political framework affecting and protecting the adolescent and youth population in Honduras (Romero 2000b);
- A critical analysis of the current legislative framework, in terms of adolescent and youth rights and duties (Secretaría de Salud 2000b);
- A national directory of institutions working with adolescents in Honduras (Ministerio de Salud Pública 2000d);
- An analysis focused on masculinity connected with sexual and reproductive health of adolescent boys in Honduras (Secretaría de Salud 2001).

Likewise, in this case too, intensive work has been done in the development of another series of specific actions, similar to those mentioned in the case of Guatemala:

a) Training of human resources, both in terms of formation of juvenile animators, and in training community health promoters and technical staff specialised in adolescent and youth primary, secondary and tertiary health care.
b) Advocacy activities in defence of the rights of adolescents, both before decision-makers and public opinion as a whole, trying to change the dominant approaches in these areas, that see youth simply as a risk-group.
c) Development of direct adolescent and youth care services, especially in topics related with sexual and reproductive health, drug consumption and violence, aiming to develop healthy lifestyles, through decentralised approaches and with a strong emphasis on local contexts.
d) Fostering articulation with other youth promotion initiatives at national and local level, as a way of potentiating the work of all and improving the impacts in the final beneficiaries of these efforts, especially with the Ministries of Education, and of Agriculture, and with various Mayor's Offices around the country.

The PAIA had the support of various international cooperation agencies, including the European Union, UNFPA, PAHO, UNICEF, the German Technical Cooperation agency GTZ and the Canadian Agency for International Development (ACDI), running activities particularly focused on municipal environments.

PROJUVENTUD: NATIONAL YOUTH PROGRAMME IN MEXICO

Designed on the basis of an extended and fruitful process of consultation with young people and with public and private institutions operating in the youth domain, the *National Youth Programme 2002-2006* (Projuventud) in Mexico takes young people as *strategic actors in national*

development (this is the subtitle of the Plan's presentation document itself).

The text summarises the legal foundations supporting it, and describes the process of designing it (how was it planned?) and makes a schematic but very rigorous situational diagnosis (where are we?). The text then establishes the sector challenges (what do we propose doing?), including the 2025 vision of Projuventud, the main principles of the Plan, the mission, perspectives, the youth policies and the main operational axes.

The 2025 vision establishes: *a society and government as co responsible promoters and agents of comprehensive development, in permanent dialogue with young people, recognising their diversity and autonomy in their leading and responsible participation in the change, as subjects and strategic actors of national development* (IMJ 2002, p. 47). The mission, in turn, establishes: *to generate a generational approach in each and every government action and programme in its three areas and according to their specific functions: the federal as normative, the state as coordinator, and the municipal as operator; through a broad, co responsible platform for coordination of efforts among the social actors involved, to develop comprehensive, participatory and interactive practices, that recognise young people as strategic actors for development* (p. 49).

The Programme is structured around *three main guiding objectives*: (i) to drive forward the improvement in the quality of life and well-being of youth; (ii) to generate areas of opportunity for developing individual and collective capabilities of young people; and (iii) to foster conditions of equity for youth sectors in situations of exclusion. In this framework, the Programme breaks these three guiding objectives down into *five priority programmes of action:* (i) drive forward youth emancipation; (ii) foster youth well-being; (iii) develop youth citizenship and organization; (iv) support youth creativity; (v) fairness of opportunities for youth in conditions of exclusion.

These five priority programmes of action break down in turn into fifteen specific strategies: (i) foster the permanent education of youth; (ii) promote the development of young people in productive activities and foster formation for work; (iii) generate opportunities for access to housing for young people; (iv) promote the comprehensive health of young people; (v) foster environments that favour a better development of the youth population; (vi) generate and support options for enjoyment of juvenile things; (vii) strengthening of juvenile citizen formation; (viii) support for juvenile organization processes; (ix) fostering and support for youth cultural creation; (x) support for juvenile scientific and technological inventiveness; (xi) opportunities for indigenous and rural young people; (xii) support to migrant young people; (xiii) support and respect for the rights for young people in the street; (xiv) services and opportunities for young people with disabilities; and (xv) promote the reinsertion of young people in conflict with the law.

In terms of the core theme of this report, it is worth noting the programme strategy (iv) promote the comprehensive health of young people, which is supported on three lines of action (idem, p. 89):

1. Youth formation in comprehensive health: Where all the youth efforts related to health education are articulated, based on the generation of specific contents for age and sex groups and according to the region they live in, under the guiding idea of self-care that the young people must develop about their bodies; through a critical culture about various aspects related with the promotion of suitable habits, basic concepts on mental health, self-esteem and personal value, prevention of depressive disorders and accidents, the responsible exercise of sexuality, fight against sedentarism and nutrition problems (bulimia and anorexia) and prevention of addictions.

2. Specialised health care services for young people: Just as progress is being made in the establishment of specialities such as geriatrics, it is essential to generate spaces for comprehensive care for young people where this population sector can request referrals, counselling and advice on aspects linked with biophysiological development in puberty and adolescence, eating disorders, affective disorders, early pregnancy and sexually transmitted infections (STIs), for which it is proposed to generate specific agreements among various dependencies and social organizations.

3. Prevention and care in risk behaviours: The objective of the third line of action will be to generate a space for collaboration and interchange of experiences, methodologies and resources developed by public institutions and social and private organizations in the subject of the care, recovery and rehabilitation of young people with problems of addiction, victims of violence, affective and/or eating disorders.

In more concrete terms, related to sexual and reproductive health, the Programme establishes the need to *work for the training of parents, teachers and health care services staff to raise their awareness of the importance of their role in sexual and reproductive education activities aimed at young people*, *to run permanent campaigns and to create physical spaces for youth queries (libraries, virtual conferences, web pages, chat), where topics about health, sexuality and reproductive health, family planning and childbirth and postnatal care, as well as on the affective aspects of human sexuality, and to design and disseminate reliable information on responsible and risk-free sexual behaviours, including voluntary, relevant and effective methods for the prevention of HIV-AIDS and other STIs, through various activities that will enable the young people to decide in accordance with their own scale of values* (idem, pp. 90 to 106). Lastly, it should be stressed that, even though

the Programme emphasises three fundamental principles (participation, inter- and intra-generational and gender equity) it does not explicitly establish anything in terms of reproductive rights (RR), the core topic in the perspective of this report.

ACTION PLAN FOR THE COMPREHENSIVE DEVELOPMENT OF YOUTH IN NICARAGUA

In the framework of a fruitful process, in 2002 in Nicaragua the *Law of the Promotion of Comprehensive Youth Development* (N° 392) and its corresponding Regulation were passed, the framework for the creation of the *National Youth Secretariat* (with ministerial rank within the national government), together with the *National Youth Commission* (made up of various public and private institutions) including the *National Youth Council*, grouping together youth movements and organizations (Secretaría de la Juventud 2004a).

Designed as part of the mandate issued by the Youth Law, there followed the *National Policy for the Comprehensive Development* of *Nicaraguan Youth*, and then the *Plan of Action of the National Policy for the Comprehensive Development* of *Nicaraguan Youth*, running from 2005 to 2015, in the framework of the *Millennium Development Goals*, approved in the United Nations in the year 2000, all with the support of UNFPA (Secretaría de la Juventud 2004b and 2004c).

The *purpose* of the Plan of Action is defined as follows: *to improve the quality of life of Nicaraguan youth, creating opportunities and conditions in the 2005-2015 period for their social incorporation, acquirement of their autonomy, the development of their potentialities and their recognition as strategic subjects of development* (Secretaría de la Juventud 2004c, p. 33).

The Plan is structured around six axes for action: productive insertion, education, health, participation, culture and sports, and prevention and care of violence. In *health* terms, the Plan proposes (as an aim) *to foster the necessary state of health that can potentiate the capabilities of young people to take on responsibilities for their personal y social behaviour, that turn into healthy lifestyles*, (idem,. p. 68).

To achieve this aim, the Plan establishes three main strategies: (a) increasing and improving access to health care services; (b) the promotion and suitable and timely sexual and reproductive health care; and (c) promotion of healthy lifestyles, timely detection and treatment of risk behaviours. In each case, the lines of action and expected results are established, in the light of the baseline constructed in terms of situational diagnosis, in this framework the main indicators are noted in terms of fertility, mortality, premature pregnancy, sexually transmitted diseases, access to sexual and reproductive health care services, etc.

In terms of the core topic of this report, the Plan notes that *the conditions of sexual and reproductive health play*

an important role in the transition processes to adult life, emancipation and the search for juvenile identity (idem, p. 71). It also points out that *access to objective, timely, clear and reliable information on the topic of sexual and reproductive health, fosters a culture of health promotion and prevention, towards the responsible exercise of sexuality, the prevention of risky pregnancy, abortion, maternal mortality and the achievement of safe motherhood and responsible fatherhood* (idem, p. 71).

In this framework, it defines the line of action in terms of *broadening and articulating youth sexual and reproductive health prevention and care services*, and for this they give priority, in their words, to the following activities (idem, p.71):

a) Broadening programmes of information and counselling that offer young people options and abilities to make their own decisions about their sexual and reproductive health.

b) Encouraging sexual and reproductive health awareness and promotion programmes in the departments, autonomous regions and municipalities of the country, with the participation of public and private institutions and organizations, work places, schools, families and young people themselves.

c) Realising information campaigns in mass media, to encourage responsible behaviours in the exercise of sexuality.

d) Realising information activities in health agencies such as forums, reflection circles, talks and conferences with a modern, dynamic and scientific approach that will generate processes of social co-responsibility and self-care of health among young people.

e) Encourage the active social participation of inter-institutional networks, youth groups, places of work and education, families and communities in the work of sexual and reproductive health care and prevention.

f) Establish sexual and reproductive health programmes that respond to the specific conditions of indigenous and rural youth.

g) Drive processes of awareness-raising and reflection on the usefulness of family planning and the exercise of responsible parenthood in young urban and rural couples.

h) Support the inclusion of the subject of Population and Sexuality Education in study programmes in the formal education system.

The Plan establishes the following three expected results, without setting parameters or concrete goals:

• A reduced incidence of risky pregnancy and associated disease in young women.

• Increased percentage of young women who receive

information and services to achieve safe motherhood (antenatal, childbirth and postnatal).

• Increased use of family planning methods by young people.

PUBLIC YOUTH POLICY IN PANAMA

Matching the process used in Costa Rica, and using the human rights approach as a reference point, the Ministry of Youth, Women, Childhood and Family designed during 2003 and 2004 the Public Youth Policy of Panama, with the support of UNFPA. The design exercise included wide consultation with young people and with different institutional actors (public and private) operating in these areas.

The document proposes (as a general objective) *to guarantee the young people living in the Republic of Panama the conditions for their human development, full recognition of their rights and their participation in the construction of a more equitable, democratic and fair Panama, with solidarity, without any distinction for ethnic reasons, for national origin, age gender, territorial location (urban/rural/regional), sexual orientation, religious belief, socio-economic status, disability or any other particular condition* (MINJUNFA 2004, p. 11).

Based on the human rights approach, the public youth policy is structured around four sets of rights, in the framework of which are structured 12 components, in turn broken down into specific targets, strategies and lines of action. The general scheme is, in their own words, as follows (idem, pp. 9 and 10):

• CIVIL AND POLITICAL RIGHTS:

1. The enjoyment of the intrinsic right to life, to have nationality, to identity, to freedom of thought, of conscience, of choice, of action, of religion or beliefs, of expression, of opinion and to associate.
2. The exercise of the right to security, to equality under the law, a fair trial and the exclusion of every kind of violence.
3. The right to citizen participation.

• ECONOMIC RIGHTS

4. The right to a decent, productive, honourable and sustainable job.
5. The right to access to decent housing, and fair access to credit, to land and to the assets of production.
6. The right to enjoy a healthy environment, to the protection of natural resources and the preservation of the heritage of biodiversity.

• SOCIAL RIGHTS

7. The right to comprehensive health and to quality sexual and reproductive health, which contribute to

the human development of young people, and that keeps in mind the need and right to confidentiality, consent, information and privacy.

8. The right to a timely, relevant, equitable and quality education, as well as access to scientific and technological innovation with equality of conditions.
9. The right to have a family that loves, supports, stimulates and recognises them as subjects of rights, as well as constituting a family on the basis of respect among its members.
10. The right for young people in a situation of exclusion, vulnerability and discrimination to be able to restore their human rights and achieve their inclusion in development.

• CULTURAL RIGHTS

11. The right to expression and creation in all the artistic and cultural forms.
12. The right to expression by means of sports, recreation, leisure and free time.

In this context, in relation to the core theme of this report, one of the specific priority aims establishes the need *to guarantee young people the right to a comprehensive health and to an equitable, quality sexual and reproductive health, that contribute to the human development of young people* (idem, p. 19). In this framework, two lines of strategy are prioritised: *the development of a comprehensive, decentralised health strategy starting from youth to respond to the demands and needs of youth in this matter, and to drive youth-to-youth juvenile initiatives for promoting health and the practice of healthy lifestyles* (idem, p. 19). On a more concrete plane, six main sets of operating strategies are distinguished: (i) management and articulation of actors; (ii) defence, promotion and political influence; (iii) information, communication and dissemination; (iv) training; (v) research and documentation; and (vi) monitoring and evaluating of policies and programmes (idem, pp. 19 a 21).

In relation to sexual and reproductive health topics, specific lines of strategy are established: *widening the coverage and dissemination of the supply of youth-friendly services with a special emphasis on sexual and reproductive health, to match local particularities and needs; promotion of comprehensive type media communication campaigns, massive and intersectorial, previously agreed with the youth and the key institutions in the subject, to disseminate counselling on health matters, and sexual and reproductive health for the youth population; awareness-raising and training and stability for public and private health services staff for the comprehensive care of the health and the sexual and reproductive health of youth and adolescents within a framework of respect of their intimacy, their privacy and the right to informed consent; and the formation of youth community sexual and reproductive health promoters, incorporating young people living with HIV-AIDS in health*

promotion activities and the prevention of STI/HIV-AIDS, among others (idem, pp. 19 and 20).

NATIONAL PLAN FOR COMPREHENSIVE HEALTH OF ADOLESCENCE 2002-2006 IN PARAGUAY

Despite repeated attempts made at different times of recent history in Paraguay, there is no Comprehensive Youth Plan in the style of those we are presenting in this chapter in reference to other national cases. Various processes of collective design of proposals in the subject are known about (made especially in 1994 and 1999) driven in the framework of very particular circumstances of the time (first democratically elected government, exit from the Paraguayan March crisis with great youth role in the defence of democracy) but none prospered in practice. Another similar attempt is being currently made, but it is too soon to know if this time it will effectively be realised.

There is, however, a National Programme for Comprehensive Health of Adolescence, designed by the Ministry of Public Health and Social Welfare, with the support of UNFPA, the PAHO-WHO and the GTZ in 2002, with its effective implementation planned for the 2002-2006 period. The Minister himself stressed in its presentation that *the aim of the Plan is to be a guiding instrument for planning interventions with the adolescent population taking their health situation as its basis and its legal framework in the Code of Childhood and Adolescence* (Ministerio de Salud Pública y Bienestar Social 2002).

The conceptual foundations of the Plan identify some key factors for healthy development in adolescence, among which it stresses the following:

a) Access to reliable information the enables them to take decisions with good reasons in topics related with health, sexuality, education, work and participation in society.
b) Acquirement of practical and life skills that helps them to the resolution of conflicts, self-esteem and the taking of informed decisions.
c) Access to training and the opportunities for the development of their abilities.
d) Adequate nourishment, access to education and to quality health care services.
e) Creation of a physical and social environment in the family, school and community settings that is safe and helps achieve their healthy growth and development.
f) Participation and contribution to society assuming responsibility in their communities.

The policy foundations of the Plan note the context of the democratisation under way and refer specifically to various articles of the Constitution related to the rights of the family, childhood and youth, as well as pointing expressly to various of the international documents of universal and regional nature, signed by the country, that

back up the approaches adopted. In addition, the Plan notes most especially the direct link of this initiative with the Code of Childhood and Adolescence (Ley N° 1.680) and the Law creating the National Health System (N° 1032/96).

In terms of substantive definitions, the Plan adopts the following vision: *organised, autonomous, caring adolescent men and women, committed to healthy values and lifestyles, with care facilities available and suited to their needs.* Likewise, it adopts the following mission: *to carry out activities with adolescent to promote healthy environments and behaviours and prevent risk factors.* The target group is defined as *the age group between the ages of 10 and 19 years.* The Plan is defined with a duration of 5 years (2002-2006).

As a working philosophy, the Plan establishes *the active participation of adolescents and young people through their organizations at national level in co management with the various levels and areas, the IEC strategy (information, education, communication), monitoring and transverse evaluation in all the expected results of this Plan.* It also adopts an intersectoral and inter-institutional working strategy, based on the broadest possible collaborative efforts. The general objective defined is *to improve the quality of life of adolescents*, and the purpose is defined in terms of *carrying out activities with adolescents to promote healthy habits and behaviours and prevent risk factors.* In this framework, the strategies defined are as follows:

- To carry out activities throughout the society that will manage to increase social awareness of the importance of providing comprehensive care for adolescents.
- To develop mechanisms for conjoint and coordinated inter-institutional and interagency activities.
- To strengthen the human resources and institutional capabilities for planning and executing differentiated comprehensive care actions for adolescents.
- Encourage the execution of adolescent health programmes and comprehensive care at national and regional level.
- Strengthen mechanisms for adolescent participation in planning and executing the activities.
- Encourage the interprogramme approach among government, non-governmental and other health institutions, for the comprehensive care of adolescents.
- Encourage the realisation of quantitative and qualitative research in health care services, to improve interventions in the comprehensive care of adolescents.
- Permanently assess the Plan in its process and in its achievement of results.

The Plan is realised in a diagram describing the expected results and in another of activities by result, in which the most general ideas are broken down, by in no case is reference made to specific topics, and thus the Plan makes no specific reference to reproductive rights or to specific

activities related with sexual and reproductive health, the main topic of our report.

This does not mean that there are no such activities, but they are not established in the Plan Document as such.

A GAMBLE TO TRANSFORM THE FUTURE: YOUTH POLICIES IN PERU

Although numerous antecedents could be tracked down in the domain of public youth policies in Peru, the fact is that a significant leap forward was made in this subject with the approval of Law N° 27802 in 2002, when the National Youth Council (CONAJU) was created, made up of the National Youth Commission (CNJ) at a government level and the Youth Participation Council (CPJ) as a meeting point for youth organizations themselves, to which is added the Multisectoral Committee, made up of representatives of various public institutions and the Coordinating Committee, which brings together representatives of the CNJ and the CPJ.

Among many other initiatives launched in the past two years, CONAJU has been promoting a broad range of consultations with young people and with institutions specialising in these areas (both public and from the civil society) about a Working Document (CONAJU 2004) that tries to set the foundations for the deign of a Public Youth Policy for 2005-2015. The November 2004 version, incorporating many of the contributions received in the framework of these consultations, brings together the background, summarises the diagnosis of the situation, analyses future alternatives and establishes principles and approaches to support the proposal of the public youth policy.

The core focus of the text is the rights approach, postulating that from the star, the guidelines for youth policies are adopted fundamentally as a way of promoting youth citizenship and are founded on two concepts: (i) that youth groups can be a strategic actor in the process of economic and social development, and (ii) that, as young people are subjects of rights, youth policies should not be reduced to the implementation of programmes and activities to widen the coverage of basic satisfiers, but must also create the conditions for young people to realise their life-projects at the same time as they decisively cooperate in building a fairer society (idem, p. 29).

The proposal is structured around 11 policy guidelines, with the horizon set in the year 2015:

1. Young people of all conditions will be guaranteed their right to be included in participation processes created or to be created in neighbourhoods, communities, institutions, public, private and community meeting points, at local, regional and national level, in order to contribute with a leading, responsible role to a just society in which participation is a right of all.
2. The capabilities of young people will have been generated and strengthened to contribute to the promotion of sustainable development and they will be participating in the definition and implementation of environmental policies.
3. An awareness of citizen security will have been constructed together with young people, based on a culture of peace, respect for human rights and peaceful social community living.
4. Young people will have their rights guaranteed and will exercise their responsibilities within a quality education system that satisfies their learning needs, forms them in values and prepares them for life, the working world and the exercise of citizenship.
5. Young people will be guaranteed equitable access to comprehensive health and to healthy lifestyles through quality information and services.
6. Conditions will have been created for young people to have a decent, productive and quality job, for employability and self-employment, the improvement in their income levels and the protection of their employment rights.
7. Spaces will have been opened up for the expression of all the different cultural manifestations that young people create, produce, use and practice, including music, theatre, dance, art and sports, and these expressions will be respected, recognised, promoted and disseminated.
8. The capabilities of young people living in rural areas will have been strengthened so that they can take advantage of the opportunities offered in their areas.
9. Prevention and rehabilitation systems will have been organised targeted at young people with risk behaviours and in conflict with the law.
10. Society will have accepted young people with incapacities. The physical and mental barriers that hinder access to work will have been eliminated. There will be spaces, initiatives and proposals promoting their comprehensive development.
11. A public policy system will have been consolidated for young people.

As regards guideline N° 5 (related with the core theme of this report), the document establishes ten concrete operating strategies:

a) Promotion of suitable conditions for the affective, pleasant, healthy, safe and responsible expression of juvenile sexuality, without discrimination or violence.
b) Promotion of universal access of young people to reproductive health care services, in compliance with the international agreements adopted by the heads of state.
c) Promotion of healthy habits and styles of life. Prevention of sexual and intra-family violence. Protection and defence of girl victims of sexual harassment and rape.
d) Development of means of preventing STIs, HIV and traffic accidents.

e) Implementation of differential, comprehensive services in the health facilities of the State and of Social Security for pregnant adolescents, young heads of household, minors, young couples and youth in general. Elimination of the cultural, social, legal and economic barriers hindering the access of adolescents to the services necessary for the protection of their health.

f) Intergenerational meetings for building spaces for dialogue and affective support.

g) Promotion of psychoactive substance use prevention and rehabilitation programmes for young people.

h) Prevention of addictions such as alcoholism and smoking.

i) Youth participation in health prevention and promotion.

j) Oversight mechanisms of the health care services at all levels of care, from out-stations to public and private hospitals, for the prevention services and services related with primary health care and comprehensive services.

As can be seen (and as is established in the text of CONAJU), while the first 8 points are related with prevention, point 9 focuses on fostering juvenile participation in the dynamic and point 10 on social oversight, a practice that is starting to spread in Peru, and which brings together a broad range of young people interested in this particular form of citizen participation.

NATIONAL YOUTH POLICY IN THE DOMINICAN REPUBLIC 1998 - 2003

Although recently (2003-2004) the dynamics of youth policies in the Dominican Republic have markedly lost the strength that they had in the previous five years, the fact is that in the change of the millennium it was one of the national cases that aroused most expectations, above all because of the passing of the Youth Law in 2000, in the transition period between the outgoing and incoming governments.

This event acquired great symbolism as the elaboration of the bill had taken place in the midst of enthusiastic participation of young people (fostered from the government's General Department of Youth Promotion (DGPJ), headed at that time by Leonel Fernández, and passed because of the decisive support of the Dominican Revolution Party (that brought Hipólito Mejía to the presidency), until then in opposition. The law enabled the creation of the Secretary of State for Youth and allocated it 1% of the national budget (among other significant measures).

But it is important to keep in mind the process that led to the passing of this law, in order to be able to adequately explain the reasons that made it possible for such an important event to effectively come to pass. In this framework, a core component was the design and approval of the so-called National Youth Policy 1998-2003, which also received active participation of young people throughout its process and received significant support from various international cooperation agencies (USAID, UNFPA, PAHO, etc.)

The document presenting the national youth policy (DGPJ 1998) includes a conceptual chapter on youth and public youth policies, followed by another descriptive chapter on the situation of young people in various spheres (education, employment, health, etc.) bringing together the available research findings and the lessons learnt from the evaluations made up to that moment. But the crux of the text is clearly the public policy proposals (chapter 3).

The policy on this is designed on the basis of a set of important suppositions, presented in terms of the desired image or the finishing-point: *(a) the public and private institutions working in the area of adolescence and youth are available to coordinate efforts and interchange technical, human and financial resources; (b) the government increases social investment in the areas of comprehensive development of youth and adolescents; (c) the state bodies work in a decentralised way, encouraging the development of local initiatives for implementing and evaluating public policies on adolescence and youth; (d) youth and adolescents take part in the design, implementation and evaluation processes of the public policies; and (e) the DGPJ is strengthened to take on its role as coordinator of the policy implementation and evaluation process.* At the same time, five general strategies are defined: (a) inter-sector coordination; (b) services; (c) social mobilisation through activities of information, education and training; (d) youth empowerment; and (e) advocacy for youth rights (idem, p.27 and 28). On this basis, the sector policies are developed, breaking them down into guidelines, targets and activities.

The presentation of each of these sector policies begins with those related with health, which clearly has priority in the set. From the substantive point of view, the health policies for youth and adolescents include five fundamental lines of strategy:

- To create and promote a public agenda for the comprehensive development of youth and adolescents.
- To encourage and integrate the participation of youth and adolescents in decision-making bodies and in the implementation of health programmes.
- To establish comprehensive quality health services that promote the development of youth and adolescents in all the national territory.
- To establish information, education, training and communication programmes for the comprehensive health of youth and adolescents.
- The public sector (SESPAS) will be responsible for the normalisation of strategies and activities aimed at executing these policies for them to be applied at national level.

The goals that the Plan puts forward in these matters are as follows:

a) Installation of adolescent health units in 90% of provincial hospitals, sub centres and public health centres at national level by mid-1999.
b) Reduction of maternal mortality in youth and adolescents by 50%.
c) Increase in sexual and reproductive health coverage for youth and adolescents by 90% in the year 2000 in the comprehensive care services.
d) Inclusion within the General Health Law of aspects related to the comprehensive health of youth and adolescents.
e) Insertion of youth and adolescents within 100% of the health initiatives at general and community level and in the adolescent comprehensive care units.
f) Coverage of 100% of the target population in IEC activities about the comprehensive health of youth and adolescents.
g) Start of promotion programmes of health lifestyles for youth and adolescents in all the communities neighbouring the comprehensive care services.

At activity level, the topics of sexual and reproductive health are mentioned (together with many others) but there are no explicit presentations of the approaches, whether risk, rights, etc., with which the work will be done. As we will see, there are no assessments available about this but everything seems to indicate that this policy was not put into practice.

STRATEGIC PLAN OF ADOLESCENCE AND YOUTH IN URUGUAY

In the course of the outgoing government (2000-2004), the National Youth Institute did not design or implement any genuine Youth Plan, apart from activities that it encouraged in the past few years in various programme areas. It is necessary to go back to the period 1995-1999 to find a Proposal of a Comprehensive Youth Plan (Rodríguez and Lasida 1994), that in fact was never applied, to find relevant antecedents. The new government, which came into office in March 2005, has not yet made any statements about it.

However, recently two interesting collective analysis exercises have been made of this kind of initiatives that are worth mentioning in the framework of these notes: on the one hand, the Strategic Plan for Adolescence and Youth 2005 structured by the Youth Commission of the Municipal Mayor's Office of Montevideo (IMM), and on the other, the proposals put forward by various juvenile networks, animated by the Christian Youth Association (ACJ) and the Youth Council of Uruguay (CJU) with the support of the Friedrich Ebert Foundation.

The Strategic Plan for Adolescence and Youth of the IMM is very important for the country as a whole, since it is designed from the point of view of the political parties governing the capital (Frente Amplio – Encuentro Progresista), which are precisely those that have recently won the national elections and are governing the country at this time (Comisión de Juventud, 2003). The proposals of the ACJ and CJU, in turn, are significant because they were drawn up directly by young people organized into various networks and movements (ACJ – CJU - FESUR, 2004).

In substantive terms, the Strategic Plan of the Youth Commission of the IMM focuses its concerns on the social exclusion of young people and on the topic of the so-called youth tribes, so it puts special emphasis on employment creation and youth participation as a transverse axis of all the activities to be performed. During 2003, various consultative meetings were held with young people and youth specialists, and in particular a presentation given by Dr Leticia Rieppi, of the Uruguayan Child and Adolescent Gynaecology Society, focusing on sexual and reproductive health topics.

The talk summarised available information on the subject, and centred on the topic of information, especially in terms of the availability and relevance of information, among health staff, among fathers and mothers of adolescents, teaching staff (above all in middle school) and among the young people themselves, since information is a key tool in facing the different problems that exist in these domains and especially everything related with early pregnancy.

Those taking part in the collective construction of the Strategic Youth Plan took due note of these contributions and are now trying to define more precisely and rigorously the goals and strategies for working in these domains, bearing in mind also existing experience, both in government area (the Adolescent Men and Women Spaces Programme of the IMM itself, for example) and those run by specialised NGOs including several working from a gender perspective.

The debate among organised young people themselves, in turn, structured their tasks around various specific topics: education, emigration and employment, sexual rights and reproductive health, use of psychoactive substances, youth participation and other possible themes (including discrimination, housing, violence and environmental problems). The report giving the results of these debates points up important agreement on several planes, among which we should stress here those related with sexual rights and reproductive health (ACJ-CJU-FESUR, 2004).

To start with, the approach that the young people worked with in the different meetings is very clear and concrete: *it is necessary to have sexual and reproductive health policies not because there are adolescent mothers, because HIV-AIDS is important, because young people are a risk population; we must have sexual education policies and services because we have rights; all should have access to this kind of right, which are human rights and the Uruguayan government always says in international arenas that these must be*

respected (II Meeting of Youth Social Organizations, cited in ACJ-CJU-FESUR 2004, p. 21).

For the youth organizations, *the State must generate the conditions for exercising reproductive rights and a pleasurable and responsible sexuality. This is why campaigns should be run not only of HIV prevention or of contraceptive techniques, but also on sexual rights as such and in favour of gender equity. The legislation should keep in mind the differential impact that it can have on men and on women, systematically integrating a gender perspective guaranteeing equity* (idem, p. 22).

From this perspective, *lack of information is one of the first problems to resolve. Young people should have access to sexual and reproductive health care services that have personnel trained for working with adolescents. Medical or health staff should be trained to provide the information required without showing moral judgments, censure or condemnation (…) The right to information should be guaranteed to the ultimate, as well as the right to privacy and access to contraceptive techniques. To inform* – the young people say – *is not to promote particular behaviours, but only to foster informed and responsible decision making* (idem, p. 23).

The favoured mechanism, as well as the creation of specialist centres, should be the formation and promotion of community agents in the heart of each locality, in such as way that the young person has a key role in the process and greater accessibility in this context (…). Nor should formal education be kept out of this subject; sexual education courses should be given in the classrooms that promote information, debate and free and responsible choice. It should also promote the family in all its diversity (idem, p. 24). *Sexual education is problem of society and all of us, as sexual beings, have the right to receive this education, because our sexuality is going to accompany us from the moment we are born till the moment we die*, said one of the participants in the 2nd Meeting (idem, p. 24).

ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH CARE IN VENEZUELA

Venezuela has a long tradition in the domain of public youth policies, with its earliest antecedent in the creation of the Youth Ministry in 1977, which ten years later (in 1987) became the Ministry of the Family (Rodríguez 1989). However it has never had a Comprehensive Youth Plan in the form that we have been presenting in this chapter (in Colombia, Costa Rica, Panama and other countries of the region).

There is, however, a Comprehensive Adolescent Health Plan, as well as wide and detailed legislation related with sexual and reproductive health, within which there are very precise guidelines for the dynamics of public policies in the matter of comprehensive sexual and reproductive health care for adolescents (MSDS – UNFPA 2004) which we present here schematically.

To start with, it is important to note that, in the context of the present government, National Development Plans have been formulated (in general and around specific sectors) which these particular initiatives are inserted in. *From the perspective of the Strategic Social Plan, the Project for the Development of Autonomy in Sexual and Reproductive Health (PDASSR) is defined as a macro- or umbrella project aimed at confronting the set of problems affecting SRH, such as rights violated, throughout the lifecycle, and that block the development of autonomy in this area, i.e., the full exercise of reproductive rights* (idem).

This Project (PDASSR) is structured around a set of principles that it is important to summarise: (i) SRH as a fundamental part of human and social development; (ii) sexuality as a natural dimension of the human being (sexuality is seen as a basic aspect of comprehensive health and the quality of life); (iii) a universal and equitable guarantee of reproductive rights as human rights, established in the Constitution of the Bolivarian Republic of Venezuela; (iv) the right to a life without violence; and (v) a sense of cultural belonging and linguistic diversity.

The *vision* underlying this work establishes the determination *to contribute to human and social development by strengthening sexual and reproductive health through comprehensive, trans-sector policies and activities in social networks, in the framework of a strategy of promoting the quality of life and health*. The *mission* is established in terms of *developing a universal and equitable public sexual and reproductive health policy, to guide the projects, services and comprehensive activities aimed at all the population groups throughout the life-cycle, according to their specific gender and ethnic needs, of indigenous peoples, territories and social class, through the social networks, with family and the community taking a leading participatory role with co-responsibility, in order to ensure the quality of life and human development.*

Within the lifecycle of people, the work centres on four main groups: SRH in childhood, SRH in adolescence, SRH in adulthood and SRH in the older adult.

In terms of the subjects of interest in the framework of this report, the legislation establishes that the objective of the Project is *to unify strategies for providing comprehensive care for the sexual and reproductive health of adolescents, with emphasis on the promotion of the quality of life and health, guaranteeing them an appropriate biopsychosocial growth and development with the aim of reducing morbi-mortality in this population group.* For it to be complied with effectively, certain general provisions are established from which we quote the following:

- Every health facility must provide adolescents with comprehensive care by staff trained in SRH. Given the priority in this area, the health teams and the coordinators will oversee attention to problems such as pregnancy in adolescents, sexually transmitted infections, including HIV-AIDS, domestic intra-family violence, and sexual exploitation and abortion in risky conditions.

- To give a full guarantee of rights to SRH care for adolescents, including information, education, services and treatment, in a comprehensive, timely and specific manner, with quality and warmth, safeguarding their privacy, confidentiality, respect and free consent, without any discrimination by gender, sexual orientation, special needs, conflict with the law or social risk.
- To develop information, education and communication strategies on sexuality in adolescence and its development, including risk factors and protectors for health and development aimed at adolescents, as well as their families and community, to contribute to responsible, free, healthy, safe sexual behaviour and mother/fatherhood, in accordance with their needs in terms of gender, indigenous peoples, territories and social classes.
- To prevent abortion in risky conditions and its consequences, including information, counselling, health care and self-care, both for adolescent and their families.
- To guarantee the leading participation of adolescents both in planning and in executing projects and activities promoting their sexual and reproductive health.

The rules also establish very precisely and in detail the fields of application of these norms, distinguishing antenatal, natal and postnatal care in pregnant adolescents, as well as the use of technologies (in the non-pregnant adolescent population). They likewise establish evaluation indicators in all areas in order to ease the follow-up, monitoring and evaluation of plans, programs and projects at all levels.

As can be seen, it is a noticeably different approach from those noted in the presentation of other national cases, where the reproductive rights (RR) clearly guide all the efforts and the orientations are very progressive.

COMMENTS ON THE DESIGN OF PLANS, PROGRAMMES AND POLICIES ON YOUTH AND REPRODUCTIVE RIGHTS

The outline we have given has focused on analysing youth plans and programmes as far as their design is concerned, which helps in making some reflections, both in terms of similarities and of differences between the national policies that may be very useful when reformulating these experiences in the future.

Firstly, the coexistence of diverse approaches on rights and sexual and reproductive health within the context of human rights is remarkable. While the texts summarised from Chile seem to reflect trends that might be called conservative and with an approach clearly focused on risk, in the case of Uruguay more progressive approaches can be seen, situated from a human rights perspective. These two

situations, cited as examples, are repeated throughout other cases situated in one field or another, or in intermediate positions that try to combine both dimensions.

The topic does not seem to be related with the dominant political forces in the government, since just as in the capital city of Uruguay we see a municipality governed for the past 15 years by left-wing political parties, in Chile too we have a government (also since 1990) of a coalition of parties of the centre and left. In fact it seems that the explanations should be sought in the dominant cultural trends themselves in the respective societies that lead to the official discourse having to be in tune with the broader and more deep-rooted trends current in society as a whole.

Secondly, in most of the cases outlined, we see plans and programmes designed from government youth institutes and offices that have quite varied relationships with the respective Public Health Ministries and even with the various civil society organizations working in these fields. Thus, while in some cases they approach each other and there is even some work in common (generally based on agreements by which the specialised institutes delegate the management to the ministries, but at the same time compete with the civil society) in others, the links are totally inexistent, so that there are paradoxical situations that show the coexistence of diverse (and even contradictory) approaches in substantively important topics on which there should be a single voice.

However, despite the diversity of situations found, everything seems to show that government youth institutes, as a whole, have approached health and reproductive rights matters very superficially and recently, which might explain the existence of significant confusions in the approaches, in the use of terms, and even the existence of approaches that give scant legitimation to sexual and reproductive health as one of the human rights for young people in the set of initiatives, in comparison with those related with education and the work in substantive terms, and with the citizens' participation of youth as a transverse axis of all the substantive areas of intervention.

Thirdly, and in the same line of reflection, everything seems to indicate that there are fruitful experiences in these matters in several countries of the region, driven from the Ministries of public health, in many cases supported or in close coordination with the respective civil society organizations (Brazil, Honduras, the Dominican Republic, etc.), which are nonetheless not dynamically integrated into the National Youth Plans and Programmes, and so function with (almost) complete autonomy.

At best, in those cases where there are no fundamental problems (significant policy differences between national and local governments, coexistence of different political parties in the heart of some governments that do not sufficiently integrate their respective spheres of influence in terms of public management, etc.), what can be seen are formal articulations between sector programmes (in El Salvador, to some extent in Peru, etc.) without any effective

integration of perspectives, approaches and action strategies shared by the various institutional bodies connected with these subjects.

The situation is much more worrying in the cases in which there are also significant differences between political sectors or between institutions (public and private, national and local, sector and transverse, etc.) as in these cases what is generally seen is the confrontation of models and of promotional practices, that end up markedly damaging their targets (young people themselves). Public policies, in this kind of situation, are noticeably weakened, as in many cases the stalemates lead to total inoperancy (no institution has the capacity to impose its proposal in the collective designs they argue for and all or nearly all have the capacity to veto the use of the others as the articulating axis).

Fourthly, everything seems to suggest that the designs of plans and programmes that we are commenting on are only exceptionally based on solid situational diagnoses. In fact, there are very general images about the situation of young people (in this specific case as regards health indicators) that contrast simplistically with principles generally established in (national and international) laws that establish rights. In so far as there are no rigorous diagnoses in these matters, the possibilities of planning are markedly weakened and the proposals that are finally formulated lose legitimacy.

Lastly, in fifth place, everything seems to indicate that as the practice of rigorous and systematic evaluation (independent, supported by reliable indicators, etc.) is not very widespread in the region, neither are there the fundamental ingredients for designing plans and programs. In fact, the plans and programmes that are designed reflect a large degree of improvisation or are made in the framework of academic exercises totally divorced from the dynamics of public policies and in both cases their effective impact in such dynamics is quite scant.

In brief, this is a worrying picture on which it will be necessary to act in the future in order to substantially improve practices related with the design of youth plans and programmes, both in terms of incorporating key tools (rigorous diagnoses and evaluations, etc.) as well as in terms of approaches (risk, rights) to be used.

Evaluation of Adolescence and Youth Plans and Programmes and Reproductive Rights

The evaluation of plans, programmes and projects related with adolescence and youth is not very common in Latin America and the Caribbean. In fact, there are very few cases in which monitoring and evaluation strategies are designed from the start for the plans and programmes that are approved, and only in exceptional cases are strategies of evaluation and systematisation of experiences defined anyway even when they have not been provided for. The obvious result is the absence of sufficient empirical elements, in terms of accumulated knowledge, that could enable rigorous feedback for promotional practice in these domains.

Therefore, when trying to identify that place occupied by adolescent and youth reproductive rights in the evaluations available in the region, we find a tremendous lack of rigorous and systematic work, and so the writing of this chapter confronted several significant dilemmas, and had to take some decisions that were to a large extent guided by subjectivity and pragmatism, in order to fill in these gaps. So finally we chose to analyse these themes starting from the following bases:

1. The evaluation made by ECLAC and the OIJ during the past year, through a survey to be answered by the Official Youth Agencies of the governments of the region, in order to evaluate public youth policies (ECLAC-OIJ 2004).
2. The evaluation of the Adolescent and Youth Health and Development Project in the Americas 1998 - 2001, animated by the PAHO, and also made through a questionnaire (Niremberg, Infante, Sedano Acosta and West, 2003).
3. The evaluation of the progress made in the past ten years, in the context of the implementation of the Action Plan approved in the International Conference on Population and Development held in Cairo in 1994 (CELADE – UNFPA 2004).
4. The systematisation of the public supply of services available to adolescents and young people that some Official Youth Agencies (Chile, Colombia, Costa Rica, Mexico and Peru) made in the framework of their regular programmes.

5. The evaluation made in the framework of the Network of Mercocities, focusing on programmes promoting the social inclusion of vulnerable young people (Dávila coord 2003), bringing together observations in 35 cities of the Mercosur.
6. The national evaluations made in the context of some (few) countries, in the framework of Adolescent Health Programmes encouraged, particularly, by the German Technical Cooperation Agency GTZ, especially in El Salvador and Paraguay.

EVALUATION OF THE OFICIAL YOUTH AGENCIES BY ECLAC

According to the presentation made by ECLAC in the **Social Panorama of Latin America 2004** (ECLAC 2004), *the survey was aimed to analyse from the institutional perspective of the official youth agencies, the institutional and programme guidelines of youth policies and to examine the perception of national authorities about the reality and specific problems of young people (…). The information provided by the surveys,[1] it stressed, shows a quite heterogeneous panorama in terms of the capacity that the different governments possess in the face of the problems of youth. The programme activities in the different countries show up different paradigms of the youth period, sometimes overlapping, and lumbering search for suitable institutional mechanisms to guide the construction and development of specific policies for youth* (p. 3 of chapter V).

In substantive terms, the evaluation notes the following priority aspects:

- *The authorities have three main concerns about youth: unemployment and the quality of employment, problems linked with the education setting, and thirdly, access and risks associated with health. These problem areas lead to a heightening of youth poverty and to social exclusion processes (…). Other important concerns, although they are not mostly seen as principal concerns, are the lack of youth participation in programmes and projects or in the monitoring of*

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public resources (Bolivia, Colombia, Peru and Costa Rica) and insecurity (El Salvador) and armed conflict (Colombia). Chart N° 1 shows a breakdown of the responses provided by each country.

- *The government authorities identify a varied group of causes associated with youth problems, most of them associated with economic and employment conditions, others connected with poverty, inequality, low quality of life and social exclusion. In the specific ambit of education and health, the absence of training and technical professional training is mentioned, the lack of access to health services and health prevention. Lastly, some countries stress the lack of participation*

and training in citizen rights among the young people themselves. Chart N° 2 shows the corresponding details, differentiating the responses provided by each country.

- *Progress in terms of public institutional development on the subject of youth is variable. There are youth ministries, vice-ministries, under-secretaries, institutes and departments with varying levels of political influence and hierarchy. Their functions are varied in kind: superintendency, consultancy and supervision, as well as the promotion of youth-oriented activities and services. Chart N° 3 gives the details corresponding to each country.*

Chart No. 3: Main Problems Identified in Order of Importance

COUNTRIES	FIRST	SECOND	THIRD
Argentina	Poverty	Unemployment	Social Exclusion
Bolivia	Exclusion	Unemployment	Lack of Participation
Chile	Adolescent Pregnancy and Risk of STDs	Lack of articulation between studies and labour market	Gaps in access to middle and higher education
Colombia	Low participation in development and control of public resources	Low levels of youth participation in social programmes	Exclusion and armed conflict
Costa Rica	High drop-out rate in secondary education	Unemployment, especially among young women	Lack of spaces for participation
Cuba	Purchasing power of income	Satisfaction of housing needs	Recreation
Ecuador	Unemployment	School drop-out rates	Drug addiction, alcoholism and gangs
El Salvador	Unemployment	Insecurity	Poverty
Guatemala	Unemployment	Education	Security
México	Unemployment and underemployment	School drop-out rates and poor educational quality	Lack of access to health and education
Nicaragua	Unemployment and poor quality of employment	Lack of education relevant to youth's competencies	Low coverage and quality of health care services
Panamá	Poverty and unemployment	Early pregnancy	Increase in HIV
Perú	Unemployment and underemployment	Low participation in public policies and in decision making	Poverty
República Dominicana	Health	Education	Work
Uruguay	Job creation	School drop-out rates	Social Exclusion

Source: ECLAC (2004) based on responses of countries to survey on National Programmes Towards Youth 2004.

Chart Nº 4: Causes Associated with the Main Problems of Youth

Temas	Argentina	Bolivia	Chile	Colombia	Costa Rica	Cuba	Ecuador	El Salvador	Guatemala	Mexico	Nicaragua	Panama	Peru	Dominican Repub.	Uruguay
Economic Conditions and Employment															
1	✔	✔				✔			✔	✔					✔
2	✔		✔		✔					✔	✔		✔		
3							✔	✔		✔			✔	✔	
4				✔			✔			✔	✔		✔		
5							✔		✔			✔			
6							✔				✔				
Poverty, Inequality, Low Quality of Life and Social Exclusion															
7			✔				✔					✔			✔
8						✔		✔			✔				✔
9				✔				✔							
10							✔								
Education, Training, Formation															
11			✔	✔			✔			✔			✔	✔	
12							✔		✔		✔	✔			
13			✔						✔		✔				
14														✔	✔
15							✔				✔				
16									✔				✔		
17										✔				✔	
Health															
18			✔						✔	✔	✔				
19										✔	✔	✔		✔	
20													✔		
Citizenship and Participation															
21					✔								✔		
22				✔									✔		
23													✔		
24	✔												✔		
25													✔		
26		✔				✔	✔								

Source: ECLAC (2004) based on responses of countries to survey on National Programmes Towards Youth 2004.

Notes - THEMES: (1) economic crisis and/or adjustment policies; (2) precariousness, lack of opportunities and job flexibilisation; (3) high unemployment; (4) lack of articulation education system and labour market; (5) weak youth-oriented employment policies; (6) weak access to and support for production projects; (7) socio-economic inequality, discrimination and exclusion; (8) poverty; (9) terrorism and social violence; (10) poor quality of life (intra-family violence, abandonment, etc.); (11) lack of technical-vocational training; (12) lack of preventive programmes in education; (13) low opportunities for educational development; (14) insufficient budget and/or support in education; (15) insufficient vocational information and guidance services; (16) school drop-outs for reasons of family income; (17) lack of innovation in staff and teaching material; (18) lack of health prevention; (19) limited access to health care services; (20) poor hygiene conditions; (21) lack of formation in youth rights; (22) lack of youth participation; (23) lack of knowledge of youth problems; (24) scant community life; (25) weak youth organizations; (26) others.

Chart Nº 5: Administrative Hierarchy of Government Youth Agencies

COUNTRY	Date of Creation	Ministry	Vice-ministy	National Departament	Secretariat	National Institute	National Council	Other
Argentina	1991			✔				
Bolivia	1997		✔					
Brazil	2004				✔			
Chile	1991					✔		
Colombia	1998							✔ (a)
Costa Rica	2002						✔	
Cuba	1962							✔ (b)
Ecuador	1987			✔				
El Salvador	2004				✔			
Guatemala	1966						✔	
Honduras	1983						✔	
Mexico	1999					✔		
Nicaragua	2001				✔			
Panama	1997	✔						
Paraguay	1994		✔					
Peru	2002							
Dominican Republic	2000				✔			
Uruguay	1990					✔		
Venezuela	2002					✔		

Source: ECLAC (2004) based on responses of the countries to the survey on National Programmes Towards Youth 2004. Corrected (updated) in the framework of this study for UNFPA..

Notes: (a) In Colombia it is a Presidential Programme (Colombia Joven) and in Cuba it is a party political agency (Unión de Jóvenes Comunistas).

From the point of view of policy design and management – notes ECLAC – the functions performed by government youth agencies are varied:

• The superintendency function includes drawing up State plans in relation to youth policy, a fact which supposes knowledge of youth reality and the possibility of acting as a consultative body in related matters. It also includes advice and supervision of public programmes, support to youth organizations, encouragement for councils and forums of public youth agencies, articulation of youth-oriented services, awareness-raising and social communication activities, information systems that enable the evaluation of performance, etc.

- *The most traditional of the functions is that of execution, which implies capacity and possession of resources for getting directly involved in running programmes, which gives the agency greater public exposure and contributes to its legitimation. It is the task of this function to search for innovative management mechanisms with the participation of youth organizations and the associated management.*
- *Policy coordination is a more recent function in relation to superintendency and execution. It implies greater political support that makes it possible to act as a coordinating point for youth-directed policies run in other bodies of the administration. It supposes the optimisation of State resources, avoiding programme overlaps and contains inter- and intra-sector dimensions, including guidance to autonomous institutions and the direction of related agencies.*
- *The democratic management of local youth policies is a matter pending, since it involves developing differentiated and complementary strategies, integrating the active participation of youth in all stages from design, during the execution and evaluation of the programmes.*

ECLAC also states that *there is a wide range of programmes on offer for youth. There are global programmes of disseminating and promoting rights and sector programmes of employment, education and health. However,* the report adds, *apart from a handful of exceptions, the countries lack specific programmes for rural youth, with a gender focus or towards groups with disabilities. The programmes also face problems of focusing and coverage and lack sufficient self-evaluation.*

Among the main problems of these programmes are: *(i) they are time-limited and the repetition of their cycles depends on budget resources that are not always granted; (ii) they depend on agencies that do not have guaranteed functioning and continuity, except in the case of Youth Ministries or Institutes; (iii) they have a marked sector bias and lack coordination with other institutions responsible for the same topics; (iv) they lack sufficient publicity and have problems of coverage; (v) they do not always respond to the real needs of youth given the absence of diagnoses or the lack of up-to-date information about their situation; and (vi) they lack monitoring and evaluation and even the official youth agencies do not know important, complete information about the running and results of the programmes* (ECLAC 2004).

EVALUATION ON ADOLESCENT AND YOUTH HEALTH AND DEVELOPMENT PROGRAMME BY PAHO/WHO

The aim of the evaluation made[2] at the request of the PAHO was to satisfy four core objectives (Niremberg, Infante, Sedano and West 2003):

- *To judge the activities and the results of the PAHO Adolescent Health and Development Action Plan 1998-2001 in terms of its effectiveness (according the objectives originally set by the plan) as well as in function of the changes achieved in the LAC countries, compared with the previous evaluation made in 1996.*
- *To judge the development of the national programmes and of other local projects (governmental or otherwise) on adolescence.*
- *To evaluate the appropriation of conceptual approaches, methodologies and the instruments disseminated by the Action Plan.*
- *To make recommendations in function of the findings of the evaluation to help to make fundamental decisions for the future support by the PAHO in terms of adolescent health.*

In terms of the *methodology* used, the evaluation was based on a self-administered questionnaire that the protagonists themselves had to answer: Directors of national adolescent health programmes, Consultants on adolescence in the PAHO representations, Directors of local projects on adolescence in the countries, Directors of health services for adolescents in health facilities of different levels of care, and other similar key informants. *The idea was that each country should send as a minimum three questionnaires (as far as possible of the first three types) and as a maximum 6* (idem), recommending that the replies should be individual but that they should be provided after corresponding group exchanges.

The evaluation process included 17 tasks: selection and analysis of documents produced by the programme; questionnaire design; drawing up the instructions for self-application; translation of the questionnaires into English, French and Portuguese; sending of the questionnaires to the countries; filling out of the questionnaires in each country; design of the computerised database; design of the questionnaire to be placed in Internet; preparation of the guidelines and plan of analysis of information; reception of

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2. By social programme or project evaluation is understood a programmed activity of reflection on the activity, based on systematic procedures for collecting, analysing and interpreting information, in order to make well-founded and communicable value judgments on the activities, results and impacts of these projects or programmes, and to formulate recommendations for taking decisions that enable present action to be modified and future action to be improved (definition of those responsible for the evaluation, citing Niremberg, Brawerman and Ruiz 2000).

the completed questionnaires (in paper); loading the questionnaires received in internet; transfer of the questionnaires to the database; processing of the information; analysis of the processed information; holding a workshop with actors from the countries to discuss the preliminary report; and review and adjustment of the document with the conclusions and recommendations arising from the analysis.

In terms of *dimensions to evaluate*, the study determined ten specific areas:

1. *existence of national diagnoses* on target population, institutional resources, and human resources (enquiring in this case how up to date it was and the topics included);
2. *existence of national programmes of comprehensive adolescent health,* enquiring age, dependency, topics included, sources of financing, level of execution, articulation with other programmes, degree of knowledge and acceptance in the environment, appreciations on the adaptation of the programme to needs and demands, and evaluations made;
3. *development of the health care services,* enquiring the existence and degree of implementation of national norms, activities by level and articulation between levels, existence of multiprofessional teams, existence of counsellors or counselling services, territorial coverage, and participation of adolescents in the services;
4. *existence of relevant local projects,* enquiring about the name of the project and the executing and funding organizations, location, age group of the target population, topics dealt with, types of actors participating and participation of adolescents;
5. relevant examples of *participation* of the community and/or civil society and/or adolescent organizations in running the health care services;
6. existence of relevant examples of connected *social networks*, enquiring about topics they deal with, type of organizations, territorial range of their activities, etc.;
7. inclusion of contents on comprehensive health in adolescence in the *academic formation* of human resources, enquiring at the different levels (graduate and/or postgraduate), disciplines, universities, masters' degrees, etc.;
8. *policies and legislation in adolescence,* enquiring about the degree of government interest in the subject, existence of sector youth policies, current legislation, etc.;
9. *social communication in adolescence,* including the analysis of the communication work at the core levels of health, the space made available by media to these topics, etc.; and
10. *cooperation of the PAHO* in different spheres (policy formulation, legislation and advocacy; development and implementation of plans, programmes and services; formation of human resources; social communication;

knowledge dissemination and information networks; research; youth participation; and mobilisation of resources), including the analysis of the forms, relevance, dissemination and usefulness of this cooperation, as well as the future needs of the countries in these matters.

In terms of coverage of the evaluation, the response obtained reached 87% of the universe, collecting 111 replies (completed questionnaires) from 26 countries (only 4 countries failed to reply: Canada, United States, Puerto Rico and Surinam). Among those responding, only two (Chile and Panama) were below the minimum number of questionnaires requested, while one country (Jamaica) sent two questionnaires more than those stipulated as a maximum. 63 of those responding to the questionnaire were women (56%) and 48 were men (43%). Out of the total of respondents, 62% were from medical disciplines, 17% social sciences and 7% from nursing, with the remaining 14% from other disciplines. 18 Directors of National Programmes, 18 PAHO Focal Points, 23 Directors of Local Adolescence Projects, 13 Directors of Health Care Services for Adolescents, and 39 related key informants replied to the questionnaire.

In substantive terms, on the basis of the 26 countries included in the study, the evaluation made the following findings:

1. **National Diagnoses:** *20 (77%) of the countries have a national diagnosis about the situation of the adolescent population (…). In 12 countries (46%) there is a diagnosis about the institutional resources with activities targeted at the adolescent population (of those 8 include health care services and those of other sectors); 10 (39%) countries have no diagnoses about institutional resources and the respondents from 4 countries (15%) do not know or do not reply. The situation that is clearly most lacking is that of national diagnoses about human resources working in adolescent health; only 6 countries (23%) have this kind of diagnoses, while they do not exist in 15 (58%) and the respondents of 5 countries (19%) do not know or do not reply (…). In the case of population diagnoses, these are quite recent (nearly 70% were made no more than three years ago). The respondents know less about the existence and age of the institutional diagnoses and/or of human resources (…). The five aspects most frequently included in the population diagnoses are: sexual and reproductive health, education, addictions, violence and the main causes of mortality and morbidity.*

2. **National Programmes for Comprehensive Health of Adolescents:** There are programmes of this kind in 18 of the 26 countries included. *Nearly all the national programmes depend from some area of the national government, mostly from the Health Secretariats or Ministries; only in Costa Rica does the national programme not depend from a government area but from*

the Social Insurance Board. In terms of the age of the national programmes, 15 (83% of the total of countries with a programme) have had them for four years or more, while the most recent are from 3 countries (17% of the total of countries with a programme) which were formulated three years or less ago (…). The enquiry about the aspects related to the adolescent population that were considered in the national programmes (shows that) they are: sexual and reproductive health, participation, addictions, use of the health care services, and violence (…). The topics related to health care services that these programmes (…) most frequently include are: normatisation, human resources training and establishment of multi-professional teams (…). In terms of sources of funding (…) 62% respond that national treasury funds finance the national programmes (at least in part); according to that proportion of the responses, the cooperation funds coming from PAHO/WHO, United Nations cooperation agencies and direct cooperation of the German and Swedish governments are very important (…). In the 19 countries that have national programmes, the respondents state that these articulate with other government programmes and/or with other organizations that target their activities towards the adolescent population (…). The most frequent articulations occur with programmes and/or facilities in the education sector and with civil society organizations (…). Around half the respondents consider that the degree of knowledge about the respective national programmes among the sector human resources is good (high or medium); nearly 60% consider that acceptance of the programme is also good (high or medium) and less than half consider that the level of execution is acceptable (…). Only 21% of the respondents consider such programmes adequate (in relation to the needs and the situation of the adolescents), while 60% consider them satisfactory or inadequate (…). In ten countries (55% of those who have a national programme) evaluations of the programmes have been carried out, while this has not been done in 8 of those which have a national programme.

3. **Development of the Health Care Services:** *Concerning the existence of care norms for adolescents: 18 countries (69%) reply that they exist, 7 that they do not (27%) and the respondents from one country do not know or do not reply (…). As regards how long ago these were formulated, 29% respond that they are quite new (no more than three years), 14% say that they were formulated four or five years ago and 26% that they are more than five years old (…). In terms of the degree of effective implementation of these norms in the service facilities at the various levels of care (…) few, not more than 4%, consider that it is high; rather more than a fourth of the respondents consider it medium (…). The*

existence of specific contents for adolescent care in the primary level centres was also surveyed, showing that they exist in 7 countries and are implemented in all or nearly all the centres; in 9 countries they exist but are implemented only in some centres and in 2 countries they exist but are not implemented; 7 countries have not yet developed specific contents (the respondents from one country do not know or do not reply) (…). In terms of the existence of differential attention for adolescents in secondary level facilities, only two countries (Bahamas and Honduras) answer that it exists in all the facilities, while in 16 countries it exists only in some facilities and in 6 countries it does not exist at all; there were 2 countries whose respondents did not know or did not reply (…). As for the existence of reference services for more complex care, eight countries have one facility of this type, in eleven countries there is more than one and in six countries such facilities do not yet exist (the respondents from one country did not answer this question) (…). There are multi-professional teams in nearly all the countries in at least some facilities of the three levels of care; the proportion of respondents answering that such teams do not exist is very low (15% or less); around one fourth do not answer or do not know (…). 77% of the respondents say that the health facilities have adolescent counselling services and only 10% say that these exist but exclusively in facilities of other dependencies. In only three countries do they not yet exist. It is confirmed that the topics most commonly dealt with in counselling are: sexuality and the prevention of unwanted pregnancies, prevention of HIV-AIDS, violence, alcohol, tobacco and drug consumption (…). 76% respond that the primary level centres articulate their activities with other local programmes and organizations; in the case of secondary level facilities, 64% respond affirmatively and in the case of the tertiary level the proportion drops to 54% (…). In terms of geographical coverage, one third (33%) replied that it is national; rather more than half the respondents (52%) replied that it reached only some regions in their respective countries, generally coinciding with the capital cities and their areas of influence, with the main urban conglomerates; and 15% do not know or do not reply.

4. **Participation and Social Networks:** *As expected, where there seems to be greater participation (of community organizations) is in the primary care level facilities, as these are more directly connected with neighbourhood communities. (In the case of adolescent participation) slightly more than half (the replies) state that it basically occurs in the primary level centres, which matches what was described earlier about community participation in general (…). The fact is that the incorporation of adolescents as leading players in services at all levels seems still rare (but worse in those of secondary and*

tertiary level) (…). The vast majority of the respondents in all the countries state that there are relevant local projects and that all of them include adolescent participation. 33% replied that they are carried out not only by civil society organizations, but that there are also participatory projects of state and municipal governments (…). There is a greater role played by adolescents in local projects than in services, with more than twice the number of replies stating that they participate in decision-making (68% in projects and 32% in services). As regards the existence of social networks in the countries for containing or solving adolescent problems, the positive replies were 69%. The most frequent topics dealt with by these networks are: sexual and reproductive health, in particular to prevent unwanted pregnancy in adolescents and for preventing STIs and AIDS, violence, sexual abuse, prevention/care of addictions, family relationships, education, promotion of rights (and) income generation.

5. **Policies and Legislation:** *Only a quarter of the respondents considered that (the interest of the governments in these subjects) is high; 44% felt it was medium, 23% that it is low and 7% do not know or did not answer (…). As regards the existence of specific policy guidelines for adolescence in the different sectors of the national governments, the sectors that most have such guidelines in the countries of the region are health and education. The reliability of these responses is low, however, as there is a high number in the other sectors who answer "do not know / do not reply" (…). 18 countries have legislation promulgated about adolescent, leaving 8 countries where it is still necessary to make progress on this matter. According to rather more than half the respondents, these laws were promulgated more than five years ago; 15% say they are recent (less than two years) and 28% say that the age of these laws is between 2 and 5 years (32% do not know how old these laws are) (…). As regards the suitability of the legislation, on the one hand in terms of the conceptual framework of comprehensive adolescent health, and on the other in relation to the problems and needs of adolescents, there are between 33% and 37% who find that the legislation in both cases is suitable or very suitable, while between 27% and 32% consider it quite unsuitable or unsuitable (…). Asked about the degree of implementation of the laws, a little more than half (51%) answer that they are hardly applied and 5% consider that they are not applied; a bare 8% answered that they are applied in their countries (35% do not know or do not reply).*

6. **Training of Human Resources:** *About half the respondents report that contents on comprehensive health in adolescence have been introduced in the academic curricula of some health disciplines, both at graduate and at postgraduate level; only 13% report that*

they have not been incorporated yet in their countries (18% do not know or do not reply). The number of replies indicates that the incorporations in the curriculum were mainly in medicine courses, then in nursing and to a lesser extent in those of social sciences. There are masters' degrees or specialisations aimed specifically at comprehensive health in adolescence in half the countries of the region, and not in the other half.

7. **Communication and Dissemination:** *Opinions were requested about the social communication and dissemination that the central levels of health produce on the subject of adolescence. (…) 90% consider that this activity by the central levels is satisfactory or bad (…). Questioned about the topics dealt with by the social communication of the central level of health in terms of adolescence (…) the most common ones are sexuality, addictions, violence and education (…). One third of the respondents (32%), when asked about its effectiveness in the target population (…) considered it is medium; more than half (54%) felt it is low; a bare 4% considered it is high (11% do not know or do not reply) (…). There was also a question about the amount of space devoted by the mass media in their respective countries to topics related with adolescent health: more than half (52%) considered that this space is little or non-existent; 41% qualified it as satisfactory and only 4% felt it was broad (3% do not know or do not reply).*

8. **Cooperation of the PAHO-WHO:** *The respondents were asked to give an overall rating in a scale from 1 to 10 of the contributions of the PAHO-WHO in the countries in terms of adolescence, and in comparison with other cooperation received, whether on other topics and/or coming from other agencies: 60% of the replies were within the higher bands (from 7 to 10) which shows significant general satisfaction with the contributions received. They were asked about the topics on which there was technical cooperation (and those most mentioned were the development and implementation of plans, programmes and services, and training of human resources). Asked about their evaluation of the importance of the PAHO-WHO cooperation provided (…) the topics in which the cooperation is most valued are: policy formulation, legislation and advocacy, and development and implementation of plans, programmes and services; also important was the cooperation in training human resources and on information networks and dissemination of knowledge (…). They were asked particularly about the dissemination and usefulness of the PAHO-WHO publications. The opinions were that two publications are widely disseminated: the Plan of Action for Adolescent and Youth Development and Health in the Americas 1998-2001 and Why Should We Invest in Adolescents? The percentage of opinions that the dissemination of other publications is high does not reach*

20%. On many publications more than 45% consider that dissemination is low; this proportion is greater adding those who do not know or do not answer (more than 55%) (…). There was also a question about the priorities for future technical cooperation of PAHO to the countries (…). the priority subject is that of violence or abuse and secondly that of sexual and reproductive health (…). The most requested instrumental topic was that of evaluation, followed by the formulation of programmes and projects.

The evaluation report that we are summarising ends with a set of 26 recommendations which, grouped and shortened (to simplify), are as follows:

1. To make national diagnoses of the situation of the adolescent population and on human and institutional resources working on these subjects.
2. To increase cooperation efforts so that the 8 countries that do not yet have national adolescent health programmes can formulate them and put them into practice.
3. To reinforce activities aimed at mobilising resources (especially with the IDB and the World Bank) and to widen the existing articulations (incorporating a wider range of institutional actors).
4. To inform and widely disseminate the national programmes among the human resources of the sector, to go more deeply into the nature of the evaluations made and to enquire about the reasons for the scant or relative implementation of the existing legal norms.
5. To develop an effective strategy for promoting greater implementation of the specific contents in the primary level care centres, and to make studies about the counselling services.
6. To increase the adolescent health coverage in a large number of countries, and to intensify the encouragement for the community and adolescents to participate in running the services.
7. To intensify the work of awareness-raising on these topics in the higher levels of political parties and to develop more effective communication strategies.
8. To make periodic surveys, with simple and rapid methods, of the priorities and requirements of the different kinds of actors in terms of cooperation to be provided by the PAHO and to foster horizontal cooperation between countries.
9. To include other modes of evaluation (visits, guided self-evaluations, etc.).

THE CAIRO + 10 EVALUATION BY CELADE/ECLAC AND UNFPA

A third approach to the subject of the evaluation that we are trying to make in this chapter can be based on the progress made in the past ten years, in the context of the implementation of the Action Plan approved in the International Conference on Population and Development held in Cairo in 1994. The report made by the CELADE and UNFPA last year, based on surveys made nationally and regional and sub-regional consultations (CELADE-UNFPA 2004) gives an excellent overview of this.

The report reviews the main demographic changes occurring in Latin America and the Caribbean in the past ten years, as a way of characterising the context in which the implementation of the Cairo Action Plan was carried out, and at the same time as a way of observing the possible impacts of the Plan in the dynamics of our countries. But the most substantive part of the report is the review of the implementation of the Action Plan, and in this framework the report analyses the progress produced in terms of integrating population affairs in the public agenda and policies, as well as summarising the activities undertaken in this framework in relation to the various priority subjects of the Plan (migration, sexual and reproductive health, violence against women, population education in primary and secondary schools, attention to the needs of older people, etc.). The report likewise analyses the progress made in terms of rights and equity; collaboration between government, private sector and civil society; and available resources.

In the framework of this work, it important to stress, in particular, the aspects related with sexual and reproductive health (SRH) and reproductive rights (RR), subjects on which the report starts by remembering the main agreements signed in Cairo. It notes that the Action Plan *urges to watch that all people and couples, according to their age, can exercise their reproductive rights*, for which it has worked these ten years (and will continue working with a view to the year 2015) in order to *guarantee access to reproductive health care services* at *primary level, including those related with safe motherhood, sexual health, family planning, HIV-AIDS and the complications of unsafe abortion* (idem, p. 25).

Similarly, the report stresses that since 1994 *countries have been urged to protect and promote the rights of adolescents to education, information and attention in reproductive health, and to meet their special needs through suitable programmes, that have the participation of those who are able to give them counselling, including parents and families* (idem).

In terms of evaluation, the report notes that *subsequent to the Cairo Conference, Argentina, Belize, Bolivia, Colombia, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Paraguay, Peru, St Lucía and Venezuela adopted comprehensive national policies and programmes of sexual and reproductive health, based on the conception of reproductive rights as human rights, of social and gender equity, the empowerment of women, the focalisation and quality of services. In Uruguay, it adds, the reproductive health programmes were not the object of legislative measures since their coverage in the public health services was achieved through internal reforms in the Public Health Ministry. In Cuba these programmes already existed before*

Cairo, it points out, and were reinforced after this International Conference (idem).

In relation to adolescents, in particular, the report notes that *in concrete, in Colombia, Guatemala, Honduras and Mexico, care for the needs of the adolescent population is one of the priorities of the national policies or programmes of sexual and reproductive health. There are other countries,* it adds, *which assign particular attention to adolescents in their national population programmes (Mexico and Peru, among others). In Brazil, Costa Rica, El Salvador, Honduras, Panama and Paraguay, there are also national programmes of comprehensive health care for this age group. In some countries,* it reports, *the topic is included in more general laws: The Social Development Law of Guatemala stipulates that the reproductive health programme will provide specific, differentiated care for the adolescent population, while the Comprehensive Youth Development Law in Guatemala gives the State the obligation to provide health care services and education on sexual and reproductive health to this group* (idem).

In this framework, the report notes that in the policies and strategies developed up to now, the following activities are included in relation to these dynamics:

- *creation of specific care units for adolescents in health facilities, to provide promotion, prevention, early detection, and treatment and cure services for health problems, including those of sexual and reproductive health.*
- *training the health agents on the needs of adolescents and suitable forms of care;*
- *improving the quality of health care services and increasing the supply of materials for the youth population;*
- *holding workshops with youth groups on the rights of sexual and reproductive health, and responsible motherhood and fatherhood;*
- *activities directed expressly at the prevention of early pregnancy and care of adolescent mothers,* and
- ß *in most of the English-speaking countries of the Caribbean, comprehensive school educational programmes, called Health and Family Life Education programmes*

In parallel, the report states that in these ten years various activities have been carried out linked with information, research and training, including the establishment of intersector information systems in a significant number of countries, the incorporation of special modules on these topics in Household Surveys and Population Censuses, and the running of important studies, concluding that *in research terms, all the subjects dealt with in the Cairo Conferences have received attention in the countries of the region*, and also stressing that *there have been many studies on sexual and reproductive health, including that of adolescents* (idem).

The CELADE-UNFPA report also points up the progress made in this decade in terms of rights and equity, paying particular attention to gender equity: *during the decade since the Cairo Conference, in most of the countries of Latin America public perception of discrimination against women has gathered strength*, states the report, adding that *this has shown itself in the adoption of a series of measures in the legal, institutional, and public policy fields, aimed at improving the status of women, especially those living in conditions of poverty* (idem, p. 39). Simultaneously, initiatives have been developed *to foster changes in behaviour in favour of equality and mutual respect between women and men*, including:

a) *awareness-raising, information and communication campaigns in the mass media, promoting equity between the sexes (Haiti, Jamaica and Mexico);*
b) *inclusion of topics related with equality and respect between men and women on the school curricula, including the preparation of gender-sensitive teaching materials, to promote the participation of boys and girls on an equal footing (Antigua and Barbuda, Bahamas, Chile, Cuba, Dominica, Guatemala, Guyana, Mexico and St Lucia);*
c) *educational activities, aimed at members of families and the community, on the importance of sharing the responsibilities in the household and in bringing up the children (Chile, Colombia, Cuba and El Salvador);*
d) *financial support to the organizations devoted to promoting the rights and the empowerment of women (Mexico),* and
e) *educational activities targeted at members of the armed forces and the police on topics of gender violence, reproductive health and rights, prevention of sexually transmitted infections and gender equity (Ecuador).*

The report also notes that *after the Cairo Conference many countries reviewed their legal frameworks and adopted laws aimed at ensuring the exercise of reproductive rights and at access without discrimination to sexual and reproductive health care services. The new constitutions of Ecuador, Peru and Venezuela*, it notes, *explicitly include the right to take free and responsible decisions, without discrimination, violence or coercion, on sex life and the number of children that one wants to reproduce, adopt, maintain, and educate. The new Social Development Law in Guatemala guarantees the freedom to reproduce or not, and to decide when and how often the couples will reproduce in a responsible way. In Mexico, Nicaragua and Peru, the principles guaranteeing the full exercise of reproductive rights and access to family planning and reproductive health services are recognised in the population policy. Laws have also been made and programmes established that make progress in recognising these rights. In Brazil, the law provides that the Single Health System must provide comprehensive assistance to men, women and couples at all*

stages of life. In Chile, the charter of Patients' Rights and the health care services reform projects that are currently at the legislation stage, contain provisions about the duties and rights of people in the health field as well as on patients' rights. In Costa Rica, Executive Decree 27913-S (1999) was passed dealing fundamentally with reproductive rights, and it is expected to be promulgated as a Law. Numerous countries have national sexual and reproductive health policies or programmes, based on the conception of reproductive rights as part of human rights recognised at international level, social and gender equity, the empowerment of women, focus and quality of services. In other countries of the region, the orientation of the health care services has been modified to make these rights effective (idem, p. 44).

In numerous countries, adds the report, *reproductive rights are also included to some extent in the oversight mechanisms of respect for human rights. For this purpose, Argentina, Bolivia, Peru and Venezuela have turned to local or national ombudsmen; Colombia, together with these ombudsmen, has used the coordination of various public agencies linked with justice, welfare and education in order to guarantee reproductive rights, avoid sexual violence, attend to the victims and sanction the culprits. In Chile and Ecuador, however, the organizations concerned with this task are non-governmental in character. In Guyana, the Ministry for Foreign Relations and the Guyana Human Rights Association are concerned with monitoring the human rights situation and making reports on this; in Mexico, this job comes under the state commissions on human rights of all the federated entities, and in Nicaragua, the Human Rights Procurator's Office is the body that takes on this responsibility. Civil society initiative in Peru led to the creation of the Reproductive Health Oversight Board (2002), made up of the organizations working in this field; other civil society bodies make up the Civil Society Forum, the Coalition for Human Rights in Health and the National Network for the Promotion of Women* (idem).

Several countries mention reproductive rights in the reports presented to the agencies created as a result of international human rights treaties. The topic of reproductive rights is also included in the reports of the countries to the Committee on the Elimination of Discrimination Against Women, the United Nations body responsible for following up the implementation of the Convention on the Elimination of All Forms of Discrimination Against Women. This is seen in the cases of Antigua and Barbuda, Argentina, Barbados, Belize, Bolivia, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guyana, Jamaica, Mexico, Panama, Paraguay, Peru, St Lucía, St Kitts and Nevis, St Vincent and the Grenadines and Surinam; Dominica established a committee to prepare one. The reports published by the civil society organizations in Chile, Ecuador, Uruguay and Venezuela take into consideration sexual and reproductive health and rights. In Peru, these subjects are considered in the reports for the

monitoring of the International Covenant on Civil and Political Rights, and in the International Covenant on Economic, Social and Cultural Rights. El Salvador reports, albeit generally, on the subject of reproductive health in relation to the monitoring of the latter Covenant, while Honduras reports on the subject in the annual reports of the National Commission on Human Rights, in the framework of the right to health. In the other national reports presented in relation to other human rights treaties, the information is limited due to the lack of national standards and programmes controlling the observance of these rights.

In all cases, the considerations made on sexual and reproductive health discriminate between the different population sectors, noting in many cases the initiatives specially related with adolescents. Notable among these is the creation of the *Latin American and Caribbean Youth Network for Sexual and Reproductive Rights*, which is running a broad and varied range of initiatives related with these topics in several countries in the region. Although at first this Network was run almost exclusively by young women, it is currently made up of youth and adolescents of both sexes. Likewise, the CELADE-UNFPA report notes that *on a regional level, the Latin American and Caribbean Women's Health Network is concerned with monitoring the Cairo Programme of Action. This initiative arising from the civil society has enabled oversight mechanisms to be set up in seven countries (Brazil, Chile, Colombia, Mexico, Nicaragua, Peru and Surinam) connected through the Atenea database, making available data and indicators for citizen monitoring and conversations with governments* (idem).

Finally, the report lists the pending topics, in terms of challenges for the future, stressing the need to do more and better as regards the promotion of social equity and the reduction of poverty; achieving greater political stability; State reform (including strategic sectors such as health and education); and the interactions between population, development and environment. *As regards activities related to reproductive health*, the report says, *in some countries policies and programmes persist that were formulated exclusively with criteria of mother and child health care. They do not always take into account the different needs of women, men and adolescents; in particular, attempts to bring men to the services are still minimal. Moreover, even in the cases where specific laws have been passed recognising rights, and norms and guarantees have been established for fulfilling them, the lack of publicity means that neither the users nor the providers know them, apply them or demand their enforcement.*

The report also stresses that maternal mortality still presents high levels in many countries, that the infection indices of HIV-AIDS are very high in some countries of the region, while others have achieved substantive progress in these matters (*which should be published and used as an example of successful policies*). Achieving gender equity demands long-term cultural change, and families perform a fundamental role in biological and social reproduction, but

in this framework, it is necessary to make decisive progress in the prevention and reduction of domestic violence and sexual violence, especially in cases in which this affects girls and adolescent women. Significant progress, in brief, but there are still significant challenges to face.

SYSTEMATISATION ON HEALTH CARE SERVICES FOR YOUNG PEOPLE IN SOME COUNTRIES IN THE REGION

It is also important to outline the work of some government youth agencies that have tried to systematise and disseminate in a structured way the public provision of youth-directed services in their respective countries. Although this is not a generalised practice (efforts in this direction are still exceptional), the known examples enable us to make some interesting findings for our study, stressing the scarce supply of available services focused on topics of sexual and reproductive health, and the virtual non-existence of services centred specifically on *reproductive rights*.

One of the first exercises made in this decade was that carried out by the National Youth Institute of **Chile**, which at the end of 2001 presented the so-called *List of Registered Social Programmes in which Young people can Participate* (INJ 2001), including information on 94 programmes, grouped in 13 topic areas: social development; education (improvement of quality, teaching support, scholarships, subsidies for remaining in the education system); sports and leisure time; job creation and training; subsidies; prevention of drug use; health; justice; culture and information; young people in situations of social vulnerability; family; prevention and technical assistance; and rural development. In each case, it includes the name of the programme, the institution responsible, the target beneficiaries and a schematic description.

The chapter on health includes five specific programmes: (i) school health programme, under the National Board for School Aid and Scholarships (JUNAEB); (ii) Adolescent Health Programme, under the Health Ministry; (iii) Community Mental Health Centre, also under the Health Ministry; (iv) Prevention of Adolescent Pregnancy, under the National Women's Service (SERNAM); and (v) National Programme of AIDS Prevention and Control, under the National AIDS Commission (CONASIDA). Those most directly linked with the central themes of this report are the second and the fourth.

In the case of the School Health Programme, *the aim is meet the health needs of pupils in a state of poverty in order to improve basic conditions for learning, contributing to equality of opportunities for education*, and directed at the student population between ages 6 and 14 (p. 35).

The Adolescent Health Programme, in turn, *aims to tackle the problem of the comprehensive health of youth and adolescents. Adolescent health promotion activities are run for this to contribute to modifying the factors affecting the main health problems. One of the main results of the programme is the building of adolescent health teams for each health service. This means that in every public care centre there is someone in charge of the adolescent health programme, responsible for the provision of a suitable service. The results aimed for are a reduction in the biopsychosocial risk factors, an increase in the protective factors for the comprehensive health and quality of life of youth and adolescents, developing their potentialities* (p 35/36).

The Community Mental Health Centre, *provides prevention and specialised care in problems of mental health. It carries out activities of promotion, prevention, treatment and rehabilitation of mental health problems associated with alcohol, drugs, intra-family violence, severe psychiatric disorders in adults and learning behaviour disorders (...). It is aimed at persons of any age.*

The SERNAM Programme *takes on the subject of adolescent pregnancy as a social problem for which the social and cultural conditions have to be created for the community to take it on, and for the various public sectors to confront it in a coordinated way so that policies, intervention models and specific measures can be proposed to aid its prevention. This Programme hopes to obtain results linked with reducing the adolescent pregnancy rate and the negative externalities arising from it.* It is aimed at *youth and adolescents between 14 and 19 years of age, of both sexes, of middle or low socioeconomic status and the population in general* (p.36 and 37).

Finally, the National AIDS Programme aims *to help in building individual and social capabilities for facing the subject of AIDS, positioning the rights and responsibilities of subjects and of the health system. The results it hopes to achieve are to increase the changes in individual and social behaviours that may reduce the transmission of HIV and discrimination, and improve the quality of care for HIV carriers in the public system* (p. 37).

No systematic evaluations of these programme initiatives are known, but their own presentations show that there are generic mentions of sexual and reproductive health topics, without any references to *reproductive rights* (in the framework of a comprehensive perspective in terms of human rights), in a context where risk approaches clearly predominate (the programmes are even always presented in relation with problems to be tackled). Neither is the gender perspective seen to be included, either in language terms, or in any differentiated activities in any case for young men and young women, nor is there any questioning of the existing inequalities and relations of domination in this area.

Within the NGOs and the youth networks, it is accepted that this is the situation and possible explanations are provided. *In the official discourse on this matter, it is thought, there is rather a defensive proposal, possibly to avoid the reaction of more conservative groups. These are thus justifications and arguments in favour of a sex education in function of the risks and problems in the*

exercise of sexuality. Even though topics such as personal development, respect for diversity and empowerment are introduced in the policies and programmes, these ideas gradually disappear when actions are proposed or programmes named. There is a language that gives priority to damage repair or prevention: prevention of unwanted adolescent pregnancy, prevention of AIDS, prevention of drug addiction. Rights, pleasure, enjoyment, gender equality, building of a life project and self-determination are lost in the language (Frescia 2001).

As an alternative, *the NGOs working on health and sexuality have centred their activities on education, information, dissemination and advocacy, with the gender approach as the transverse axis of all the activities. The NGOs have shown great commitment to the inclusion of the gender approach in their proposals and one of their main achievements is having got the official discourse and the documents of government policies and programmes to incorporate the language of reproductive rights. At the same time, there are various efforts of inter-institutional coordination, out of which proposals have been elaborated and advocacy initiatives developed and initiatives for legislative change driven and mobilised* (idem p. 9).

One of the known examples is **Colombia**. This is the so-called *Portfolio of Opportunities for Young people in Colombia*, edited by the Colombia Joven Presidential Programme bringing together what the text describes as *Youth Programmes, Projects and Services Available from the National Government* (Programa Presidencial Colombia Joven 2004a). The information is structured in seven overall sections: (1) culture and sports services available; (2) comprehensive productivity, funding and enterprise programme for young people; (3) community, youth rights and democratic security programmes; (4) education, science and technology services; (5) comprehensive youth health care and prevention services; (6) communications, volunteering and social solidarity work services; and (7) integrated programmes for special and minority populations.

As a complement, the portfolio includes a chapter with the *government indications available linking the youth population in the Bank of Successful Projects* of the National Planning Department (DNP), and a *quantitative analysis of the public youth programmes.* The way in which the information is structured enables rapid searches by institution, by programme and by key-words, and in each case includes a brief description of the programme or project, together with the requirements for the corresponding access, the person in charge and the data for locating it (address, telephone, e-mail, etc.). Unfortunately, the information does not include data to understand the dimensions of the programme included, either in terms of investment of resources or in coverage terms, which limits the possibility of evaluating the relative importance of each of the services included.

In quantitative terms, the Portfolio includes information on 128 services of which 106 correspond to the public

programmes of the different ministries, 12 are indicative projects (DNP) and 10 are transverse projects of the Colombia Joven presidential programme. The Portfolio shows the following distribution of themes into which the information is classified: 27 projects related with culture and sports; 17 related with productivity, financing and enterprise; 9 related with community, rights and democratic security; 18 related with education, science and technology; 6 related with comprehensive health and prevention; 7 related with communication, volunteering and social work; 22 related with special populations and minorities; 12 (as was noted before) are indicative (DNP) of successes and 10 are transverse programmes of the Presidential Programme itself.

Grouped by key-words, the Portfolio is structured in another nine categories, establishing the following relative distribution (over a total of 106 projects): 26 programmes or projects are of attention or accompaniment; another 7 are of divulgation and connection; 22 correspond to the category of funding, guarantees and scholarships; 13 are grouped under the label formation and/or training; another 4 are of management, modernisation and alliances, 5 belong to the category of information and research; 9 are under the heading job creation; another 4 are in the category participation and inclusion, while the other 16 are grouped under promotion.

In terms of the core topics of this report, in the chapter on comprehensive health and prevention for youth, the Portfolio includes information on six programmes: (72) Health in Adolescence, under the Ministry of Social Protection; (73) Child Dignity Project, under the Ministry of Communications; (74) Broadening and Renewing of Affiliation to the Subsidy Regime, under the Social Protection Ministry; (75) Education for Promoting Sexual and Reproductive Health, under the National Ministry of Education; (76) Health Sector Human Resources Training, under the Social Protection Ministry; and (77) Complementary Formation and Training Days, under the Peasant Social Security Fund (COMCAJA).

In the specific terms of sexual and reproductive health (SRH), the first of these programmes (Health in Adolescence) *seeks to promote in adolescents the exercise of healthy and responsible sexuality, in order to have a positive impact on problems such as sexually transmitted diseases (HIV-AIDS) and motherhood in adolescence,* and is aimed at *adolescents, especially in strata 1, 2, and 3* (it does not quantify the expected impact nor give historical information in terms of coverage). The Child Dignity Programme works through a special telephone line, *where reports are received of rape, mistreatment, child violence, and all kinds of abuse against minors. It is a line that serves as a means of information to providers and users of global information networks and also to have direct contact with the young people, teachers, parents, tutors, counsellors, professionals and all those interested in the subject* (p. 59).

It should be pointed out that the Social Protection Programme (affiliation to the subsidised health regime) does

not differentiate between beneficiaries but includes the young people within the whole population, and has the aim of *broadening access to health social security to the poor and vulnerable population of the country*, through a *public health strategy that proposes to improve the health determinants and achieve greater equity, fostering broad inter-sector actions through social and citizen participation.* As a complement, the Sexual Education Programme of the Ministry of Education aims at *the promotion of SRH and healthy lifestyles, from a comprehensive approach to human, sexual and reproductive rights with gender equity*, and is targeted at *all the students within the formal education system* (p. 60).

The other two are accessory programmes, and centre on the training of human resources, including health sciences students and children and adolescents in general.

In the case of **Costa Rica**, a similar effort of systematisation of information was made, but from a more analytical approach and not just informative. The *Balance of the Institutional Development of Youth in Costa Rica*, made in the framework of the studies of the National Council of Public Policy for the Young Person and of the Ministry of Culture, Youth and Sports (with the support of UNFPA), includes a rigorous analysis of the global and sectoral youth policies, as well as the positive affirmation policies as regards youth programmes, together with an evaluation of the *characteristics of the public institutional situation of youth* (Consejo de Política Pública de la Persona Joven 2004a).

Just as is made clear in the text we are summarising, *in Costa Rica there are institutional structures, policies, laws and programmes for adolescents, that were developed long before the passing of the Code on Childhood and Adolescence (1998) and which this reinforced. However, various studies reveal the lack of articulation of structures, actions and actors, as well as the existence of gaps in care for adolescents and this situation is broader and deeper in the case of young people over 18 years of age* (idem, p. 5).

To show this, the study analyses the economic, political and institutional context of the public youth policies, locating the treatment of young people within the National Development Plan (2002-2006), and thus characterising the universal youth policies. At the same time, it makes an analysis of the sectoral youth policies, differentiating four specific sectors: (i) health, (ii) education, (iii) economic rights, jobs, employability, housing and credit; and (iv) justice and public security. In each case, it groups and analyses the available public services, and characterises them on the basis of various analytical parameters.

As regards the central themes of our report, the chapter on health includes a chart summarising the health policy objectives related with adolescence, together with the goals proposed for the period (2002-2006), distinguishing two main executive agencies: the Costa Rican Social Security Board (CCSS) which has been running the Comprehensive Adolescent Health Programme for years, and the ICODER

(Costa Rican Institute of Sports and Recreation). The objectives of the CCSS are the following: (i) to strengthen health promotion in the national context; (ii) care for disease through a timely and quality service, and (iii) guarantee and restitution of the rights of childhood and adolescence. The main objective of the ICODER focuses on the *strengthening of health promotion through healthy styles and conditions of life* (p. 18). In terms of goals proposed, the following are mentioned:

- To offer the adolescent population a free and permanent telephone service of comprehensive counselling with emphasis on sexual and reproductive health (to pass from 18,154 to 96,000 calls per year).
- School for parents of adolescents at risk in 50% of the EBAIS (Basic Teams for Comprehensive Health Care).

- Establish norms for the treatment of adolescent victims of sexual abuse, in 6 cantons.
- 75% of the EBAIS will develop differentiated, comprehensive sexual and reproductive health programmes for adolescents.
- To attend 15 thousand pregnant adolescents in 2002, 30 thousand in 2003, 45 thousand in 2004, 60 thousand in 2005 and 75 thousand in 2006.
- To move from the current 40% of the adolescent population with comprehensive care at primary level, to 75% in 2006.
- To move from 4,500 social interventions in chronic diseases as at May 2002, to 40,000 social interventions, with an average of 10,000 per year.
- To prevent malformations of the neural tube, with a target public of women over 10 years old. To increase coverage by 20% per year, until reaching 100% in cantons with the highest incidence.
- To maintain 300 annual participants in Sports Schools of the Recreational Parks of the ICODER.
- To maintain 300 annual participants in Summer Courses of the Recreational Parks of the ICODER.
- To move from the 2,239 people attending camps in 2001 to 3,145 in 2005.
- To move from 20,000 people in Recreational Sundays in 2001 to 28,000 in 2005.
- To detect 20% of sporting talents through national competitions in 2003, 30% in 2004 and 50% in 2005.

According to the text, some strategies of this policy ensure the *strengthening of actions of the Council on the Adolescent Mother; a fostering of actions aimed at guaranteeing comprehensive care in sexual and reproductive health for persons at different stages of their life-cycle, emphasising population groups that are vulnerable for their age, gender and ethnic status; as well as the promotion, respect for and practice of reproductive rights in the comprehensive care of men and women in the processes of preconception, pregnancy, birth, postpartum, middle age*

and older adulthood. However, the text itself quotes the opinion of an expert who considers that *youth and adolescents have reproductive rights, and that the institutions are not dealing with the topic as they should; the CCSS has made an effort, but services are still not adequate or sufficient. Taking responsible decisions about sexuality – she adds – involves the women's appropriation of their own bodies, and if there is no comprehensive programme tackling these issues, it will be difficult to advance and reduce adolescent pregnancy* (p. 19).

In the case of Mexico, there is an evaluation of the public youth policies corresponding to the period 1994-2000 (IMJ 2000), that was the basis for the design and implementation of the National Youth Programme 2002-2006 (IMJ 2002) currently under way. The Mexican Youth Institute (IMJ) included in that evaluation a description of the situation of youth (which was then completed with the realisation of the National Youth Survey 2000), and also made a description of the position of young people in the National Development Plan and in the main sectoral programmes, evaluating the progress effectively achieved in each particular case. At the same time, it offered a description of the programmes run by the different institutions involved, emphasising in particular the activities run by the Institute itself.

In relation to the core topics of this report, some components of the public policies related with sexual and reproductive health stand out, and in particular the component on family planning and reproductive health of the National Population Programme 1995-2000, and the chapter on Reproductive Health in Adolescents in the Health Sector Reform Programme 1995-2000. The latter notes that *its aim is to foster the adoption of attitudes and responsible behaviours that encourage adolescents to assume their sexuality in an autonomous, conscientious and safe manner. The most important actions put forward were: to set up reproductive health service units for adolescents and to create a referral and counter-referral system between different medical units. The goals were set as: postponement of the age of the first birth; reduction of the incidence of sexually transmitted diseases; a 50% reduction in the number of unwanted pregnancies; a 60% increase in the prevalence of contraceptive use, especially of condoms; and the provision of comprehensive pregnancy, antenatal and postnatal care to all pregnant minors under 20 years of age* (IMJ 2000, p. 54).

In evaluation terms, the report notes that as regards the population policy, *educational contents on population were developed for primary and secondary school text books (…), educational materials such as books, posters and audiovisuals were prepared, incorporating the scientific advances and teaching techniques on population matters related with family, adolescence, citizenship and sexual education* (p.65). It also pointed out *the launching of mass media campaigns promoting free, responsible and informed decision-making in family planning; the exercise of reproductive rights; attitudes of greater foresight and*

planning among individuals; and respect and protection of all members of the family (p.66).

In the health area, the report notes that *by 1998, through the School Health Programme, care of adolescents had been strengthened in secondary schools through counselling, training and problem-detection activities. As part of these activities, 308 thousand adolescents were checked clinically. Since the same year, there are 19,109 adolescent promoters available, whose main function is to promote self-care in health, participate in community health campaigns and activities, as well as counsel young people who have dropped out of the formal education system* (p. 67). *Reproductive health, the report adds, is an essential part of the package of basic health services for the population. The comprehensive reproductive health programme includes substantive actions on family planning, mother and child care, women's health and reproductive health for adolescents.*

The new component of this programme was the comprehensive care for adolescents, which has had national coverage since the end of that year. Services to this group include information, counselling and health care. Emphasis has been placed on rural areas and highly marginal outer urban areas; and promotion activities have been carried out in mass media and in interpersonal communication. In the framework of this programme, stresses the IMJ report, and with the aim of improving the provision of comprehensive services for women in this matter, since March 1998 the National Women's Health Card has been used, around 35 million of which have been distributed to women over 13 years of age. Using this Card, 6.3 million Papanicolaou tests were made in 1999, three times as many as in 1994, and it was thought that nearly 6.6 million would be made in the year 2000. Since 1999 its distribution has been emphasised among the female population between 13 and 24.

In relation to family planning related activities, it should be noted that at present 70.4% of women of fertile age use a contraceptive method to regulate their fertility, which is above the 70.2% goal set to be reached for this group of women. It is estimated that there is more than 90% knowledge about contraceptive methods among the adolescent population in the urban area. Health activities have helped to increase the use of methods among adolescent women in unions from 30% in 1987 to nearly 45% nowadays. The IMSS – Solidaridad programme in 1998 supported the formation of 14,736 Health and Solidarity Committees and 119,907 volunteer social promoters who each counsel an average of 14 families. The educational communication model was behind the counselling of young people on reproductive health and sexuality (p. 68).

At the same time, the report describes the activities in the framework of the Programme on Sexuality and Reproductive Health of the IMJ itself, which in the period has had three main lines of action: consultancy, conferences and workshops. *Guidance on sexuality was given through conferences on sexuality, where various topics were dealt with including anatomy and physiology of the sexual organs,*

contraceptive methodology, STI, abortion and HIV-AIDS. All these themes are handled from a psychosocial perspective, dealing with sexuality as an integral aspect of the person. Sexuality workshops told the participants about the factors influencing their sexual development and gave them the basic knowledge necessary to exercise their sexuality freely and responsibly (p. 102).

As from 1997, activities related with sexuality were separated from the Formation Extension Programme (of which they were part) to constitute the Sexuality and Reproductive Health Programme. This new stage aimed at reducing direct care and guidance, and tried to give it a normative aspect and to diversify its activities. At the end of the period, coordinating activities with other State agencies and above all with specialised NGOs were strengthened. Awareness-raising activities also increased, through the radio programme, Sexualidad con tu propia Voz [Sexuality in your own Voice] (which started transmissions in 1997) and other means of disseminating reflective-preventive messages (leaflets, posters, etc.). Action related with the training of human resources also increased and the distribution of informational materials for those working in these areas, as well as holding various youth meetings, particularly the National Forum of Young people for Sexual Rights, held in the year 2000.

Finally, in the case of Peru, the government National Youth Council (CONAJU) also has an interesting publication called *Juventud y Estado: Oferta de Servicios Públicos 2004* [*Youth and State: Public Services Available 2004,* with information on 112 programmes, projects and activities, run by thirteen ministries of the Executive branch and one organization of the Judicial branch, which were the ones who provided the information, in the framework of the Multisector Youth Committee coordinated by CONAJU, grouping the various institutions in the state area (CONAJU 2004a).

Out of all the 112 programmes, projects and activities, 24 belong to the Ministry of Education, 10 to the Ministry of Labour, 17 to the Ministry of Women and Social Development, 25 to the Health Ministry, 7 to the Presidency of the Council of Ministers, 3 to the Ministry of Foreign Trade and Tourism, 2 to the Ministry of Defence, 9 to the Interior Ministry, 2 to the Justice Ministry, 1 to the Ministry of Production, 3 to the Ministry of Housing and Construction, 6 to the Agriculture Ministry, 1 to the Ministry of Transport and Communications, 1 to the Judicial branch and 1 to the Universities (p. 12).

The information is grouped in eight main topic chapters: (1) fostering youth cultures; (2) education, technology and information; (3) jobs, juvenile enterprise and competency training; (4) promotion of youth protagonism; (5) promotion of healthy life-styles; (6) environmental conservation, defence, protection and management; (7) comprehensive security and democratic living; and (8) services for special populations. In each case, information is given about the name of the programme, the institution responsible, the

aims, the target population, the intervention strategy and its location.

The report also offers data on budget investment (something quite exceptional in this kind of publications), noting that the total estimated for 2004 was 2,199,790,075 soles, 99% funded by the Public Treasury. Given that the total investment planned in the General State Budget for 2004 reached 44,115,387,252 soles, it is estimated that the investment in youth was 5% of the total. In this context, it notes that two thirds of the total invested in young people (63.7%) corresponds to universities, added to which is another 22% under the Ministry of Education, and so more than 85% of the investment is concentrated in education. Another 7.2% of this comes under the Ministry of Labour, with the rest of the estimated investment distributed between the other ministries and agencies included in the report (p. 23 and 24). Whatever the effective validity of these data (the methodologies of calculation and the ways of identifying budget items are still quite precarious), they are an indication of the main trends in this area.

As regards the core subjects of this report, information is included in the section related with the promotion of healthy lifestyles about 21 specific programmes and projects, including several implemented by the Health Ministry, among which are the following: (a) health promotion in education centres; (b) comprehensive adolescent care; (c) comprehensive adolescent health and HIV-AIDS prevention; (d) other local programmes and projects, run in different regions and/or hospital centres in particular. Among those implemented by other public agencies are some run by the Education Ministry, the Presidency of the Council of Ministers, the Ministry of Labour and the Ministry of Justice.

The objective of the Health Promotion Programme in Educational Centres is *to contribute to comprehensive human development through the development of the physical, mental, social and spiritual potentialities of students through educational activities of health promotion,* and is aimed at *students from third grade primary to fifth in secondary, between 6 and 16 years of age in 1250 educational centres.* The intervention strategy focuses on *implementing healthy educational centres with the participation of the sectors involved and with a health promotion approach,* in four specific spheres: *development and strengthening of behaviours for a healthy life; development of environments favouring health and life; strengthening inter-sector and inter-institutional working; and implementation of healthy policies in the school context that promote health and life (p.56).*

The objective of the Adolescent Comprehensive Care Programme (belonging to the General Department of People's Health), is *to guarantee universal access to quality services with rights, intercultural and gender approach.* It is aimed at *adolescents from ages 10 to 19 in all the country,* and operates through an intervention strategy based on: (i) implementation in the country of the comprehensive care

model by stages of life; (ii) organization of the adolescent comprehensive care services by levels; (iii) adaptation of the normative framework to comprehensive care; (iv) implementation of the Virtual Library for Adolescents, and (v) interchange of successful experiences (p. 56).

The objective of the Programme of Comprehensive Adolescent Health and Prevention of HIV-AIDS (run with the support of GTZ of Germany) is *to contribute to optimise adolescent health through an improvement in the provision and take-up of differentiated health services developed for this age group.* It is targeted at youth and adolescents (without being more specific) and defines its intervention strategy in terms of expected achievements: *centres of juvenile development have been developed as model services of comprehensive care; in these the situation of adolescent men and women are dealt with holistically, taking into consideration their physical, psychosocial, sexual and reproductive health, and bearing in mind their family and community context.*

Although in several of the other decentralised programmes some references are included more specifically linked with sexual and reproductive health, little priority is perceived for the subject, and there is a predominance of strategies centred on the risk approach, without the rights approach standing out in practically any case.

PRACTICES OF SOCIAL INCLUSION OF VULNERABLE YOUNG PEOPLE IN SOME MERCO-CITIES

In order to complete the characterisation of the context surrounding the dynamics that we are analysing in this report, it is important to show some experiences of youth-centred promotion, made at local level, especially in medium or large cities, grouped in the so-called Merco-cities Network. This outline is based on a comparative study (Dávila, Coord. 2003) which evaluated a good part of these experiences.

The Study - to guide its own writing – formulated the following initial question: do the experiences of social participation, run by the municipal governments of the Merco-cities Network (alone or in association with other institutions) promote the integration of young people from lower social strata in urban communities? What are the determining factors of their success or the factors that hinder their development? The general aim of the evaluation was thus formulated as follows: *to provide information and documented knowledge about the best practices aiming at the social inclusion of deprived young people in the Merco-cities, in the context of the present unequal and excluding process of urban development in the region.* (idem).

For this purpose, the study reviewed basic information about 182 experiences of promotion, in 35 M*erco-cities* (8 in Argentina, 14 in Brazil, 2 in Bolivia, 6 in Chile, 2 in Paraguay and 3 in Uruguay). 77 of the experiences surveyed were run by non-governmental organizations, 71 were being put into practice by municipal governments, 21 promoted by youth

associations, and the rest belonged to other institutions (voluntary organizations, community organizations, etc.). A little more than one third (37%) had been running for less than two years at the time of the survey (mid-2003), while a similar number (almost 35%) had been going for five or more years (a little over 28% were in the middle, i.e., with between two and four years of existence).

In more substantive terms, 36% of all the experiences surveyed concentrated on the category of citizenship and social participation, with another 15% in the education category, and 12% in local and community social development, with the rest in other categories (health, environment, leisure and recreation, gender, employment and work training, etc.). Three quarters of them were directed to young people in a state of poverty, and 20% focused on young people in extreme poverty (the rest worked with non-poor young people). There were very few programmes centred on SRH.

Almost 60% of the young beneficiaries of these experiences were students, while another 21% studied and worked at the same time, and a little over 17% were unemployed. In 70% of the cases, young people are the direct beneficiaries of the experience, while in 18% they direct and take all the decisions, and in 12% they collaborate at all stages of the experience, but do not take decisions. In terms of the practices actually being run, the experiences promote youth participation (15%), are strategic (13%), pluralist (12%), adapted to the current social context (10%), innovative (10%), comprehensive (8%), sustainable (7%) and effective (almost another 7%).

In a second stage of the study, 26 experiences were selected from all those surveyed (8 in Argentina, 8 in Brazil, 3 in Bolivia, 2 in Chile, 3 in Paraguay and 2 in Uruguay) in order to make a more systematic study of their potentialities and limitations. In this case, the sample consisted of twelve experiences that had lasted more than five years, another eight that were between two and four years old, and another six that had existed for less than two years. Most of them (18 out of 26) were working with more than 200 participants and the others with fewer than that. In territorial terms, 17 of the experiences were run in the city as a whole, while another seven were in neighbourhoods or communities (the other two were provincial or national in scope).

Half of these 26 experiences worked on the subject of citizenship and social participation, while the other half was divided between similar groups in the areas of employability, job training and micro firms (4), local and community development (3), health (3) and education (3). In terms of the kinds of problems they deal with, nine of these experiences worked against economic exclusion, while another six worked in relation to the lack of spaces for participation and another five in connection with psychosocial problems. The remainder worked in the areas of health, reproductive rights, sexual orientation and gynaecology (3), education and school desertion (2) and access to information (1).

Out of all the 26 experiences analysed in depth, twenty-one answered the question about the incorporation of the gender variable affirmatively, and a little less than half answered the question about incorporation of the ethnic variable affirmatively. All of them responded affirmatively to the question about the replicability of the experience in other contexts and by other organizations. Twenty-four of them answered that *they constantly included the search for new resources to maintain themselves over time*, and twenty-five answered affirmatively that the experience *has a design that enables the incorporation of new problems or emerging needs of their young participants*. Twenty also stated that *the experience includes in its design the training of monitors who can replicate it.*

In terms of strategic alliances, a high percentage of common tasks were found in nearly all the experiences analysed, with very varied institutional actors: 25 experiences work with social and community organizations, 25 also do so with municipal or local governments, while 21 work with youth organizations or associations and 15 with voluntary organizations. 24 of these 26 experiences are linked with other actors (adults, children, and women) and 23 tackle two or more topic areas or situations of exclusion, which shows the comprehensive character of these experiences. All promote and/or legitimate diversity of opinions, 25 of them deal with the different needs and interests of the participants, and are related with other youth initiatives with different content and orientation. In all cases, *young people participate in the running of the experience,* while in only 11 of them do *they take part in the management of the resources.* In intermediate terms, in 21 of the experiences the young people participate in the prior diagnosis, in the design and the evaluation of the experience. In 20 of the 26 experiences, the young people *take the decisions.*

What are the main results obtained? According to the conclusions of the study we are commenting on, the main result seen in fifteen of the experiences is the integration of *young people as a group and an interest in taking part in the experience and in other spaces,* while in another six experiences the main result was stressed as *reinsertion in education systems and placement in the labour market.* Another three experiences noted the access of *young people and women to the health care services,* and the other two stressed *the transverse work with various government secretariats, non-governmental agencies and social organizations.*

What are the most important impacts of this kind of promotional experiences? According to the study we are commenting on, in the 26 experiences *the young people have new and/or better social participation skills, the experience achieves the objectives originally proposed and enables inclusion and participation spaces to be opened up for young people in the local public institutional structure.* In 24 of them, the experience increases the capability of *young people taking part to converse with and influence the public*

and community institutions and to manage to improve the conditions and quality of life of youth. As can be seen these are important impacts in most cases, which shows the relevance of the experiences evaluated.

In terms of the main impacts of the experience from the point of view of overcoming youth exclusion, the study comments that in six of the experiences what stood out was *the creation of permanent spaces for youth participation,* and another six remark on the fact of being able *to affect and participate in the definition of social policies for children and young people,* which shows important impacts in terms of symbolic integration. Another four note *the possibilities of job creation* (reflecting little incidence in structural integration), while four others note *the interest of other municipalities in replicating the experience,* three more the *public recognition of the quality of the experience* and two others *the joint work with various public and private bodies,* which shows impacts in the generation of conditions for overcoming youth exclusion. Finally, one of the experiences remarked on the impacts in the reduction of indices of child abuse, which shows harder, but also more localised, impacts.

What are the main obstacles facing the development of these experiences? The evaluation made shows that six experiences stressed in their responses *the lack of human, infrastructure and economic resources,* while another three stressed *the stigmatisation of young people,* and three others *the absence of public policies or the lack of articulation between them.* Another two noted *the lack of awareness among children and adolescents about their rights and opportunities,* two others the limitations in the *location and selection of the target population of the programme or project,* and another two note the precarious new job possibilities of young people. One of the experiences evaluated noted the *lack of strengthening of the youth organization,* while the other five did not answer this question. The responses summarised mostly show little ability to identify their own difficulties, since the great majority of them are difficulties of their environment.

In the third stage of the study, the ten best experiences were chosen in order to make a more exhaustive documentation of them, thinking in their possible replication in other (similar or different) contexts. The following experiences were chosen:

a) *Prevention of sexually transmitted diseases and family planning,* being run in the city of Pergamino, in Argentina.
b) *Neighbourhood employment programme and strengthening of youth groups and organizations,* being run in the city of Rosario, also in Argentina.
c) *Small economic enterprises for improving the technical and work capabilities of young people,* being run in the city of La Paz, in Bolivia.
d) *Rescuing Spaces programme,* under way in the city of Salvador, Brazil.

e) *Municipal programme for the comprehensive care of street children and adolescents*, run in the city of Porto Alegre, in Brazil.
f) *Youth reference centre*, being run in Santo André, in Brazil.
g) *Co-Construction of the Youth Development Plan (PLADEJU)*, run in the city of Concepción, in Chile.
h) *Fostering the creation of the micro-firm (FOCREA)*, under way in the locality of Villeta, in Paraguay.
i) *Training young people about drug-addiction, alcoholism, sexuality, leadership and other topics*, being run in Fernando de la Mora, in Paraguay.
j) *Training in information technology in rural localities*, being run in the Department of Tacuarembó, in Uruguay.

In terms of concrete results from the study, it should be stressed that there is a *Bank of Youth Promotion Experiences in the Merco-cities*, with records of all the experiences identified, as well as a systematic (documented) characterisation of the ten experiences finally chosen for this purpose (made on the basis of field visits and dialogues held with the main participants by the consultants responsible for the research).

There is also a comparative analysis of these experiences, making it possible to characterise them generically and draw the corresponding lessons from them, in order to potentiate this kind of efforts in the future.

Thus, among the main *findings* of the study are the following:

• *The experiences aimed at attending significant material lacks of the subjects needing functional integration such as education, work and health, have a correlation and connection with programme orientations of the national youth policy. However, the experiences aimed at the social participation of young people have no correlation with the definitions of national policy on youth.*
• *It can be seen that in the six countries studied, the situation of the national institutional youth structure ranges from inexistence and precariousness to an inadequate development. In countries where the institutional structure for youth is highly precarious at national level, it is powerfully developed at local level, in the municipal governments.*

In terms of the *problematisation* of the main substantive aspects evaluated in the framework of the study, four important axes can be mentioned:

• Employability: *Low quality rating; the job training on offer is not constructed on the basis of a diagnosis to say what the expectations of its subjects are; employability training courses have stuck rigorously to the subject-focused social policy and are not accompanied by modifications or changes in structural aspects, for them to achieve the status of employability policies.*

• Voluntary sector: *This contains great potential for the young people who get involved in it to acquire social and cultural capital. Its levels of relating, the development of an ethics of solidarity and unselfishness, its capacity to manage and mobilise different community and institutional social resources, are evidence of this process of formation, growth and development. However, it does have limits in terms of the construction of citizenship, and it is also necessary to weigh and evaluate and find ways of overcoming this.*
• Gender perspective: *This approach is understood as the active participation of women. Here it is necessary to encourage greater reflection processes and the generation of conceptual contents, to make it possible to unveil the subject. The great importance of this is that, on the one hand, it would permit transparency in showing up the interests and expectations of the young actors, and on the other, it would make it possible to encourage social practices to make it possible to problematise deep-rooted cultural constructions that are reproduced in younger generations on the subject of power, discrimination and community living.*
• Ethnic origins: *Dealing with this has a rather more instrumental reason where it seems that cultural codes are used, in order to make the reception or the assimilation of the proposal more effective. The importance of the subject, above all in modernising contexts where the centre of attraction is globalisation, is that the elements presented as facilitators of development generate enculturation processes and so end up not overcoming the situation of exclusion, but generating a new kind of social exclusion.*

Finally the four best experiences were selected in order to support their development and consolidation. These experiences were the following:

a) Municipal programme of comprehensive care for street-children and adolescents (Porto Alegre, Brazil). *Its main merit is the significant mobilisation of resources and supports it creates from public and private institutional structures; its appropriate approach in taking on the topic of street-children as a subject of social responsibility, congruent with the strategy and its promotional approach. It is the responsibility of social policy to guarantee the building of a minimum floor, even more so for young people whose lives are at risk, as this experience clearly demonstrates. Its main deficit is connected with the almost inexistent connection with the youth unit, which does not permit the enriching of broader youth proposals.*
b) Small economic enterprises for improving the technical and work capabilities of young people (La Paz, Bolivia). *Its main characteristic is related with its appropriate approach in taking on the topic of job training in relation with the sociocultural context of*

its mainly indigenous youth population; in exploring alliance strategies, not only to respond to the technical needs of implementing a formation process, but also building links with civil society experiences that give it greater empathy and closeness with the communities the experience is linked to; and in being part of a strategy that involves considering the demands of its population, the Commune Development Plan of the year 2000, an exercise of citizen expression, out of which the experience was born.

c) Neighbourhood work programme and strengthening of youth groups and organizations (Rosario, Argentina). *This experience is linked to fostering the social participation of young people and their capacity to promote a better quality of life in their neighbourhood and community environments. The main characteristic is related with the dimension acquired by the youth social organization, its associated work and its participation in the communal space. The experience makes it possible to potentiate a great organization management capacity in the young people, and their recognition as a legitimate interlocutor in the city, and an agent of changes and transformations in the communities they belong to.*

d) Co-Construction of the Youth Development Plan (Concepción, Chile). *Its main characteristic is related with potentiating youth participation, projected from their neighbourhood and community spaces up to their intervention in setting the social and development policies of the city. Starting with the young people and their various collective expressions a social platform is built, in the form of a Youth Development Plan containing their proposals. The experience manages to mobilise various dimensions of the communal policy and social spaces of the city, where the perspectives of youth action are found.*

As can be seen, these are diverse but converging experiences that may be good reference points when it comes to designing programmes in these domains at a local level in the future.

Finally, this study points up six conclusions and five specific recommendations. The conclusions are the following:

1. The municipality can be one of the fastest and most effective institutions when it comes to acting on citizenship and youth participation programmes
2. There are fundamental problems that need to be dealt with such as the presence of a strong negative social representation of deprived young people in their cities.
3. The youth problem does not necessarily constitute a priority in the municipal approach, which significantly limits this type of initiatives.

4. There is a limited institutional structure focused on this kind of dynamics, which also works against running this kind of initiatives.
5. The municipalities in general locate the topic of youth in their sports, education or culture offices (another limitation to be overcome in the future).
6. There are obvious deficiencies in human resources, both technical and professional, in almost all the experiences identified (another core aspect to be tackled in the future).

The specific suggestions that the study puts forward are the following:

1. To potentiate the development of research into youth, especially at local level.
2. To create opportunities for the formation of social agents for youth for the member countries of the Merco-cities Network.
3. To work for the creation and implementation of a School for Municipal Youth Agents and Local Leaders of Youth Social Organizations.
4. To implement an observatory of good practices of youth participation and social inclusion in the framework of the Merco-cities network.
5. To develop a regional workshop on public youth policies in order to systematise experiences and design more relevant programmes and projects.

All together, the study provides clear directions for working in the immediate future, proposing the creation of some spaces for regional work, together with the design of some very useful tools for promotional work in these domains. Without idealising the experiences identified, their potentialities are pointed out and they are shown as a benchmark to keep in mind when designing plans and programmes for youth promotion, to give importance to local spaces and the dynamic of the municipalities, a highly relevant aspect for potentiating youth movements. In any case, the marginality of the SRH programmes on the municipal plane is to be noted.

QUALITATIVE EVALUATION OF NATIONAL PROGRAMMES FOR ADOLESCENT HEALTH OF THE GTZ

As a complement to the variety of elements presented up to now, it is important to include some qualitative assessments, conceived as in-depth studies and/or identification of good practices, given that, even though they are not representative of all (there are very few known cases), they do make highly valuable contributions in qualitative terms, above all in the validity of the intervention strategies and the working methodologies used. For this reason we include two assessments made by the GTZ of adolescent health programmes run in El Salvador and Paraguay.

The first case is presented as a *systematisation of educational experiences in comprehensive health and sexuality with adolescent participation in El Salvador* (Laporta, Murgía and Quintana 2004), based on *a process of participatory systematisation aided by the Comprehensive Adolescent Health Care Department of the Ministry of Public Health and Social Assistance* which *started from the need to document the process of implementing different educational strategies being run for the benefit of adolescent Salvadoran boys and girls. The main focus of the systematisation was the educational strategies on sexuality and comprehensive health, with adolescent participation, run in El Salvador by public sector as well as non-governmental organizations* (p. 6).

The objective of the systematisation consists in generating fresh knowledge in the field of adolescent health and education, identifying good practices and lessons learned that can help to improve the policies and programmes aimed at this population (…). The systematisation process starts from reconstructing the experiences with the participation of the same actors that took part in them. Then a critical analysis is made of the process in such a way that new knowledge is built on how to inform and educate, and it is decided what challenges still remain (p. 6).

Locating the subject in the corresponding context (analysing some demographic data of the country and other indicators on sexual and reproductive health in adolescent) it was concluded that *sexuality is still a taboo topic. The study showed that both adolescents and their fathers and mothers, as well as health personnel, showed a negative attitude when faced with topics associated with living one's sexuality, such as the use of contraceptives by people who have not had children. One of the conclusions that the research obtains is that sociocultural factors such as the socio-economic status of the family, participation in the formal education and/or work system and the influence of socialising agents – the family, the school, friends, religious groups, the health systems, media and others – predetermine the sexual culture and influence learning about sexuality* (p. 12 and 13).

In concrete, the study *relates five educational experiences run in the public and private sectors as part of the effort by the Salvadoran state to meet the needs of the adolescent population in the field of sexuality and sexual and reproductive health* (p. 18): (i) the education strategy in SRH of the Public Health Ministry (from the Comprehensive Adolescent Health Care Department); (ii) the Education for Life Programme of the Ministry of Education; (iii) the Programme Boys and Girls Managers of their Own Development of FUSAL; (iv) the Health Education Programme of FUNDASIDA; and (v) the experience of the ADS (Salvadoran Demographic Association) in the field of preventing unwanted pregnancy and the acquisition of STIs.

There were three axes of the analysis of this systematisation: (i) the conceptual framework and the approaches of the intervention strategies; (ii) adolescent participation; and (iii) multisectoriality and inter-institutional coordination. *Priority has been given to these three axes as they constitute common elements for the analysis of the five experiences that are the object of this systematisation, which eases understanding of the processes on the basis of the large and small differences, the particular features and coincidences, although these do not exhaust the wealth of each experience. We have also decided to adopt as a transverse axis of analysis the identification of good practices throughout the processes of each experience* (p. 22).

The text has great wealth and systematicity, and it is not possible to give a more than half faithful summary of its effective content, but we recommend those who are interested to read it directly, above all as regards the systematic presentation of the five experiences selected, which we are omitting entirely here, since what interests us is to schematically present the conclusions of the study itself.

In this regard, *the first aspect to be pointed out from the analysis made in this systematisation* – say the authors – *is the advance made by El Salvador in incorporating adolescent participation within its proposals for comprehensive health and sexuality education, through the peer education strategy. This strategy has been shown in practice to be suitable and valid for prevention and promotion work in this field; for this reason, various international agreements recommend using it in interventions with the adolescent population* (p. 133).

In terms of approaches, *the experiences in comprehensive health and sexuality education that have been systematised propose, as part of their conceptual framework, some legal instruments from international law, among the core elements of which are the recognition of adolescents as subjects of rights, their right to participate in all the aspects affecting them, their right to health and basic well-being and to non-discrimination, as well as the higher interest of boys and girls and of adolescent men and women. They are also placed in the framework of the Constitution of the Republic of El Salvador, and in the Labour, Family and Health Codes* (p. 134).

Thus, the experiences systematised are based on the recognition of human rights and on the participation of children and adolescents, as a right and a basic element for achieving development. It is also considered that health promotion should occur in the framework of human rights, to drive the social, political, legal and cultural changes that encourage health to be accepted as a right (p. 135). Even though this approach is not established explicitly (in terms of the advances in international rules), it does appear clearly established in the teaching material, in the discourse of the actors, etc.

However, it is important to bear in mind that it is a complex matter to shift from the conceptual approach to its incorporation in the various components of the systematised educational strategies; it is clear that in practice – the authors of the text stress – *the development and rights*

approach are found together with the biomedical approach, which emphasises risk and damage prevention (…). There are no educational activities that tackle the topics of eroticism and pleasure, reproductive rights and homosexuality (…). The subject of reproductive rights is dealt with in a conceptual way, pointing out its definition and a list of these rights. However, it is not proposed as a transverse axis for dealing with sexuality (p. 136).

As regards sexual relations, messages are seen that mainly promote their postponement, which suggests that the rights approach that values autonomy and the adolescents' ability to make decisions has not been consolidated. From this perspective, the various options – postponement, abstinence, protected sexual relations – should be presented, (but) to assume this posture generates tension, above all in the adults who guide the sexual education programmes, since the guiding and protector role towards adolescents is strongly internalised, and the belief and fear are still present that educating from a rights approach can lead to the encouragement of sexual relations (p. 137), without there being any evidence to demonstrate this.

As regards the participation of the beneficiaries, *even though the conceptual framework alludes to the active participation of adolescents as a core element of the strategy, it does not assume the incorporation of adolescents from the programme planning stage, and neither does it consolidate the link between the peer education strategy and the promotion of full participation, understood as fostering a citizen behaviour that matches a project of a society that promotes the action of the adolescents involved, articulating individual with social development (…). In the systematised experiences, many of the testimonies reflect individual development and social recognition. However, the connection between individual and collective does not necessarily occur* (p. 139).

In terms of the third dimension selected for the systematisation, *the analysis of the history and the context in which the experiences systematised occur shows up the various moments and processes in which multisector and inter-institutional work was done, with the active participation of the MSPAS [Min. Pub. Health and Soc. Welfare], the MINED [Min. Educ.] and the SNF [Nat. Sec. Family], among other government institutions, as well as different NGOs; both the public and the private institutions were closely supported by international cooperation agencies (…). However, in the implementation itself of the systematized educational experiences, no multisector or inter-institutional work is seen for making the interventions. This is seen on the formal plane, since there is no complementarity of policies between the health and education sectors, nor pacts or agreements with the civil society organizations. In addition, in the information collecting stage, it was found that often members of these sectors do not necessarily identify ways in which complementarity could take place between them in the promotion of health and sexuality* (p. 144 and 145).

The study identifies 14 concrete examples of good practices, which we simply list here: (1) the conjoint production of educational materials, between the different actors involved; (2) handing over the workbook to the adolescents trained by the peer educators; (3) coordination between sectors taking part at a local level; (4) the involvement of adolescents not in school; (5) the possibility of institutionalising the experience at intermediate and operational levels; (6) the generational replacement of the peer educators; (7) encouragement and public recognition of the participation of the peer educators and of the commitment of teachers and health professionals; (8) the incorporation of a volunteer system; (9) the promotion of healthy environments for participation, training and/or raising awareness of fathers and mothers of families; (10) friendly dealings and horizontality in relations between adults and adolescent leaders, and between these and the target adolescents; (11) the training of pedagogical advisers, technicians from other education sector departments and teacher trainers; (12) the incorporation in the formal education context of a diploma in training pedagogical advisers as specialists in Education for Living; (13) working alliances between adults, youth and adolescents; and (14) the use of camping as a training strategy (pp. 146 to 151).

Finally, the systematisation formulates 12 general and specific recommendations (*the experiences systematised are encouraging and show what it has been possible to achieve through the efforts of the health and education sectors and of the NGOs*) and again we just list these: (1) the urgency of a multisector response; (2) to integrate sexual and reproductive health within the public health programmes; (3) to incorporate comprehensive sexuality education in the education curriculum; (4) to provide education and training in sexual health for the health professionals and teachers, both at the basic level of technical higher and university formation and in continuous education programmes; (5) to promote and sponsor research and assessment linked with the strategies of sexual and reproductive health with adolescent populations; (6) to incorporate instruments of International Law within the normative framework, directly linked with comprehensive adolescent health and sexuality; (7) to prioritise the approaches guiding the strategies and to identify in which way they are put into effect in the different stages and activities of the strategy; (8) to establish a reference system linking the educational strategies and access to care in health services, including the distribution of condoms and contraceptive methods suited to adolescents; (9) to establish mechanisms and procedures to make adolescents and young people participate from the planning stage of the project and to empower them in the activity; (10) to value and potentiate the social role of participation; (11) to incorporate the gender approach in all the components of the strategy; and (12) to incorporate cultural aspects in the understanding of lived sexuality (pp. 152 to 159).

The second experience systematised (in Paraguay) is presented as *"case studies on innovations and lessons*

learned in the design, implementation and evaluation of (rural and urban) youth and health programmes", conceived as the knowledge management in comprehensive adolescent health and as support from the German cooperation agency to the development of empowerment strategies, community mobilisation and institutional strengthening. It focuses on the systematisation of the experience occurring in the framework of the Programa Tesäirä (a Guaraní word which means "for health") run by the Ministry of Health and Social Welfare, together with governors' offices, municipalities, non-governmental organizations and youth associations of interest, with the support of the GTZ (La Rosa 2004).

In the participatory design stage of the programme, three main expected results were set: *(1) concepts, strategies and instruments have been developed in the project area in the framework of a systemic approach for comprehensive health promotion for adolescent and young men and women; (2) the interest groups of young men and women have been strengthened and empowered, so that they are capable of taking part in the promotion of their interests and the responsible and independent development of the conceptual framework of comprehensive health; and (3) the public and private services have developed internal and inter-institutional ways of working* (p. 3).

The objective of the systematisation is thus *to present and analyse the processes and results obtained in terms of advances in social policies for youth at local level and in the national State, in order to learn from these and present useful recommendations for interventions in the area of youth and health in Paraguay, and in the international area* (idem). The approach used for doing this assumes that *systematisation is not a mere academic exercise,* (since) *in itself it constitutes a space for the actors (who) need to participate in a known and shared political, institutional and theoretical space with the idea of maximising the learning capacity arising from the qualitative exercises* (p. 5).

In terms of approach, the systematisation was made from the perspective of capital accumulation as an instrument for getting close – in a complex manner and with some level of order – to the form of construction of different expressions of youth affairs, assuming that human, social and cultural capital go along with financial capital and that they constitute core elements of the social reproduction of inequity and social exclusion. Young people have various levels of capital accumulation, depending on the families and communities that they come from and on the individual and collective opportunities to which they have been exposed, as well as the responses they have been able to give.

The levels of accumulation, use and improvement of capital accumulation – states La Rosa – mark the dynamics of generations and thus of countries. A major investment in human capital produces generations of more educated, healthier and more productive people, and therefore better conditions for increasing the productivity and development of a country. However, if this investment is accompanied by investment in social capital, i.e., in establishing conditions

for generating confidence in the government, in social interactions, as well as networks of solidarity, interchange and social consensus around common goals for a society, it can be deeply optimised. Finally, the cultural capital of a society, i.e., its experts and the institutions that formalise knowledge and its accumulation, when they are explicitly dealt with to foster cultural changes in favour of social responsibilisation and the establishment of democratic relationships, constitute the support of any social process (p. 18).

In this framework, the report sees *public youth policies as moving in the double direction of ensuring the protection of human rights of youth and adolescents and of promoting their active exercise from their status as citizens. Paraphrasing Sen, in relation to the ends and means of development, we can say that the protection and social promotion of youth and adolescents are (a) the primary end and (b) the main means. The former is related with the basic conditions for enriching human life and the latter with the expansion of capabilities based on a recognition of basic rights that every society should ensure to its population. This double dimension enables youth policies for equalising opportunities to be differentiated, taking into account their starting points, and the different levels of empowerment for the exercise of citizen rights and duties* (p. 27).

The design and implementation framework of GTZ's investment in Paraguay runs with this logic: to empower for participation and to participate for empowerment. One of its main contributions is that it is necessary for public policies to take on this process, and this does not occur naturally, but implies long-term investment to turn around the way in which the budgets are designed, human resources policies are made, and processes and impacts are monitored and evaluated (…). The modernisation of the State in terms of youth policies has to start, therefore, *from a profound renewal of the perception of this population as "a source of social problems" in order to see it as one of the axes of development of the country (…). Breaking open the paradigm of "youth as problem" towards "youth as opportunity" implies making effective a profound change in the culture of bureaucracy and of public and private officials, as well as in society as a whole* (p. 35 and 36).

This approach, presented schematically, was applied in the framework of *Tesäirä* around eight concrete initiatives: (1) Participatory Research; (2) Adventure of Life Programme (health education); (3) Food Safety Programme (promoting local self-sufficiency); (4) Differential Health Care Services for Adolescents; (5) Municipal Systems of Comprehensive Health Prevention, Protection and Promotion (healthy municipalities, municipal counselling services for the rights of children and adolescents, Youth Councils, and inter-institutional coordination for sustainable development); (6) Sexual and Reproductive Health (Programme of Peer and Parent Educators); (7) Night-time Programme (public safety, prevention of juvenile violence); and (8) School in Movement (fighting sedentarism, obedience and rigour in discipline).

Apart from the presentation of each particular initiative (impossible in the framework of this report but done exhaustively and precisely in the systematisation we are describing) the author points up some *emerging notions from the perspective of the actors* that are highly relevant and formulated very clearly: I learnt from playing, having fun, doing concrete things; you don't know how to deal with an adolescent, neither a child nor an adult; I discovered that as young people we are very similar, even though we live in very different places; we can be useful, be participants in the change in our lives; working with young people changes the lives of their brothers and sisters, especially the smaller ones, and their families; taking part in organizations is a mechanism of empowerment; I learnt about me, about sexuality, about life, now I want to plan well, work in a team, not cut myself off; you can get everything you want by informing yourself, struggling, looking for paths, conversing, exerting pressure, persevering (p. 96 and 97).

Likewise, the systematisation summarises several *lessons learned*: (a) every new process requires time-investment to inform, convince and involve the bosses and authorities to support the initiative; (b) training processes for installing innovations should include a long training in services; (c) to be able to install a social process requires the innovations to ripen individually and in community; (d) sexual and reproductive health constitutes a way of getting in to work on the comprehensive development and health of adolescents; it is not a topic that can be tackled without a comprehensive view of the person; (e) working with fathers and mothers of families and including them in work with adolescents is highly beneficial; (f) learning through play is fluid, creative, and knowledge is fixed better; (g) projects aiming to test key mechanisms for institutionalising policies or forms of executing new legal frameworks must include in their design not only the installation process, but that of follow-up and monitoring, control of the costs of transfer and policy institutionalisation, systematisation of the process, assessments of the process and its impact; (h) the mere existence of a policy can generate key social demands that did not seem urgent before, so than an early systematisation of the experiences deriving from installing the programme might progressively guide the advocacy and policy design processes more completely; (i) cooperation focused on the active participation of the actors themselves is fundamental at all levels; (j) it is possible to build collective action in all social spaces, when the interventions are continuously sustained, mechanisms and agreements are established in a transparent way and these are publicly known; (k) the project brings into question cultural values that are firmly settled but which collapse quickly when faced with the reality built through the programmes and services; (m) the incorporation of young people in running public affairs has made it possible to break the paradigm that stigmatises them as a problem; (n) the inclusion of national professionals leading the process as peers alongside professionals from other countries, has been very important

and valued by all; (o) carrying out the activities in the rural areas in Guaraní language has been a key to the success achieved; (p) every inter-institutional work implies greater effort and makes the processes slower, but this fabric is what gives it sustainability and makes the social processes viable, and it is thus absolutely essential (pp. 98 to 100).

The systematisation also gave eight highly important *conclusions* (pp. 101 to 103):

1. GTZ's intervention has brought about large-scale mobilisation of individual and institutional social actors and resources, integrating and broadening local, regional and national capabilities;
2. the strategy has been a success, to the extent that it was based on complementary tools: direct subsidies, diversification of actors, coordinated working, the establishment and following of formal commitments, continuous information, horizontal and democratic relationships, speedy responses to change situations, integration of the human resources as a team, and detailed compliance with the commitments made;
3. all the actors interviewed expressed their satisfaction with the work done and asked for it to be extended;
4. the project has installed key ideas in the discourse and in the concerns of the actors involved: young people have citizens' rights and local and national development depends on the investment made in them; youth organizations should be supported because peer-to-peer interactions are fundamental; the more excluded young people need more care and support; consensus and everyone's participation are a guarantee of successful work; the situation of women should also be especially dealt with; games and fun are means of learning, health and good growth and development; youth and adolescents need differential health, protection, promotion and education services.
5. the project has established a fruitful dialogue with different specialists and international experiences that are useful for national purposes;
6. the actors value the fact that the support received through the project was not limited to its direct objectives, but that they could find a space in the programme for channelling initiatives.
7. the project has demonstrated a form of running and accompanying social policy design and implementation processes that is highly participatory and successful in its products.
8. despite the difficulties presented by the functioning of Paraguayan society in general, all value the fact that this was a serious, highly professional project, not taken over by the political parties and that won legitimacy through its ability to establish consensuses starting with technical issues.

Finally, systematisation offers a set of *recommendations* in two different but complementary (general and specific)

areas. In the first case, seven fundamental criteria are included: (1) the reduction of vulnerability of adolescents, establishing regulatory frameworks to promote and guarantee their fundamental rights; (2) institutional development of the State, (integrating the Youth Vice-ministry with the Secretary of Childhood, technically strengthening the normative, promotional and accountability phases; investing in the development of Municipal Youth Councils. (3) strengthening youth organisations and empowering young people (installing in the public budget an item for the construction of social capital and volunteering among youth and adolescents); (4) making explicit and strengthening the gender equity perspective and interculturality at all levels; (5) strengthening the family (involving it in youth promotion); (6) co-management of public services with the participation of youth and adolescents; and (7) strengthening of civil society and the involvement of the private sector in implementing and sustaining policies.

Among the more specific ones, it includes another twelve recommendations: (1) to evaluate public investment in youth policies; (2) to generate a decentralised programme to broaden educational coverage and improve its quality; (3) to deepen the technical and institutional development of differentiated health care services for adolescents; (4) to institutionalise youth participation in the processes of services co-management; (5) to ensure public investment in the building of the social capital of youth; (6) to institutionalise the local referral and counter-referral network for the health care services; (7) to systematise the experience of the CODENI and draw up a policy framework for improving the system; (8) to support the institutionalisation of the Adventure of Life Programme from the Ministry of Education; (9) to support the development of an academic and research programme in public policies for adolescents and young people; (10) to promote the institutionalising of the Food Safety Programme in schools; (11) to invest in developing a pilot programme of School in Movement and Night-time; and (12) to disseminate the experience run in the municipal spaces (pp. 103 to 109).

COMMENTS ON EVALUATIONS OF PLANS AND PROGRAMMES ON ADOLESCENCE AND YOUTH AND REPRODUCTIVE RIGHTS

Analysing such diverse instruments and methodologies for evaluating plans, programmes and projects centred on youth and adolescents, based on comparative studies, enabled us to draw various significant conclusions. Remembering that other reflections could be added, it is important to stress some as the most relevant.

Firstly, everything seems to suggest that topics related with sexual and reproductive health have been making way in the different countries of the region, and have been gaining space in the domain of public policies related with youth and adolescents, but there is still a long way to go

before these are effectively consolidated and occupy the space that legitimately belongs to them, alongside other more established and recognised substantive priorities, since this is a process that has barely ten effective years of accumulated experiences.

Secondly, it seems clear that this progress has been possible thanks to the development of the international normative framework (which has managed to show definitively and clearly that these subjects must be dealt with and given priority), to the design and implementation of comprehensive adolescent health programmes, to the development of strategic tools and design of methodological instruments, to the technical support of international cooperation agencies, and to the involvement of the actors of these dynamics. It is thus obvious that civil society has had a preponderant role, often going ahead of and pushing the state apparatus into legitimising and developing these processes.

However, the location of health and reproductive rights in the more global framework of public youth policies indicates that these still occupy marginal positions, above all in terms of resource allocation. Information about the case of Peru, in particular, shows that investment in youth is still concentrated on formal education, especially at higher level, which shows the inertias operating within practice, based on models that postulate that the only important thing in these subjects is to prepare young people for adult life, without considering their present health.

The practices effectively operating also continue giving priority to risk approaches, but slowly these are giving way to rights approaches, supported by international law on human rights, legitimated in recent years, and in the light of the limitations and potentialities that each approach shows in practice. Thus the persistent material and symbolic exclusion of young people shows that the risk approaches conceal adult-centred perspectives that do not meet youth's expectations. Faced with these facts, the search begins for other options, even among the most reductionist perspectives that only aim to achieve more efficiency in public affairs.

It seems clear that even in the more progressive experiences, in which the rights and reproductive rights approaches can be clearly perceived in the discourse of the actors and in the programme design, huge difficulties can be observed in being consistent and managing to legitimise them in the practices. The systematisation of the Salvadoran experience, in particular, shows eloquently the importance of cultural changes in these matters, and clearly demonstrates the need to persist in the effort of renewal, and to work systematically in this direction.

In institutional terms the scant involvement of government youth agencies is evident, with the leading role being taken by the Health Ministries, which concentrate on other dynamics and do not have the effective capacity to operate in these domains. This is also true of the more formal youth movements and organizations, which do not

have a notable presence in these areas either (their place is taken by more informal and more heterodox youth networks) and even of the municipalities (which give way to NGOs).

The most fruitful experiences seem to have taken place in limited (local) environments in which conditions combine that do not exist in more aggregate (national) environments. Here it has been possible to test methodologies, promotional tools, participation processes and many other innovative practices, which can be of significant help in the design and implementation of broader and more comprehensive responses. In all the cases, experience shows that success can be obtained only by working for long-term processes and not just time-limited projects, underpinned by broad and effective negotiations between diverse but convergent actors.

All the signs are that the three dimensions of analysis selected in the systematisation of the Salvadoran experience – rights approach, youth participation and inter-institutional/intersectoral articulation – are key factors for assessing the relevance, importance and effective impact of this type of experiences. If good standards are obtained in terms of progress in these three specific planes, there are good chances of success in the enterprise and corresponding security that the resources invested are being well-used,

above all in terms of the sustainability of the initiatives launched.

The evaluations presented here clearly show that promoting youth development is a concern and responsibility of everyone. It cannot be reduced to the paternalistic work of adults concerned about youth problems, nor can it remain in the hands of young people who want to gain leadership posts. It cannot be reduced to the work of a few ministries, nor can it be driven only from civil society. The socialisation of human rights approaches, including reproductive rights, must be made with all the actors involved.

All of this reinforces the relevance of investing more and better in the systematisation of experiences, following the working model carried out, for example, in El Salvador and in Paraguay by the GTZ. A representative number of studies of this kind, socialised with all the actors involved, would be a significant contribution to the future development of this kind of programme initiatives. For UNFPA it would also involve accompanying these analyses by mapping the actors present in the youth field, analysing their discourses and their alliances, which would all potentiate future efforts in these domains.

The Perspective of the Actors in Youth Policies and Reproductive Rights

The purpose of this study of cases was to obtain the social significations that the legislative frameworks, policies and programmes on youth have for young people and officials, and their connection with reproductive rights, gender equity and social inclusion. It was carried out in five countries in the region: Brazil, Mexico, Nicaragua, Peru and Venezuela, with the aim of focusing on particular topics in each country: the case of indigenous peoples in Mexico; the voluntary sector in Venezuela; belonging to an emblematic local space of community empowerment in Peru; the promotion of the subject of reproductive rights from a community association, through policies encouraging decentralisation in Nicaragua, and the dynamics of the hip-hop movement among young people in Brazil.

The study sought to enquire specifically about the links between the various actors and the national and/or state youth policies; the degree of participation of civil society in these; the processes that have given rise to the legal and policy frameworks and the degree of participation of civil society in its role as social auditor; the institutional and financial mechanisms that support them and the impact they have had in guaranteeing the exercise of reproductive rights for youth and adolescents. Qualitative research was carried out for this purpose, surveying information in focus groups and in-depth interviews with young people, national, state and municipal authorities, and officials of civil society organizations. The qualitative methodology made it possible to survey the world-views of adults and officials as well as of the young people, and each community's characteristics.

For interviewing key officials involved with the subject of adolescence and youth, both in government and in civil society organizations, and for the adolescent and youth focus groups, a guide of significant topics was drawn up. The selection of the key actors came out of discussion with the UNFPA offices in each country. The analytical variables were the perception of Youth Laws, Policies and Programmes and the context in which they were developed; the approach to reproductive rights; civil society participation; youth participation; intergenerational interactions; the integration of national, state and municipal structures; and funding. Two focus groups were held with youth and adolescents to gather young people's perceptions, with eight to twelve members of both sexes, heterogeneous in terms of levels of schooling and participation in youth legislation and sexual and reproductive health topics (young participants in projects, in non-governmental organizations, in youth networks, in municipal youth committees).

In the case of Brazil, emphasis was placed particularly on the dynamics of the hip-hop movement, defined by most of the interviewees and the focus group participants as a great exponent of the political scene in Brazil, found in large cities such as Sao Paulo and Brasilia as well as in the North-east. In Mexico the focus was on indigenous young people, selecting the state of Chiapas and the area of Las Margaritas in Altos de Chiapas, a community of the Tojolobal people. The distinctive component in the case of Nicaragua was the UNFPA initiative, through a municipal association, promoting the creation of Adolescent and Youth Houses in the local space, from a rights perspective, through training in reproductive rights with peer formation and the construction of citizenship. In the case of Peru, the component selected was the community development experience of the Municipality of Villa El Salvador, recognised internationally as a model of self-management and community organization that is already more than 30 years old. In the case of Venezuela, the distinctive component was the youth volunteer movement, proposed as a government programme.

The observations made in the case studies indicate to us that, apart from the differences between the different local contexts analysed, there are several elements in common, centring on a general perception of the low priority that young people have in public agendas, the high dispersion of the programmes and projects aimed at this population sector, and the coexistence of diverse and at times contradictory approaches in the dynamics with which these programmes and projects operate in practice.

CASE STUDY IN BRAZIL

At government level, in-depth interviews were carried out with national public officials: National Youth Secretariat, reporting to the Secretariat General of the Presidency of the Republic; National Council of the Rights of Children and Adolescents; National Adolescent Health Programme, of the Health Ministry; National programme of youth inclusion, PROJOVEM, that comes under the Secretariat General of the Presidency of the Republic, with the participation of the Ministry of Labour, Education Ministry and Ministry of Social Development; Secretariat for

Promotion of Racial Equality, SEPPIR; Municipal officials: Prefecture of Sao Paulo; Municipal Health Secretariat; Adolescent Health Coordination; Ex-coordinator of the youth area of the municipality of Sao Paulo; Citizenship Institute; Youth Commission of the Municipal Chamber of Sao Paulo.

For the civil society, interviews were held with ECOS [Studies on Communication and Sexuality], Sao Paulo; Instituto Papai in Pernambuco; Instituto Promundo in Río de Janeiro; Canto Joven, Río Grande del Norte; National Brazilian "hip hop" movement (MHHOB), a women's graffiti group, Graffiteras BR; nucleus of youth: Cultura Hip Hop, REDEH, Human Development Network, and CENIMA - Communication, Education, Information and network.

The youth and adolescents interviewed in focus groups belong to hip-hop groups, youth groups of the Geracao XXI project, Geledes and the youth group Fuerza y Acción de Icarí, of ECOS.

The Context

The most recent estimates indicate that there are 34 million young people (15-24 years of age) in Brazil, equivalent to nearly 20% of the population. 17 million of these do not go to school and 1,200,000 are illiterate, the majority (70%) of whom live in the North-east of Brazil where 73% of the youth population is black. The majority of young people live in urban areas of the great regions of Brazil and this trend has been increasing since 1980, with 78.4% of the youth population living in urban areas in 1996.

There are no significant differences between men and women in the sex composition of young Brazilians, with 100 young women for every 99 men, according to the masculinity index. There is, however, a higher proportion of female young people living in urban areas than of males. In 1991 the percentage of white young people was 49.2% and black 50.5%. The trend shows an increase in the proportion of black race young people to white young people. As from 1991, black young people represent more than 50% of the youth population, and the trend is rising.

In Brazil, adolescent pregnancy (15-19 years of age) has been growing, going against the general trend of a reduction in fertility rates. The National Demographics and Health Survey (PDNS) made in 1996 showed that 14% of adolescent women had at least one child and that the poorest young women had more children than those of better socio-economic status. In the 1990-1995 period, the adolescent (age 15-19) fertility rate was 41 per thousand and in 1998 it had risen to 72 per thousand. Of the 3,200,000 live children born in the year 2001, 695 thousand were children of adolescents (age 15-19). The average age of the first union for women is 22.6. 30% of the prison population in Brazil is aged between 18 and 25.

Youth Laws, Policies and Programmes

a) According to Government Officials

The youth officials of the federal government describe the development process of the Youth Secretariat. As from 2003, and mainly in 2004, Brazil underwent a great mobilisation process in its government institutions and civil society in relation to the subject of youth. The Chamber of Deputies created a special commission that promoted hearings in the states. Before the Secretariat of Youth, there were many programmes fragmented between the different ministries, overlapping and without programmes articulated as government policies. They also explained that they do not believe that the creation of the Youth Secretariat ensures the fulfilment of the youth policy, but they do recognise that it is essential for repositioning the theme of youth as a state policy. They believe that the government has the will to do this. According to the interviewees, President Lula himself is trying to have this theme institutionalised so that it becomes a state policy, consolidating a youth culture. They add that for this to be really effective it should involve all levels of society, municipal, state and federal governments, as well as parliament and the civil society.

The interviewees recognise that Projovem, the National Programme of Youth Inclusion, even though it is not yet functioning, seeks to give opportunities to young people who have not finished primary schooling. It has three main axes: education, work and citizenship, which are divided into four modules: Youth and City; Youth and Work; Youth and Media; and Youth and Citizenship. Although it does not have the promotion of reproductive rights as a direct objective, it will be a tool for the empowerment of the most excluded young people. The pupils will work on different projects, and will be able to choose those closest to their interests, and that of sexuality may be one of these.

In the health sector at federal level they see the role of the Secretariat as important for placing discussion of public youth policies on the public agenda in an articulated way, given the demographic importance of the Brazilian youth population. They note that the Secretariat also strengthens the other Ministries working with youth and adolescent policies. However, the officials report that the laws, programmes and policies do not guarantee the reproductive rights of young people. They explain that there is a gap between what the laws say and the health care services offered by the professionals and that the Secretariat is seeking to reduce this lack, but there are difficulties because religion and morals occupy an important space in Brazil.

Officials at municipal level mention the decree of the Municipal Health Secretary (in the year 2004) instituting the right of adolescents to be attended by paediatricians in the basic health care units, but not all the health professionals have access to the norms, laws and guidelines, nor to training on sexuality and rights, since, even though there is no legal impediment to attending youth and adolescents unaccompanied by adults, the actions do not in the end match this in the health services. They explain that *"it is necessary to raise awareness and train the professionals to remove this barrier"*.

b) According to civil society

They report not knowing any law or official programme. Some of the interviewees mention the ProJovem, but say that it does not include reproductive rights or sexual diversity. They explain that the laws, policies and programmes try to guarantee sexual and reproductive health and rights, but in a very disarticulated and fragmented way. They understand that the rights related to issues of gender, race and especially reproductive rights are not included in the documents of the Secretariat for the design of policies. They are doubtful about the continuity of the activity of the Youth Secretariat. They report that there are intentions, but there is no concrete policy in the field of reproductive rights and specify that one of the reasons is the lack of drive in this field from the young people themselves; "*in this area we do not have strong adolescent and youth movements, with a clear policy perspective of what they are looking for in this process*".

In brief, the officials interviewed, in government and in civil society, report that there are intentions, but that these do not lead to concrete policies and programmes. There is no continuity or articulation between the different policies. The only programme recognised by all sectors consulted was the Pro-Jovem, which seems to act more specifically in the area of work and culture, although there is an apparent consensus, debate and articulation to build a framework of reference for discussing reproductive rights.

c) According to young people

The young people do not recognise the existence of youth-specific laws, policies or programmes: "*there's no law*". They report that advocacy was being made from the Health Secretariat to achieve legislation for young people, that there is a handbook in the health stations that is renewed every few years: this seems to be the "*adaptation of a law that says that young people can go to pick up condoms in the health stations, whether they are minors or not*". They are better informed about what is happening at municipal level: "*the Secretariat is renewing the handbook, creating a bill so that the parents don't come to complain, and for young people to take care of themselves, for them to be able to preserve their rights*". They showed themselves sceptical about the activities run from the national government, seeing them as sporadic; they do not see the issue of youth as a state policy. "*They just do propaganda in the carnival, and only talk about using condoms. Carnival is the month for campaigning*". Another group did recognise that information is being transmitted, but felt it is being done in such a way that young people cannot have access to it. They claim that this is not simply a government failure, but a lack of interest, both among young people about being informed, and of the state in informing. They believe that, albeit small, there is some investment in relation to youth.

They state that government actions do not reach young people on the outskirts, who are in worse socio-economic conditions, and so policies should be designed that are directly related with the needs of young people with fewer resources; "*the middle class people who have sex with someone use condoms. But the people in the outskirts don't have a single real to buy a coffee, nor to buy condoms*". They are aware that if the young people on the outskirts do not actively claim their rights, they will get nothing; "*you have to go and knock on the doors of the government. To go and ask them to distribute condoms in the outskirts, to ask the government to do it in the community and in the neighbourhood – that's a person's right*". They say that the government should set up more social projects related to education.

They say that they do not feel supported either by the state, or by the Tutelary Council, or the Prefecture. Although they recognise that there are people within the various levels of government, especially at state or municipal level, who are interested in these issues, they think that the problem lies in the lack of communication. They think there is no possibility of dialogue to transmit the needs they have; "*very difficult to get access to the Prefecture, to reach the Governor to tell him the things we need in our neighbourhood, even if the Governor wants to work and do something*".

REPRODUCTIVE RIGHTS APPROACH

a) According to Government Officials

They feel that in the past two decades there has been an advance in the field of reproductive rights, fundamentally those of women, who are privileged by public policies, but not as regards those of youth and adolescents in general. In the words of one of the women officials: "*when it comes to abortion as an aspect within this field of debate, I don't see any concern about youth apart from the issue of early pregnancy. More as a punitive aspect … what Brazil is doing, at least in the federal government sphere, and reflected in the other government ambits, is to work on a damage reduction policy; for the damage to be as little as possible*". It is recognised that there is a more integrated way of working from the civil society, a more democratic, broader view, than the punitive and risk view of the government sector.

From the youth area of the federal government, they state that they promote rights on the basis of promoting healthy living, in relation to issues of sexuality, drug addiction and the environment, which shows that at least at the level of discourse they conceive the promotion of rights from quite a broad perspective.

In the area of childhood and adolescence they say they do advocacy for human rights, encouraging from federal government level the integration of human rights values in the different policies. But given the urgency of the situation, they use a more risk approach, as is seen in the activity of the sector devoted to fighting the sexual abuse and exploitation of children and adolescents; "*our role has been more one of raising awareness in society to avoid this problem spreading in Brazil, and also acting to reduce the seriousness of this problem nowadays*".

In the area of the municipal government, the risk approach is clear in relation to youth and adolescent health, and great concern about preventing AIDS.

b) According to civil society

The same concern seen among government officials at the absence of the reproductive rights approach in public policies is also found in members of non-governmental agencies of and for young people. They explain that thinking about reproductive rights is a complex exercise when dealing with those linked with youth and adolescents. They report that actions in this field are limited, isolated and disarticulated. They explain that only the members of social movements have a more comprehensive perspective, linked with gender and racial equity and especially reproductive rights. They repeat that these rights are not included in the documents on which the Secretariat bases its design of policies.

They say the federal youth area has no activities linked with sexual and reproductive health and rights of youth and that reproductive rights are not included in youth policies. They state that together with the technical youth sector in the federal area, the Health Ministry is developing a policy on the sexual and reproductive health of youth and adolescents, but they show some uncertainty about its implementation.

Even though they say that there is no policy from the government aimed at rights, it can be seen that great importance is being given to the subject of reproductive rights by the Health Ministry. The Ministry this year chose the subject of reproductive rights as its focus for work with children and adolescents, although in fact, when asked how the reproductive rights of youth and adolescents are exercised, the practices are more linked with risk reduction. Representatives of NGOs of and for young people see an active intention from the Health Ministry to integrate young people in matters concerning health care at a more comprehensive level; "*the Health Ministry is trying to organise itself, calling young people to talk, setting up workshops with them, to form a national comprehensive care plan for youth and adolescents, which includes the issues of sexual and reproductive health, the issue of diversity, etc*". However, they report that this has not yet been translated into concrete facts. Even though these activities are being implemented by the Adolescent Health area, they are not being done by those who work with public youth policies. The Health Ministry strategy is that, based on a framework of reference, norms should be established to indicate what form sexual and reproductive care for youth and adolescents should take. They stress that they are in the final phase of drawing up a national health policy for youth and adolescents, in which the subject of sexual and reproductive health will be placed as a priority axis for action.

One of the representatives of the hip-hop movement made up of young people explains that "*reproductive rights are a right; that is a fact. Now when nobody talks about it, the television doesn't show it, and there are no other cultural manifestations about this subject, how do people find out?*". They see young people functioning more through fear, without awareness of their rights. They explain that young people should be continuously made aware, above all from the media (television, radio, etc.), and this would result in a greater empowerment for young people in order to claim these rights.

The NGOs for young people recognise an incipient intention of young people to introduce the topic of reproductive rights in the discussions taking place within their fields of action, and as an example refer to a young leader of a youth group; "*he got together with a girl from the Catholics (for the Right to Decide) and a boy from Sao Paulo, from the hip-hop movement, to place the discussion more clearly and specifically in the debate on reproductive rights*". They claim that even though the discussions occur in a scattered and disarticulated way, this does not mean that the debate is not on the table. This was also recognised by the representatives of the municipal government, but they clarify that this only happens with the adolescents who are already organised, and these do not represent the majority.

c) According to young people

They recognise reproductive rights as part of human rights, which comprise having dignity, fighting for one's rights and having the right to education and to non-discrimination, to having a job. They explain human rights as the right to go to school, the right of access to health. They explain the link between reproductive rights and human rights as each person having the right to make the choice they prefer about their own sexuality. They also link reproductive rights to the right to treatment, to contraceptive methods in order not to have pregnancy in adolescence, so that it also appears linked with risk prevention.

They state that in Brazil not all the rights are respected, as they feel discriminated, both for the colour of their skin and for having few economic resources; "*in the streets, in the schools, in the buses, they give preferences to whites. In general they are the ones who have money to pay the schools. There is also racism in the labour market*". They add that gender is also another source of discrimination; according to them, women have always had to fight twice as much for their rights, above all sexual and reproductive ones. This discrimination is potentiated in turn when "*the black woman is totally discriminated for being black and for being a woman*". They mention that even though it is usually the man who takes decisions about sexuality in the couple, they know that "*it is a woman's right not to want to have sex without a condom*".

These young people show that they are empowered in the choices they make on their sexuality. One of the groups explains that hip-hop and human rights are connected, because what the hip-hop movement stresses in its different

forms is freedom of expression. This is in addition to all the social projects associated with the movement, most of which are projects related with the empowerment of rights for youth and adolescents.

PARTICIPATION OF THE CIVIL SOCIETY

a) According to Government Officials

At federal level, they feel that society has an important role when it comes to coordinating municipal, state and federal programmes and strategies, to avoid overlaps and gaps; *"in my opinion, only the civil society is in a condition to work for this to happen in practice".* From the National Youth Council, they explain that a channel of dialogue is being opened up with various civil society organizations for them to have representation in the debates on different public youth policies, in dialogue with the trades unions, the Youth Pastoral Care, the Brazilian Youth Organization, and with the Youth Observatories of the Federal Universities of Minas and of Río de Janeiro. They say they have received contributions and reflections from organizations and academics working on a theoretical, conceptual and scientific discussion on youth. As Brazil is such an extended country, it has very varied problems in the different regions making up the country, and so *"they are looking to include bodies that are devoted to a wide variety of issues, but that also include the regional realities of Brazil".* They recognise that the different ethnic groups have different problematics, and so they also want to incorporate within the Council "*indigenous bodies working in the area of indigenous youth; we are looking for ways of working on this diversity".*

They see not only positive aspects in the activities of the civil society in public policies, but also mention the involvement of particular movements, like some religious movements, that can determine a regression in some policies, as they have a strong presence in controlling and monitoring public policies and great influence in various social sectors.

The municipal government officials showed themselves closer to the various civil society bodies, and commented that the Youth Coordination implemented a youth policies forum in the municipality of Sao Paulo last year that would be repeated this year. They perceive the interest of the different organizations in the issue of youth and show themselves quite keen in their work on these subjects. The same members of the municipal government recognised that the *Youth Project* was a non-government space bringing together different sectors concerned about the subject and mobilised others who were not yet related with it. As regards sexual and reproductive health, they see already organised and steady work by various civil society organizations and some are using the available structure both in NGOs and in the Municipal AIDS Programme. They point out very good relationships at municipal level between government activities and those of civil society, to potentiate them on the basis of strategic alliances.

b) According to civil society

They recognise that the scope of government actions is in the end very limited, isolated, unintegrated, which means that this subject ends up in the lap of the different civil society organizations, but that these too find their sphere of action limited. They also stress the need for the youth movements, especially those of women and black young people, to have the possibility of getting support outside the Secretariat.

c) According to young people

They state that they can talk about sexual and reproductive health with various people, but nearly always with members of the family, parents, colleagues and friends. In school they receive no information about it. They comment that their parents have difficulties dealing with their problems. They feel that older people do not understand them as they belong to another generation. According to them, their parents think *"that we are all crazy".* The parents usually relate the children's activities with the indiscriminate use of drugs, and think that they are only into *"having fun"*, and are irresponsible. This shows the preconception that older people have about what it means *"to be young today"*, which hinders the possibility of positive action by young people.

They say that there are adults who are more committed with young people, who understand them more, and are more open because they have more information, a different education, and so they try to understand the attitude of young people and what they say, and tolerate it better. It is remarkable that when making this exception the young people have a classist discourse: they refer to the people that they are able to talk to as middle-class. They say that these can be more understanding because they do not suffer what their own parents suffer every day; *"the middle class don't see it, don't live it, so they are not so afraid and talk more. But those who live in the outskirts are seeing what is happening. It's social question ...the person on the outskirts... has to live with her children... if she doesn't get them out, nobody else does".* The young people explain this lower tolerance from their parents by the socio-economic situation they are going through.

They also describe the attention they receive in the health centres; they comment in both groups that, in order to be given condoms they have to give their names, fill in a form with several questions, sign it, and only then are they given the condoms, with a set number they can collect per month, which according to the boys is six. If they go very often, through different chats with the doctor they can gradually increase the number of condoms they are given. The health centres work with the discretion of the doctor attending. Even though it is permitted to attend minors, a 19 year old girl commented that they did not give her methods of prevention since she is a minor. The young people also do not feel comfortable with the way some doctors treat them, feeling intimidated by them; *"I think that the professionals*

in the health stations should be trained, to learn how to deal with young people because sometimes they look at you as if saying: but are you already having relations, when you are so young?”. There are some young people however who feel happy with the health services and the attention they receive there. The doctors explain how to use the contraceptive methods.

They explain that religion is another subject influencing the community, since the more conservative sectors (both Catholic and Evangelical), including the more religious parents, do not agree with the young people attending health centres, or using condoms; “in the law of the church, you can't have sex if it isn't to procreate, it's a sin”. So instead of understanding sexuality, it is denied. They state that the people who work for the community do not have a real interest in it. They feel that their community is forgotten, that there are young people who are prepared to do many things, but they have no point of reference to encourage them and to recognise the potential they have. They say they have no incentives. The few who are interested do not manage to get through to the young people, but put themselves in a very intellectual position, and make them keep a distance and not take part; “we couldn't debate more freely, it was all very conceptual, you were rather lost asking yourself, what am I going to say?” They explain that those who end up speaking in these workshops are always the same young people who belong to the movement giving the talk, and the others only ask quickly, ashamed of themselves.

As regards the hip-hop movement, the young people explain that it is being more and more accepted in society, and is finding its place. The civil society began by regarding the movement critically on the basis of the US music. It began appearing a lot on TV, with their clothes. So people began to assimilate Brazilian hip-hop with the US variety “because hip-hop was a bit more discriminated before here, and people thought that a person doing hip-hop was someone dirty, penniless, everything but an artist”. Little by little the hip-hop young people are taking their own place in society, in a space they are creating for themselves.

YOUTH PARTICIPATION

a) According to Government Officials

Federal health officials indicate that there is a broad invitation for youth participation; young people are included in the debates on the different approaches, on how to create educational and information material, and participation networks. However, youth and adolescents are not yet actively participating, seeing it as a struggle that they have to fight for them to win a place of their own. They add that adolescents have to be in the space where matters are being dealt with, that they have to discuss with the adults, with their interlocutors, together with the counsellor or the Health Secretary, so that they themselves have the chance of speaking about on what and how it is necessary to move ahead. They see that young people have demands that must

be recognised; “we want adolescents to have a space within the Ministry, with meetings twice a year, where they can come, discuss and assess what has been done during the year”.

From the federal government area of childhood and adolescence, they do not see a very active participation by the adolescents, although, according to the interviewees, their integration is being advocated within the National Council for Childhood and Adolescence. From the local government, they comment that attempts were made to organise a dialogue group with organised youth groups that were working in the municipality of Sao Paulo, some coming from the health field, and linked to sexual and reproductive health, and to NGOs that were working either with sexual education or with AIDS prevention. But in the end the perception of the interviewees is that young people only come into view of youth leadership when the adult groups believe they should do so. And they make it clear that it is not easy for youth and adolescents to appear before society as valid actors.

All the sectors stress that the hip-hop movement is a very particular space for young people who have no established institutional environment. From the federal government health area, they note that it is a very important movement that will be present in the National Youth Council, because it brings together the representation of many young people, mainly from the periphery of urban centres. Some groups define it as a movement, others as a culture. Those who argue that it is a movement, define it by its militancy, the fight against inequality, racism and capitalism. It is spoken of as a movement because it has many different forms of expression. They add that it cannot be transformed into an NGO because it must not be set any kind of restriction by the organizations. Those who define it as a “cultural movement” do so because it is matter of “passing information through art, poetry, and dance”. Hip-hop is a culture that was originally created on the periphery and is made up of four elements: rap (music), dance (break), graffiti (art) and the disc-jockey who plays the music and creates the cultural setting in the peripheral areas of the large cities. Some members of the movement say that the fifth element is awareness-raising, militancy and the movement. Some groups in the movement define themselves as anti-capitalist, anti-machista, anti-racist, and feel that they are struggling against a system which fundamentally oppresses the poor and the black.

b) According to civil society

They remark that there is limited participation from the youth and adolescent movements, with a clear political perspective, in the discussion processes on population policies and the social control of policies and programmes, especially when compared with the women's movements. According to the interviewees, young people do not have the same strength and organization. They recognise that young people are usually underestimated, with adults thinking that

they are not ready to occupy spaces. They remark that they are usually seen from a paternalistic point of view, as if young people did not have the will to take part, defining for them the way of doing so. They note that *"young people are ready to enter into this adult world, and it seems that the adult world is not ready to listen to them"*. The change can occur with the decision of one of the parts involved. Another situation they note is that those who speak in the different meetings are those who are linked with the political parties, who, they say, do not speak on the basis of their demands as young people, but on the basis of party political demands, which are directly related with the adult world. The young people begin to reproduce an adult discourse; *"they are saying that being a youth consists purely in "having fun", it's not having children"*, which is a projection of an adult subjectivity: the young people take on the adult view as true and reproduce it in their practices.

They perceive in a similar way the demand from young people for their own space for those who are not political militants, a space in the building of public policies, to really make a plural and democratic policy that is able to meet the requirements of young people who are not formed within the party political militancy; *"our effort is also to give technical training so that they are informed and capable of interacting in the spaces in a more horizontal way"*. They likewise note that there is a demand from young people for the creation of a Youth Statute. There are groups of young people who meet every two weeks to draw up a statute for young people that includes among other topics, sexuality, which is ignored in the Statute on the Child and Adolescent. This initiative is taking place in various areas of Brazil.

They see that young people *"are a public that many are looking at"*, but add that they are not taking part in the processes as subjects. The conditions do not exist for a genuine representation of youth and adolescents in the taking of decisions that affect them directly, and especially those who are doing more localised activities and need more support, both in the field of party politics and in the more traditional organizations and movements like those of women. Young people cannot, of their own accord, enter actively in public policy decision-making spaces; the agencies have to recognise them as legitimate interlocutors and validate them institutionally.

They define the hip-hop movement as a great exponent of the political scene in Brazil, found in the big cities such as Sao Paulo or Brasilia as well as in the North-east. It has great strength because, as well as grouping young people who were totally excluded from the social stage, it also manages to provoke a serious discussion around juvenile participation, and importantly the inclusion of black youth. They explain that the activities are very organised: they hold forums, conferences and seminars on very diverse topics as well as culture. They particularly note one very interesting aspect, the oral dissemination of their activities, from person to person, or through different information networks such as Internet. They are moving into community radio, using

modern technology, making CDs, pirate discs *"and gather 4,000 young people in a public space with no resources at all, to discuss issues"*. The education sector and various sectors of the adult world are looking at its great influence and seeing that they have to pay close attention to this youth movement.

They comment that there is also an incipient debate on the topic of gender within the movement, that not many women leaders are seen in hip-hop and there is a struggle for this space which is just starting. They mention that, although the lyrics speak a lot about social exclusion, violence and crimes and the situation of social inequity in the favelas, they have started to refer not only to structural violence, in their slums, from the police and the traffickers, but also to violence against women and the problem of abortion. This topic has begun to enter the agenda, not of all, but of some of the groups in the movement. Even though some hip-hop groups define themselves as anti-machistas, the women in the movement recognise that it is difficult to get into it, and a young woman member spoke about the Graffiteras BR movement that grew out of the need of the women to empower themselves, *"because, since graffiti is a street art, that involves jumping walls, getting out on the street with paint and all, we had a lot of difficulty getting in"*. This group is trying to talk about the reproductive rights of young women, so that bit by bit they get into the discussion, and so the different points of view are taken into account. They commented about one fraction of the hip-hop group that is very involved with the subject of reproductive rights, above all in Río de Janeiro, Belo Horizonte, Sao Paulo and Brasilia.

They see the movement as a very important non-party political force, mainly because hip-hop is an expression that grew out of the most excluded classes and puts some topics on the table that are forgotten by most of the party political groups; *"hip-hop is a culture that in its essence, at least here in Brazil, already has a profile of denunciation and of informing other people"*. There are hip-hop organizations that are taking part in politics. They named several organizations, including: the Organised Hip-Hop Movement of Brazil (MHOB), the Frente Brasilero del hip-hop, Nación hip-hop from Río Grande do Sul, Intercambiando ideas, Enraizados, among others. Their members *"are people who identify themselves with an ideology and come together in their way of working and form an organization"*. They do not like to call these NGOs, but call them *"POSES"*, and the young people meet here to discuss a variety of matters. These all have essentially one point in common, which is social affairs, although they have different methodologies. But within the hip-hop movement there is not one single trend. There is also the hip-hop that defends drugs, or which is homophobic or racist. The young people themselves are trying to reverse this trend. Most hip-hoppers are between 19 and 25 and, as the most respected members told us, they begin around age 17 and there are almost none over 35, showing that it is an almost exclusively youth movement.

They explain that the hip-hop movement is taking over youth spaces which up to now were monopolised by party political groups; "*historically, the party movement ended up occupying a space and legitimising activities as candidates and speaking in the name of youth as if youth were not plural, and through the microphone that they have…in the symbolic sense, the space*". The hip-hop movement began to question this centralisation in an organised way and started to create alternative spaces, bringing together all the young people who did not agree with this way of doing politics, of political and ideological dispute; "*to the extent that the people of the party have this power of putting down on paper the ideas of a group as a whole, that is a manipulation of people's words*". The interviewees say that the hip-hop movement was the only movement that denounced the issue and openly de-legitimised the activity of the party young people, and so a struggle began in order to create a space where all the youth sectors could be really represented. According to the interviewees, this is a revolutionary form of organization, because they are speaking, giving their opinions, raising different issues, like that of creating their own terrain with their own rhythm, lyrics of their own music, their own language, in fact, their own culture: "*there is no adult person to tell them: look, you have to do this*".

They recognise that the government and the different parties are not ready for genuine youth empowerment; "*young people speak and use their discourse, what young people said is not a priority for the parties, or the government. So they pretend they don't understand*", and this is used, according to the interviewees, to delegitimise the discourse of youth if this does not match the interests of those who have and carry on wanting to have the power. Thus we can see that the hip-hop movement is a particular form of creating alternative power, today in the hands of young people, and close attention should be paid to this as a form of empowerment from youth and for youth.

c) According to young people

One of the groups mentions an annual action plan that they share with an NGO. The idea is for the young people to take responsibility for monitoring the indices of people with AIDS in their neighbourhood, in the municipality of Sao Paulo. They have to go to the Prefecture, to the Secretariat of State and check, see that there are condoms, that the young people are well attended in the health posts. This is a job of social monitoring, with meetings with the Prefect, to see if the medicines are being offered, if they are in stock or if they are lacking. This kind of work shows a high level of empowerment of youth. They see and feel themselves as subjects and not objects of policies.

Another of the groups talks about the different educational courses they have been given, on races, sexuality, reducing adolescent pregnancy, among others. In this group the young people show themselves to have been more objects of policies than subjects, but they recognise that it is important for them to have a project that has a

structure, with a coordinator, and be able to help other communities. They want to have something to tell, they want to participate. They note that one problem with voluntary work is that there are many boys who have to work and do not have time for this kind of activities. Although the young people recognise that they learn in the group, they know that particularly the young people from the outskirts need to earn money to keep themselves and help their families.

They feel that young people in general are not concerned about their reproductive rights. They think there is a general lack of concern, that they usually think that nothing can happen to them, until it happens. This worries many of the boys interviewed, as they believe this is the reason why the young people do not take care of themselves and do not want to use condoms. They remark that young people do not want to know. According to them, this is the behaviour of the young men. The boys in the focus groups note that those are the ones who do not want to use condoms, and that they urge the women not to use them and then to take the morning-after pill. This could lead to some diseases for the young women if they take these regularly, and they do not prevent STDs. The young women explain that for this not to happen, it is very important for the girls to be empowered with their rights and "*not think like: "later I'll take the pill and it's all OK*". The young people think that they have to have a continuous relationship with the mass media, so that these can work on sexuality, reproductive rights, in relation to what is happening in their own neighbourhoods. The idea is to show what they want to change, so that everyone can see what is happening with them, and can help them when they need it.

ARTICULATION OF NATIONAL, STATE AND MUNICIPAL STRUCTURES

a) According to Government Officials

From the federal government, it was noted that executing the policies is very complex because Brazil has a huge territory that makes it difficult to integrate the different federal, state and municipal structures. From the Secretariat of Childhood and Adolescence, they remark that Brazil is currently moving towards decentralising public policies and add that most of the policies related with childhood and adolescence are made by the municipalities. They express the need for integrating all the municipal, state and federal policies to avoid overlapping and gaps, and they think that action by society as a whole is essential for this. In the health sector of the federal government, they talk about the Single Health System (SUS), which is a decentralised system in which the various responsibilities of the three levels of government, national, state and municipal, are well differentiated. They indicated that the Ministry, together with the state health secretariats, decides criteria for the functioning of the health centres, although they note that there are municipalities, like those in the

capital cities, that offer different kinds of services: medical service, basic, primary, secondary, tertiary and high complexity care, and there are others that offer only basic care. The Ministry sets the standards and the municipality has to comply with these. Access to contraceptive methods is within the national policy on reproductive rights, and the municipal health centres should replicate this, but this does not always happen and each municipality uses its own discretion; *"to give you an idea, there is one quite large municipality here that prohibited contraception"*. For this reason, the Health Ministry has been working hard on advocacy for the municipalities to adapt themselves to the directives suggested by the Ministry.

From the Youth Secretariat of the federal government, they note that the municipalities have to be encouraged so that each local government creates spaces for youth that have consultancy and coordination of activities, and also to build councils at local level to foster dialogue between civil society and local governments. They add that it is precisely the role of the Secretariat to try to develop and encourage these programmes, as in the case of the Pro-Jovem project, which was designed in collaboration between the federal government and the municipal prefectures. The federal government provides the funds, and the obligation of the municipality in return is to provide the physical space. In the health area of municipal government, they state that there is a link-up with the national-level programmes and actions of the Health Ministry, but they recognise that the priority being given to the youth sector by the federal government has not yet reached the municipalities, as a result of a party dispute between the federal government and municipal government; "there is a *Youth Secretariat in the State, and we are trying to hold conversations on health topics, but there are lots of difficulties, and they are not happy when we speak on behalf of the federal government in the state, because they are different parties and cannot appreciate what the other is doing"*.

FUNDING

a) According to Government Officials

From the federal government childhood and adolescence area, they say that they have cooperation with various international agencies, such as UNFPA and UNESCO. In some specific policies, they work with organizations that work directly on certain topics, such as UNICEF and USAID. International cooperation is working especially on fighting sexual abuse and exploitation, on the problems of violence among adolescents in conflict with the law, in the sector of family and community life, and in care in educational centres for adolescents in conflict. UNESCO has a more general activity within Secretariat actions. They also have an alliance with UNICEF, but which does not involve funding; it is for consultancy and the articulation of these policies.

From the youth area, they note that their *ProJovem* project has a budget of 311 billion reales. They declare that

their hope is that the Secretariat will be able to have its own budget. And they remark that there is a programme determining this, but that there is no way of executing it. They stress that UNESCO is actively cooperating with the federal government on youth topics. With UNFPA, they are working in three broad fields: population in development, gender and race. From the local government health sector we were told that adolescent health is a very traditional field in the health area, but that they think that the challenge is to change the approach and the way of working with the subject of adolescence, and to guarantee a specific budget. Although they exist as a sector, they have never had a budget; "*we were able to form policy as long as we did not financially damage the Secretariat"*. As far as we could find out, the various areas related with adolescence and youth have no budget of their own. Although there is active cooperation from the international cooperation agencies, the sectors depend on their guidelines or on some extraordinary budget item for any particular project, which hampers the working of these areas.

c) According to young people

They report that there is no fixed funding and stress that they need the support of business people, NGOs, people who understand that they want to change. They feel that if other young people with more resources managed it, they can manage it too. They are keen to do things, they have projects, and for there to be a willingness in different sectors to debate their projects, they believe that they have to go to the communications media and ask different sectors of the civil society to go and see their situation, in order to visualise it.

FAVOURABLE AND CONSTRAINING FACTORS

a) According to Government Officials

The area of childhood and adolescence recognises that even though in society today there are still *"very firm prejudices and a very strong traditionalist resistance"*, things are being done in practice. They mention as one obstacle the advance of HIV contagion, above all in female adolescents, which they see as a new situation for Brazil, and they consider that actions are not being taken with the speed and determination that the seriousness of the case requires. Another concern arising from the municipal government is that despite there being a whole movement in Brazil linked with youth policies, seen in the creation of the National Youth Secretariat and in the existence of an Adolescent and Youth Health sector within the Health Ministry, these two bodies do not speak to each other, and this can lead to policy overlapping and gaps.

b) According to civil society

They report that there has been progress about policies on youth and adolescents, such as in the creation of the Adolescent and Youth Health Area. Even though they think that these attempts are still rather timid, they feel that

progress is being made and that as there are people in the area of legislation making this kind of analysis, they recognise that there is an initiative for this discussion. The Women's Policy Secretariat is trying to understand the issue of adolescence, bringing the subject of adolescence for itself in the Women's Secretariat, which has been very closed towards these topics; in fact, adolescence was in a field quite separated from the field of women, despite the efforts made in the feminist network to integrate the topic of women within the age range from ten to the old age.

They express concern about the persistence of the ABC policy in relation to the sexual and reproductive health of youth and adolescents; they say that abstinence propaganda is still well-established, and this is directly related with the more conservative sectors that influence public opinion. They also state that on the other hand there is quite a strong movement fighting to implement sexual education from ages 10 to 14: *we are in the midst of two issues and the denial of sexuality is very strong.* The same topic is mentioned by the NGOs for young people, in relation to the power of the religious sectors, which they feel is still very strong, and these also have the financial resources to communicate their ideas through the mass media, and to fund political actors.

c) According to young people

The young people recommend the various young people from other countries to use condoms. And to fight for their dignity and their rights. They talk about their experience in community work; each youth must have lived it in a different way. They feel it was a very important experience, because many in their families have had no guidance, no space to empower themselves in their reproductive rights. Taking part in these workshops, they have discovered many things about diseases and contraceptive methods; *"it was very important for me, as I received none of this guidance at home".* They explain that there should be more discussion, debates, information in Internet, because society does not know of the existence of the different NGOs and they note that few people have access to this information, and the mass media could be very good for multiplying the efforts these bodies are making.

CASE STUDY IN MEXICO

In depth interviews were made at government level with officials of the Mexican Youth Institute, the Federal Health Secretariat, the State Population Council of Chiapas (COESPO), the Mexican Social Security Institute (IMSS), specifically from the Comprehensive Adolescent Care Model in the Rural Environment and from the Rural Adolescent Care Centres (CARA) of the Comitán area in the State of Chiapas, and of the National Commission for the Development of Indigenous Peoples (CDI). From the civil society, interviews were held with the NGOs in Chiapas, in San Cristóbal de las Casas and Comitán: Ecosur (Colegio de la

Frontera Sur); ACAS. AC (Health Guidance, Assistance and Training) and the Comitán Health Research Centre (CISC)

The adolescents interviewed belong to the Tojolobal tribe and at the time of the study were taking part in the validation of radio clips about sexual and reproductive health and rights, in the context of a COESPO/UNFPA/IMSS project that generated a campaign named *from words to deeds – the way to our rights.* Three focus groups were held during this event in Tojolobal language in the Municipality of Las Margaritas, in the State of Chiapas. The qualitative analysis was made with the help of translators belonging to this tribe. It should be mentioned that in the analysis and in function of the material collected, it was necessary to resort to material published by the various institutions included in the interview agenda, and especially the IMSS Solidaridad, where it was not possible to do in-depth interviews at national level, but we did have access to a good quantity of documentation.

THE CONTEXT

In Mexico, the adolescent and youth population has increased considerably as from the second half of the twentieth century. According to the 2000 census, there are 29.7 million youth and adolescents (20.7 million adolescents between 10 and 19 years of age; 9 million young people from 20 to 24 years of age) equivalent to 21.3% of the whole population. In percentage terms, there has been little variation in the past half century, going from 22.23% of the population in 1950 to 25% in 1980 and 21.26% in 2000. However, the increase in absolute terms has been of almost 250%. This means that while in 1950 there were around 8 million youth and adolescents, by the year 2000 there were already nearly 30 million (70% adolescents and 30% young people).

97% of adolescents in Mexico can read and write. The general population has increased its level of education and there is no gap between men and women, except among indigenous adolescents where the illiteracy rate can reach 9% among women. Only 53% of the population under 19 attends school. 95% of 10 year-old children attend, but only 17% of those over 15. By the time adolescents are aged 19, 89% of them have dropped out, without completing secondary school. According to the National Youth Survey 2000, 39% of young people have no job and 54% of those of studying age do not do so.

The average age of initiating sexual activity is 15.4, in the rural area 13.8 and in urban areas 16.7. There is also a direct correlation between level of schooling and age of initiation of sexual activity. In general, the use of contraceptive methods has increased to 22% or more, but the figures are lower among youth and adolescents. With great differences between rural and urban areas, unsatisfied demand in urban areas is up to 8% and in rural areas up to 22.2%.

It is estimated that in the 2000 the country had nearly 366,000 births to mothers under 19 years of age, which is 17%

of total births and a specific fertility rate of 70.1 per thousand women in that age group. Even though the number of births has dropped in the past 6 years by a little more than 10%, the prevention of unplanned pregnancy in adolescents is still a priority challenge in reproductive health. In addition, unsatisfied demand among women in unions between ages 15 and 19 is the highest of all the age groups and is more than twice the estimated value for the rest of the women. The fertility of women from 15 to 19 has fallen in Mexico since the seventies. The proportion of those having at least one child dropped from a little above one in seven in 1975 to one in twelve in 1990 and to one in fourteen in 1999. In 1975, adolescent women recorded a fertility rate of 130 births per thousand women, falling to 81 in 1995, and to 72 per thousand in 1999. Nevertheless, the speed of the fall in fertility in this group has not been as fast as in the other age segments. For this reason, its contribution to the overall fertility rate has been increasing, from 11.1 per cent in 1975 to 14.5 in 1999.

There are about 63 indigenous groups in Mexico, totalling more than 12 million inhabitants. These groups are concentrated mainly in the states of Oaxaca, Veracruz, Chiapas, Puebla, Yucatán, Hidalgo, México, Guerrero, San Luis Potosí, Michoacán and Sonora. These eleven states contain 87% of the total indigenous population of the country. In 15 federal entities there are 531 municipalities containing 40% or more of indigenous population, where the highest indices of marginalisation are found. The indigenous population live in markedly more precarious conditions than the rest of society, and their marginalisation is still seen in dramatic figures: 259 of the 871 municipalities considered indigenous are qualified as of very high marginalisation (VHM) and 363 as of high marginalisation (HM), i.e. 80.4% of the total.[1]

Cultural factors have to be kept in mind, so it is necessary to go into each tribe's world view and perceptions about sexuality, reproduction, adolescence, rights, children and the women's role. IMSS Solidaridad deals with health care in the rural zones with pre-eminently indigenous population. They have researched and drawn up programmes especially for the adolescent population. The CARA centres are spaces created especially for them, that they can feel as their own. The youth team activities take place there, run by animators who are adolescents trained in aspects of sexual and reproductive health and rights, supporting and collaborating with the health team and being peer trainers. In 1999, the adolescent population was 24% of the population covered, meaning 2.6 million peasants and indigenous people. An IMSS Solidaridad study on sexual and reproductive health in some tribes (among them the Tzeltal of Altos de Chiapas, in the municipality of San Juan Cancuc)

reveals that 15 and 16 year-old young people already have wives and some already have children. Motherhood is an event looked forward to among women, giving them the status of adults.

The problems of greatest backwardness are found in rural areas, in indigenous communities and in the marginal urban areas of large cities: "*regional inequalities, measured particularly in terms of more or less rurality or urbanisation, establish that a child born in Chiapas has 50% of the chances of reaching one year of age compared with a child born in the Federal District or in Nuevo León. The risk of maternal death is 40% higher in rural than in urban areas and malnutrition is two and half times higher in rural contexts.*"[2]

As an example: (i) the percentage of users of contraceptive methods is less than 10% in the municipalities with 40% or more of indigenous population; (ii) an indigenous woman's risk of dying during pregnancy, childbirth or postpartum is almost three times higher than that of a non-indigenous woman; (iii) in 1997, the states with the greatest unsatisfied demand were Guerrero (25.8%), Oaxaca (21.2%), Chiapas (20.8%), Puebla (19.5%) and Guanajuato (19%). "*The sexual and reproductive health care of the indigenous population has traditionally been a priority and a goal that has not been fully met. The social backwardness in which these Mexican men and women live is the greatest obstacle to incorporating them quickly into development, with full respect for their customs and traditions. To guarantee the exercise of their reproductive rights they must be provided with reliable and comprehensible information, in their own languages, and links be formed for collaboration with practitioners of traditional medicine and the civil authorities. Achieving the equality of indigenous women is the main challenge facing the programme.*"[3]

It is noteworthy that in the National Commission for the Development of Indigenous Peoples (CDI), an institution with a long history of research and action, there is only one small study, recently started, on indigenous adolescents in the urban context, without data related with adolescence and youth. This may indicate the invisibility of indigenous youth and adolescents within the government system and the inexistence of this population category in the indigenous world view.

As regards the Tojolobal tribe, "*the vast territory of Chiapas is a heterogeneous mosaic resulting from its great geomorphologic, climatic and biotic diversity. The social processes, the population distribution, ethnic plurality and power relations make the territorial aspects more complex.*"[4] The Tojolobal form part of the Maya groups. They call themselves *tojolwinik"otik*, legitimate or true men. They are

1 Zolla C. (2004): Pueblos indígenas y medicina tradicional. Report. Mexico

2 Menéndez E. L: Poblaciones abiertas, seguras y privadas: Cambios, reorientaciones y permanencias en el sector salud mexicano. CIESAS.

3 Programa de Acción de Salud Reproductiva. 2001-2006.

4 IMJ (2001) Jóvenes Mexicanos, Encuesta Nacional de Juventud 2000, Chiapas, P. 13.

known by the name of the language they speak: Tojolobal, which comes from the roots tojol: legitimate and ab"al: word. The Tojolobal live in the state of Chiapas, mainly in the municipality of Las Margaritas. Practically all the Tojolobal communities have a public primary school, some have CDI hostels and several of them have electricity, a radio system, drinking water or wells. Some localities have health clinics run by the IMSS or the Health Secretariat which, in general, are lacking resources.

Tojolobal is one of the Maya languages. The monolingual Tojolobal population is small, since nearly all have received some kind of instruction in Spanish. The mother tongue is dominant in domestic, intra- and inter-family affairs, although for those who aspire to positions of authority in the community, a more or less fluent command of Spanish is indispensable. For the Tojolobal, the relationship between health and illness is associated with maintaining the balance of the forces of nature. When this is broken, there are mechanisms for restoring it and community specialists responsible for this. It is believed that the local folk-doctors have an animal companion and the gift of healing. Among these are the *ajnanum* or herbalist, the *pitachik"* or pulse-reader and the *me"xep* or midwife.

Daily life is structured around extended family groups. While the mother is the domestic authority and guardian of the traditional values, the father is the primary authority in front of the family and facing the community. The family structure is also strengthened with the cult of deceased relatives. The organization of the community, however, seems to be quite loose. Nowadays, the authorities and significant posts in each colony are limited to those of local headman, municipal agent, president of the church and their respective aides.

Work is done in three dimensions. They work with milpa, i.e. Mother Earth; they work with the sacred beings, who are our Mothers and Fathers, coming from the Catholic religion or from the *Custom* (of the Maya tradition), and they work with the community (the political or government work). The three dimensions: economic (milpa), religious (sacred beings) and political (the community), are interwoven, because working the milpa, which is economic, one is working also our Mother Earth, which is in the religious realm and requires a community organization, policies, government, and authority. The primary economic activity is agriculture. The work of governing is done under the control of the community *we*. Governors do not have a higher status than the governed, but quite the reverse. They work like everyone else, and are also subordinate to the decisions taken by the governed.[5]

Community life is reflected in economic activities and rituals. Thus, as well as the obligatory communal killing of animals, there is the *huélanle,* the loan of grain in times of shortage, and the *k"otak"in*, the sacrifice of an injured, incurable beef animal which is cut up and sold in the community to help the owner to make up for the loss. Community assemblies decide on local matters and decisions there are taken by consensus. Occasions of inter-community contact are very few: the Sunday market in Las Margaritas, the feast of the patron of the municipality, the pilgrimages, and barter times. Communal cohesion has recently been under threat from the divisionist work of the political parties and the cult of individualism fostered by the new churches and sects that have proliferated rapidly in the area.

"*Being young in Chiapas is undeniably connected with a sociocultural environment permeated with the idea of ethnicity, understood as the internal process of building cultural identities*.[6] A core concept in the Tojolobal[7] thinking is the notion of a *we*, referring to the community as a whole and not to a group in particular, nor an individual. *On the one hand it is communitarian and, on the other, it has a profound impact on the behaviour of each of its components. The we predominates not only in speech, but also in life, in acting, in the way of being of the people; …the we seems to be a great leveller…,* so it has to be considered what meaning it has to think of youth as a separate sector within this meaning of community. If the community works and thinks as a whole (the *we*), what room is there for the youth / adolescent sub-community, and it also has to be asked if it can be thought of in this way.

This is a limitation to the study, because of our dependence on a particular, western sociocultural context, with a specific world-view and perception of human rights and reproductive rights in particular, to which is added the limiting barrier of the language which also acquires importance (as intra-family affairs are spoken of in Tojolobal). One of the questions asked of the young people, in relation to the radio clips with rock music in Tojolobal, was if they enjoyed listening to it and all agreed enthusiastically, that it was the first song of modern music in their language.

YOUTH LAWS, POLICIES AND PROGRAMMES

a) According to Government Officials

Those interviewed in the youth area explain that there is not properly speaking a legislation on youth at federal level, but only a law emerging from the National Congress creating the Mexican Institute of Youth. They note that although its enactment by the legislative power gives it greater institutional status, political will is required to give it more space and budget.

With the regard to the genesis of this Law, they report that the Mexican Institute of Youth has existed since 1950

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5 http://www.ezln.org/revistachiapas/No7/ch7entrevista.html
6 Idem 1 P. 16
7 In this point we follow the ideas of Carlos Lenkersdorf in his book Cosmovisión Maya.

and in the federal area "*it was a highly important institution, with a huge budget, with very great influence in the states, in every state, which does not happen now*". In 1976 a National Council for Youth Development was created, which was innovative at that time, with a Governing Board with various areas of government taking part, which opened up the topic of youth to many ambits. This council became inactive as from 1988, for political reasons; "*the directors of youth had very close links with party issues, so the last director failed in his political bets and the next president charged the accounts*". It continued until 1994, practically without a budget and annexed to the National Sports Commission. As from 1995, with the new government, there was interest in recovering the lost political space. Forming the youth institute within a legal framework is important for its autonomy from the Executive Branch, and it is no longer dependent on government running, which gives it stability. At the same time, a specialised institution, as our interviewee told us, is the only way for the subject to become significant in the federal and intersector context.

At first the technical team of the Institute was opposed to the Law, wanting a more comprehensive law. Finally an agreement was reached with the legislators between 1995 and 1996 to generate a law that would enable an institution with stability; "*this seemed important to us because experience shows that when there is no institution that specialises in the subject of youth, the subject does not exist*". They thought that formulating a Law on Youth did not guarantee its implementation in public policies, and that if the law on youth was not comprehensive, it would never have an impact on sector policies; "*the youth law did not seem sufficient to us, because the same thing happens as with all the laws, they are secondary laws, and in the end are no use for anything because in practice the basic laws still take precedence: the penal code, civil, labour code, etc.*", like the example of the State of Mexico, where the Law exists but is not used. They mention that at federal level there is a great variety of contradictory laws, and notable differences between some states.

As regards the sexual and reproductive health and rights programmes that existed in the Institute, they say that these have been reduced to the minimum. Most of the work in this field is concentrated in the civil society, which they see as quite good, although it was the Mexican Institute of Youth that was the pioneer and gave importance to reproductive rights in its first stages. They speak of the existence of a National Youth Programme, with a comprehensive approach, which the Institute coordinates. Youth issues had always come under the National Education Programme, but in 2000 they managed to have the programmes separated from the education ones; "*it's a very ambitious programme, because it's a programme which doesn't exist in other places*", in which education, health and work are integrated.

They stress the need to change the view that the institutions have about youth, so that they take interest in the field. For this reason, much of the Mexican Youth Institute's work is devoted to research, with two main processes: one directed at institutions – with research, coordination and evaluation components – aims at fostering inter-institutional articulation; and the second process is of cooperative work with the civil society, with a project-based, organization support programme. There are other programmes too: health and sexuality; addictions; environment; cultural issues; and economic development: self-managed production enterprises; labour exchange; work training.

They point out a successful programme that brings young people together: the interactive centres, with about 120 throughout the country, which use access to technology, Internet and computers as a pretext for articulating municipal, state and national programmes. The original idea was that the young people should take over this space. In some this has been achieved and the young people generate their own activities. This programme has already been evaluated; "*moreover, for the first time we did a study of the impact of this programme on the kids; it worked very well, in some cases it becomes like a second home for the young people*" In terms of their geographical location, these centres are found in the state capitals, but there are others that are in semi-rural areas, where they become the only space "*for getting together, for reflection, for fun and learning for the kids*".

From the government health field, they report the existence of two legal instruments, the Federal Law against Discrimination, and the Federal Law for the Protection of Children and Adolescents. They talk about the problems that occur in adolescent care because the framework of the care is not very clear. The health care services staff do not feel protected by the legislation when providing services to minors, because there are no norms; "*if I am the mother of an adolescent girl who is raped and I come to ask for emergency contraception and you don't give me it, I sue you and I am sure to win, so there is no specific norm for adolescent care*".

They say that the adolescent sexual and reproductive health programme was a proposal of the previous government that received broad participation; "*academics, society in general took part*". The adolescent and indigenous population is a priority according to the agenda of the present government. There is a sexual and reproductive health initiative in indigenous communities from the Health Secretariat, in which priority states have been defined, Chiapas among them, and since 1996 it has been in the awareness-raising and training phase, in which reproductive rights appear as one of the normative aspects. Workshops are provided for the adult population and for institutional and community service providers; and the idea is to form youth brigades with youth and adolescents who have the last two years of primary and the three of secondary schooling.

At state level in the population area, they say that there are no youth laws in the state of Chiapas. Federal policies are replicated by the delegations of the same federal

institutions; the manner of institutionalising it or not is the competency and attribute of each state; *"there is no state legislation on youth at all",* stressing that legislation is no guarantee if it is not accompanied by matching programmes.

The Mexican Institute of Social Security (IMSS) is a federal agency, with a Programme, IMSS Oportunidades, which has worked most with rural and indigenous populations, especially with young people through the Adolescent Rural Care Centres (CARA). These centres are recognised by the interviewees as the programme with the most work with indigenous young people in the rural area. They note that this agency gets through more easily than the health centres because it has a de-medicalised approach. It works with bilingual promoters, which makes the task possible, as there are still many monolingual communities. It uses a reproductive rights approach and works for the empowerment of youth and adolescents *"the IMSS in the health sector shows great concern and gets through to them, using many bilingual promoters, who speak of rights, talking about youth empowerment. I think that in the end this is one of the most successful".* In the State there is a Youth Institute, but it does not work with reproductive rights, but with sports.

Health programme activities within the community are articulated using the approach of interculturality. The bilingual promoters are mostly young people who have had schooling, and they enable the interaction between the community members and the different services, especially health services. In Chiapas and Comitán, specifically, there is no adolescent care programme, there is a sexual and reproductive health care model that has an intercultural component; *"there is a lot of concentration on adolescents, not working on a large scale, but work has been done basically in Puebla, Oaxaca, Guerrero and lately we have been putting it in Chiapas, working with models of interculturality where the traditional service provider intervenes with the official providers or doctors".*

From the National Commission for the Development of Indigenous Peoples (CDI), they note that no specific activities have been undertaken with indigenous youth and adolescents in rural areas, and there is not yet any research about this, although this is beginning to be viewed as an area of interest. They say that they have a project under way on the health houses for indigenous women; *"what we are looking for right now is to work from the public area on the topics of reproductive rights. I have a little project about indigenous urban young people, which is seen in the commission as a new sector. We call them emerging subjects and we don't have activities directed to them – they are like the great absents".* The CDI in an institution with a long history in Mexico and in the world; it replaced the National Indigenist Institute (INI), so it is significant that youth as a group has not been considered as part of its public policies or areas of research.

From COESPO, they say that as a little organization they do not do fieldwork directly, but do projects in coordination with other institutions: the IMSS, NGOs like the Comitán Centre for Health Research (CISC) and ACAS A.C. As regards the institutions of the state of Chiapas that they link up with, the Secretariat for Social Development and the Health Institute; *"we are only a coordination point. The fieldwork with the open population is done through these non-governmental institutions and agencies".*

b) According to civil society

They mention the bill of the State Youth Law that included various topics: education, work, cultural and reproductive rights, juvenile delinquency, and critically relate its origins; *"this deputy was hoping to be the municipal president of Tuxtla. He was known for putting forward many initiatives of laws for vulnerable groups. It was also like his political banner. He has taken up a bill that was quite inefficient, with many gaps in it".* Some sectors question the need for a Youth Law in the state from various angles, as the subject is included in the Constitution; another of the criticisms it has received is that it refers to reproductive rights.

The programmes coordinated with the IMSS Oportunidades and some NGOs are: (i) citizen care of the sexual and reproductive health of young people; the sexual and reproductive health campaign in the migrant population. The Chiapas community has a large percentage of this kind of population, which makes it urgent to have an AIDS and STIs prevention campaign; and (ii) information and participatory communication with a leading role of young people; *"they are working with young Tojolobales. ACAS A.C. and CISC are working on this with our coordination and basically it is the creation of this radio campaign, but shaped from the participation of the young people".* For validating the radio clips, three focus groups were held in the Las Margaritas zone of the Altos de Chiapas, and it gave us the chance to hold two meetings with adolescents in part of this analysis. Talking about the reproductive rights project in information and participatory communication, they say that it is an institutional programme of IMSS Oportunidades. The young people that were selected to work in the focus groups belong to the CARA of different communities, with the attraction that they were young people who were aware of the subjects, and so could contribute more data to the campaign. The objective was to run this pilot experience in the young people's own language, in this case Tojolobal.

The Chiapas Health Secretariat works at the level of workshops in health promotion and health fairs focusing on the rural population. The IMSS Oportunidades programme was mentioned by all the interviewees as the only strategy getting through to the young people, and working from a comprehensive view of adolescent care. From the civil society organizations, they recognise that this is the only health service that indigenous youth and adolescents know; *"this work that the IMSS has managed to do, putting it in the minds of the kids, as a reference point for the kids, is an achievement to learn from".*

There is an important reference to another of the IMSS Oportunidades programmes that gives scholarships to students, to young people in primary and secondary. This is a strategy for postponing marriage by getting them into schooling; "*there are many young people who are aiming at education and come to the city to do the preparation and are then doing university*". This situation is generating a new situation, since the young people do not want to go back to their communities, and are getting inserted into the city. The programme encourages the families for their children to study. These young people go into the city and are culturally distanced from their spaces. It also presents the difficulty of getting work that arises for these young people in the future; "*there is a great migration of young people who are studying here. A whole lot of very cheap private schools have been created and lots of people come to study. So you have a load of "the new indigenous" or of these young migrants who study and stay here*".

In the community of Las Margaritas, where the project is run, apparently only the municipal doctor, who sees health issues at municipal level, understood the situation and helped with the task. As regards the participation of authorities in the municipal area, within the same project, according to ACAS A.C. "*it was impossible to talk with the municipal president. The ones I could talk to were the health people; they see the health issue at municipal level*". And he refers to the difficulty of integrating the municipal authority, especially if this is a traditional authority, which has to guarantee that the rules and norms and customs of the community are followed. It is significant that, given the strength and importance of these, they were not invited or informed, so it will be important to evaluate the impact of the radio clips as soon as they start to be transmitted, because opposition from the authorities could mean their being withdrawn.

They report from the civil society that they have been working on prevention with young people and have had difficulties with the state health institution and with the National Programme of Childhood and Adolescence, and consider that there are no state options for reproductive health for the benefit of young people; "*it has been a constant struggle over whether you touch it or don't touch it. They consider that young people really are a vulnerable group, but as they don't demand health, they are not a priority*". The same interviewee spoke about the adolescent care module that opened in Comitán with the idea of young people having the right to information, to ask for help "*where there is someone who respects me, who doesn't judge me*".

c) According to young people

The Tojolobal young people study and speak Spanish, are socialised in schools and follow the social patterns set by their community. The adolescents know nothing about the existence of legislation, policies and programmes at national or regional level. They only identified the CARA, and some

were members of these centres and were familiar with the subject of sexual and reproductive health and rights; "*the CARA is mainly where we receive courses about sexualities, on subjects about our rights as adolescents*".

As regards institutions in the local context, even though the municipal government does not appear as a known reference point to resort to, and for some this body does not even exist "*there isn't one anywhere*"; on the other hand, the adolescent Tojolobal women mention knowledge of the legal recourse against violence; "*when a man rapes a woman, now they help us to make a statement in the public ministry, to denounce the man who took a woman by force. When these rape things happen, we women can go to report to the police and make a demand because they don't respect our rights*".

There is a recognition of the municipal government areas they can have recourse to. They also explain the existence of other areas outside the community where they can go, like, for example, the school, the Comitán hospital or the clinic. They refer to the opposition of older members of the community to their receiving this information; "*sometimes we ask for information in the clinic but if they don't tell us properly, we can go to the Comitán hospital and sometimes our parents don't like what they tell us. Now they give us advice in school about how we have to take care against sexually transmitted infections*".

REPRODUCTIVE RIGHTS APPROACH

a) According to Government Officials

From the government youth area, they mention the susceptibilities awakened in Mexican society when reproductive rights for adolescents are even mentioned. Because of worries about pressure from the more conservative sectors, the area of the Institute concerned with the subject has been reduced and works silently; "*the law does not consider young people as subjects of rights until they are 18; it is thought to be too delicate to deal with this matter with young people between 12 and 17 years of age*". They state that they focus on the subject from the angle of self-care, giving information for the young people to take their own decisions: "*to let the young people know how to use condoms, what to do with drugs, but in the end they carry on doing it when they want to*". Remarking on the problems the institutions have in focusing on subjects connected with affectivity, they take this as a matter pending for the IMJ. The approach seems more linked with risks than with building citizenship.

In Health, they mention activities run by the NGOs from a rights and interculturality approach, especially in the state of Chiapas and the zone of Comitán, for their sociocultural characteristics. From the government population area, they note the existence in Mexico of a wide range of approaches, from that of risk, held more at government level, to one tackling sexual and reproductive health more comprehensively, especially from the NGOs; "*the approach*

runs from the purely contraceptive to empowering with more comprehensive action the concept of sexual and reproductive health". They are starting to work on the rights approach in strategic alliances, with a view of empowerment, not only of sexual and reproductive health, and for this they have set up the information and participatory communication programme in indigenous communities.

The CARAS programme says it is working from the rights approach, with the active participation of those involved, but the interviewees describe work aimed at preventing risks; "*just in case, we guide them to see that marrying very young implies many risks and brings consequences. They won't have any means of maintaining their families, because they are young*". In a survey on the knowledge and use of contraceptive methods among indigenous adolescents made by this institution between 1996 and 1997, a great lack of knowledge was found among indigenous adolescent girls.

b) According to civil society

They give a critical view of the government services where, they explain, the emphasis is on prevention and the dissemination of contraceptive methods; "*let's prevent problems, prevent them getting pregnant, prevent them catching something, above all, HIV-AIDS, and prevent them dying in the pregnancy, now that they've got pregnant, don't let them die in the birth*". They also present a specific situation of indigenous young people and their culture, where the language plays an important role; "*here it's a matter of handling the terms of the discourse. The word is in the language, but I don't know how far there is an understanding of what is implied by the notion of recognising one's own rights or of recognising the kids' rights*". On the one hand, they are taught about reproductive rights, but in reality these young people and especially the women do not take decisions. All their activities follow the norms of paternal authority or in many cases of the traditional authority of the community; "*something so silly as happened to us - you call a forum of young people to talk about power, to talk about rights, and when you find out how they arrived there it was because a community decision was taken that they were beneficiaries of opportunities, so you go there*".

The cultural peculiarities put an even greater difficulty in current programmes, for the world view of the indigenous peoples; "*why do I have a girl here in front of me, I have a girl sitting in the empowerment workshop and I'm talking about rights, if she arrived here because her father told her that she had to go there or she would be marked as absent and punished*". This explains the complexity that reproductive rights present in working with young indigenous women, given that the young people who start to know their reproductive rights clash with their context; "*there are some kids who are convinced, are affected, but there are others that, well, who knows?*" And she comments, "*we did a workshop, we asked the kids what could be done in*

the communities, what could not be done, because it was going to be criticised by the others: wear trousers, ride a horse, drink Tecate beer, walk about outside your community". They are talking about reproductive rights when not even the minimal freedoms are recognised, such as wearing trousers, or going out of the community for a walk.

c) According to young people

The Tojolobal adolescents interviewed identify their reproductive rights, interpreting them in a comprehensive way, as a tool for the empowerment of daily life, with implications for their future; "*it will be useful to us for our lives and to show what things we are going to do in our lives, how we are reproducing and growing*". In nearly all the comments there is a reference to gender inequity and to the power that men exercise over women, a characteristic that becomes explicit in the context when authority is mentioned. There are repeated references to the future and to life, which seems to mean that the rights approach and knowing about it give a framework for building a life project. They talk about the value of knowing the rights and sexuality; "*in the future we know what this sexuality thing is, how we can protect ourselves, what our rights are so that we can't be tricked so easily*".

Adolescent men and women allot men the responsibility for taking decisions in affective relations between them. Both have the same belief: the man decides on the relationship, not the woman. Even more, the young women ask the men not to "*trick them*", either because they are afraid of their reaction, or because the role they give them and that men give themselves is to take care of the women; "*they trick the girls, leave them pregnant and don't take responsibility. We women don't dare to denounce them because we are afraid they will do something bad to us, and we don't even want to go out of the house because there are very bad men*". The young men are those who do or do not do things; "*the men just take us as a toy. If the woman gets pregnant then they just ignore them*". Pregnancy appears as an immediate consequence of the affective bond and related only with the woman. The man can decide whether to stay with her or not. Following the same logic, the men are the ones who should respect the rights of the women, since the pair bonds occur asymmetrically, where the men decide the rules of the game, and this is accepted as much by men as by women; "*when we men don't use condoms, that is why we catch diseases like syphilis, gonorrhoea, and AIDS*" (said by a boy).

The adolescent women feel that this is a topic of such importance that it can lead to their deaths. Maternal mortality, especially adolescent, in the states with indigenous population, is part of the health agenda and that of women's agencies, both in the government field and in that of civil society, with programmes that are normally well received by the communities and traditional midwives; "*when the men force us to have sexual relations with them even when we say no, they say yes, they don't respect our*

rights. They lead us down an evil path, because we can get ill and even die" (said by a girl).

The boys say that "*the women cannot help their rights because they are afraid, that isn't good"*. The young men see that the women have to lose their fear of claiming their rights to be able to exercise them. Fear in this cultural context is a frequent problem, identified by medical anthropologists and attended by the traditional doctors, also called *panic*, recognised as the cause of various symptoms. It is a disorder that is part of the training in interculturality in health and that especially affects women victims of violence exercised by men.

The boys mention trickery "*when we tell the women we love them and other pretty things, they believe us, and so they end up pregnant, that is our fault"*. But at the same time they see that "*there are women who want to defend their rights, but sometimes they can't"*. The woman's role is that of submission and is recognised as such. On the other hand, the risk approach is found in Tojolobal adolescents of both sexes. They identify marriage and adolescent pregnancy as risks that can lead to them abandoning their studies, to which they give great importance. And they also identify the STIs, and among them AIDS; they show great interest in knowing and learning how to take care of themselves.

PARTICIPATION OF THE CIVIL SOCIETY

a) According to Government Officials

In the youth area, they observe that work with civil society organizations on youth subjects has fallen off greatly, especially in this period of government, due to differences in conceptions and approaches. From the area of the IMSS they point out that they always ask for authorisation from the parents and the authorities to work with young indigenous women; "*they receive it well. We have very few communities that refuse outright. If they say we don't want you to speak to us about sexuality, then we respect that"*. Workshops are also given to parents. Difficulties are mentioned, especially in the Zapatista communities and in those where some churches have a strong influence.

b) According to civil society

The civil society is the most active sector in terms of adolescents, young people and rights, and there are many organizations with a good level of coordination and mutual recognition. It is important to mention that the area of Altos de Chiapas, especially San Cristóbal de las Casas, was an epicentre of the mobilisation and participation of civil society as a whole, provoked by the conflict between the Zapatista National Liberation Army (EZLN) and the Mexican state, with fierce questioning among the Chiapas society about government structures and policies for the vulnerable sectors, as in the case of the indigenous population. A great number of NGOs arose and the civil society took and takes an active part in this process, giving a leading role to these organizations.

They talk of an initiative from the NGOs with the support of the state Secretariat for Social Development, an inter-sector round-table centred on working with young people on addiction and crime prevention. The Women's Institute, the Secretariat for Social Development, Human Development and Sports, the Procurator General, the Procurator of Human Rights and Community Care all took part, and the differences of approaches between the government sectors and the NGOs could be seen. They report that the NGOs have worked together to harmonise the approach based on reproductive rights, trying to speak the same language; "*there have been campaigns to make us speak the same language, to have a clear understanding of the terms"*.

They mention some NGOs in the state: (i) CIFAM in Tuxtla, which is a branch of MEXFAM, doing important work with young people, with self-support groups with young people who have different sexual preferences, highly urban young people in the outskirts of Tuxtla, collaborating in youth meetings and forums; (ii) REDFASI, also in Tuxtla Gutiérrez, are ecologists, and attract many people; (iii) in San Cristóbal, CHILTAC works with young people to set up a youth network for reproductive rights, with other research projects such as one with migrant young people; (iv) COLEM, the collective for women's meetings, also works with young people; (v) Marie Stopes, which is about to open a youth centre, based on the Meeting Points strategy. "*in practice, they are using a bit of the strategy we used in Comitán, allying with the health sector so that the space for offering services is in fact inside the premises of the health centre, as far as possible, with the health centre staff"*.

One of the NGOs questions the legitimacy of acting on the subject of rights, in a place that is very far from the problems of these young people; "*because we want them to be in this way multipliers, leaders, all of a sudden we are transforming them, wanting them to be subjects of rights, we want them to decide, to recognise their own rights, but is this what they really want?"*.

YOUTH PARTICIPATION

a) According to Government Officials

They report that the Youth Council within the IMJ structure is renewed every year with equal numbers of women and men. They mention the lack of any youth organizations and of institutions with influence at decision-making levels. There are a lot of local cultural, but unstructured, organizations that are for young people but not of young people. In Health they report the existence of juvenile brigades with youth participation. In the Population area they mention the specific characteristics of the indigenous communities, in which all activities are subject to the control of the traditional authorities, who on some occasions must be present when they are being run.

They say that the young people are avid for information, despite the social control from their communities; some NGOs have developed activities to work with young people in

their own environments, in school, with forums and focus groups, and draw up effective participation strategies for adolescents in their spaces; *"we are holding workshops with young people so that the dissemination campaigns we run grow out of the lived experience together with rural and indigenous young people, so that they are not designed from here, but in the reflection process with them"*. In the CARA programme of IMSS Oportunidades, they form juvenile teams with a minimum of five members of both sexes between 10 and 19 years of age. The doctors train them on human development, planning and sexuality topics, so that the adolescents become peer trainers; *"it is a proven strategy, training young people for them to answer all the concerns and questions that all the other adolescents have, but based on a document, already with training"*.[8] Some young people are bilingual promoters who collaborate in health activities, and are translators and health promoters in their communities. These are unpaid but obligatory positions, *"they train a promoter, they've been there for 4 years, but the kids say – I can't keep on here, because I need to work, - I can't accept the job, I can't live from this now"*.

b) According to civil society

They mention that youth and adolescents do not take part because there is no sociocultural setting that makes it possible; *"I think there isn't a suitable social environment for the kids to be able to make their contribution"*. Adolescence as such does not exist in many tribes; the child goes on to be an adult, within the community. They report that in San Cristóbal de las Casas, youth spaces are centred on the youth pastoral work of the diocese, with a numerous movement of young members of Antorcha; *"there was recently a youth meeting and there were like 80 of them, and these were just the leaders"*.

They note that some Catholic schools are interested in incorporating the subject of sexuality. ..."*I have just been invited to a youth forum organised by the Marists to talk about reproductive rights,* with *80 or 100 young people from the jungle region"*. They refer to religious sectors that are concerned about the topic, and are starting timidly to deal with it, but having recourse to institutions that have a comprehensive vision. There are some youth and adolescents who they are educating close to their communities, not in the cities, with the aim of sending them trained back to their communities; *"there are more opportunities now for young people who are in the community to do the secondary and now a technical preparatory college has opened in Chenaloa for training agricultural technicians, and nurses; this is very interesting because they are young people who are not leaving for the city, but are still in their areas"*.

They also explain that: (i) The girls who previously left their communities to go into domestic service, are now leaving to study. (ii) There is another group of immigrant young people who are getting caught up in dirty business, in handling drugs. *"and what are they going to do? This is a time-bomb"*. (iii) They talk of the experience about participation and rights held in a workshop within a peer training programme; *"when we analysed how the voting processes had worked, they were a real disappointment: everyone had supported those they got on with best; when one woman stood out, all voted against her so that she wouldn't win"*. (iv) They refer to a problem situation that has been coming up again and again and is surely connected with the new indigenous culture; that of the maras or gangs. This is a phenomenon that has been growing with the building of a new identity outside their communities and the difficulty of getting employment; "*what we in the NGOs haven't got into is all the business of the maras, which is getting stronger and stronger. We have seen the kids – you dress as a mara, you look like a salvatrucho. It's a reference point"*.

ARTICULATION OF NATIONAL, STATE AND MUNICIPAL STRUCTURES

a) According to Government Officials

In the Youth area, they explain that the IMJ is federal and that each state has the autonomy to set up its own Youth Institute, so they try to make the policies from the central level support the proposals of states and municipalities. The Institute brings together information about youth from the international area. The concern is how to make the policies operational towards the interior of the federation; how to incorporate the subject not only in the states but also in other areas of the central government; "*most of the public sector institutions have a discourse that doesn't exactly understand the subject of youth correctly and sees them as having to be controlled, that they have to be trained"*. The Institute is a normative, not an operational body, offering technical support. The programmes are replicated in some states, adding on the programmes that each state generates based on the autonomy mentioned earlier. There are many differences in level between federal bodies. There are state institutes that work very strongly on the subject of reproductive rights while in others the topic practically does not exist, and this is determined by the policy orientation of each state government.

From Health, they point to the complexity of integrating the different levels. There are so many actors that need too many agreements; *"it's like there are areas of power – don't touch mine – because they're afraid of resources being taken from them"*.

At state level, they speak of the link with some areas of government such as the Secretariat for Social Development and the Health Institute. From the local area, they mention the lack of government institutions that take care of these

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8 IMSS "Dinámicas participativas para el trabajo de los equipos de salud con los adolescentes."

topics: *…so it has got started, a little has been done with the Institute for Human Development, which coordinates with the municipal presidency, but it's very little, there's no specific area….*

b) According to civil society

They refer to the different policies operating in the state and the autonomy between nation and state. At local level this is left to the personal interest of whoever runs the services and the final decision depends on the state authorities; "*at national level they are apparently very interested in offering services to young people, I mean those of sexual and reproductive health; and, you know, at state level this interest doesn't exist – young people, what for?".* They mention that in the area of jurisdiction there is an incipient interest but there are no resources. In the border jurisdiction, which Las Margaritas belongs to, they have managed to open adolescent care models in all the Houses of Health, "*but at state level, when they found out, they nearly destroyed the poor jurisdictional house".* On several occasions they repeat the lack of interest for adolescent matters in the area of the Health Secretariat.

They stress that there are no state options in sexual and reproductive health for young people. Young people do not seem to constitute a sector with a clear demand for the health sector or perhaps for any other sector. In the rural area, the lack of demand from the indigenous population has determined the incorporation of interculturality in health, with the participation of doctors, traditional midwives, and bilingual promoters in the health services and with training modules for the human resources of these services. This has required the view of other areas at the central level, such as the CDI and within the Federal Health Secretariat, the Traditional Medicine Department. As regards integration of different areas of government, they explain the rivalry between institutions that do not recognise each other. They say there are programmes fragmented between themselves and all directed at the youth population; "*there is one responsible for HIV, there is one responsible for reproductive health, another for addictions, another for vaccination; all work with young people but they do not communicate, nor do integrated activities".*

FUNDING

a) According to Government Officials

From Youth they say that they have a budget of 160 million pesos, of which 50% is transferred to the states. They feel this is very low and that it allows them to do very little operatively.

b) According to civil society

They mention on the one hand the lack of financial resources from government programmes, and on the other the difficulties to obtain funding for the NGOs; "*for two years we worked with the last amount that came from the*

*Packard Foundation, now we are left uncovered; MacArthur fund*s maternal death prevention among young people; we *know that there is Kelloggs; IPAS is one option for doing things with young people with smaller amounts of finance, and now UNFPA has come".*

FAVOURABLE AND CONSTRAINING FACTORS

a) According to Government Officials

Among the favourable factors they note: (i) a greater awareness of the importance of rights among youth and adolescents; (ii) the Youth institution makes it possible to focus on youth and adolescents; (iii) in 2000, the Youth institution, under the previous administration, organised the first national forum on reproductive rights, which generated an opening up in various fields *"in Tlazcala, at that time despite the difficulty … even though it has always been a polemical subject"*; (iv) the recognition by the NGOs and the government agencies that working with young people is the most effective strategy for achieving an impact on various policies; (v) the participation of the civil society, and towards the rights point of view; (vi) the modernisation process is now established in the rural indigenous world and cannot be stopped; it is a favourable moment to position the subject of reproductive rights among the rural indigenous population, and the intercultural phenomenon is generating a niche of opportunity; *"this is a crucial time when they are not immersed just in community life…"*; (vii) young people's and teachers' need for information: "*…they and their teachers are asking for the information".* The CARA was called in by the teachers; *"we were doing coordination with the teachers and they said to us – hey, doctor – they want us to have meeting, would you like to talk about sexuality, family planning?"*; (viii) in the local area, bit by bit the communities are accepting the subjects of sexual and reproductive health and rights and the young people are demanding care; *"they were very closed, but little by little, now the young people are more awake, and come alone now to ask for a condom or to ask for some counselling"*; (ix) education gives them the chance to know another culture, to exercise their sexuality in a very different way from that of their communities; *"these young people who emigrate, many of them alone, there is this opportunity that they don't have within the indigenous communities, very often they don't have access, or only have access through very concrete campaigns in communication, in languages, because the women get married, because they don't know their rights".*

Among the obstacles they mention: (i) youth topics are not integrated into the national agenda (in the national and the state context the subject of youth is not a priority); (ii) there is no youth representation in the legislature; "*at legislative level too the conditions of youth are very weak. The youth commission should be made up of young legislators";* (iii) the law considers young people as subjects of law from the time they are adults; "*here there is a very strong polemic as to whether you reduce the age on the*

subject of violence, in penal law"; (iv) the prejudices, the lack of information; (v) the lack of specific norms on sexual and reproductive health for adolescent care; "*being a minor does not preclude having access to contraceptive pills, there is no limitation about this, we need a clear legal instrument that says that young people have the right, so that the norm is protected by law*"; (vi) education opens up an opportunity, but also generates expectations that cannot be satisfied; (vii) the sociocultural characteristics with marked differences between rural and urban areas; "*but then when you try in the rural area, or go to the indigenous area, the barriers are amazing*"; (viii) the lack of opportunities and alternatives in the communities drives the young people out; (ix) the incorporation of the young people in urban life and the lack of opportunities can generate links with illicit activities; "*you have young people here in this city and you don't know in the long term what they can do, many get involved in drug-trafficking, the gangs and everything informal*"; (x) in the long term there will be an employment problem; "*they come to the city, postpone the initiation of their reproductive life, what are we going to do with these young people?*"; (xi) it's the authority that maintains the traditions, the role of women and of young people in particular, overriding any decision of the women, who don't decide who to marry, "*there is still the idea that women must have children in the first year, if you don't get married at such and such an age then you are a spinster for ever, nobody will want you…*; (xii) the social stigma caused by breaking with a cultural structure; "*the women who go out, so what are they doing there where nobody is watching them?, where their family isn't with them*"; (xiii) the scepticism of young women about the determinism of the cultural norms that sustain motherhood as a life-project; "*what do you make a life-plan for, why would I want one, if I don't get married and anyway in my house I have to make tortillas, wash the clothes, the options are so limited that in practice the discourse becomes hollow*"; (xiv) the cultural barriers of the rural area and the marked difference with the urban areas, where these subjects are accepted with little resistance; "*but when we see the problems they are having, it's really discouraging, where do they place this discourse, in their imagination, what place do they put it in, because if this is not resolved as I tell her that she can choose, as I tell her that she can choose the husband she wants, that she can decide to have sexual relations when she wants*"; (xv) up to what point does the concept of rights have meaning and value in these communities; "*we have come up against: -well, good, isn't it nice that we have rights! But what do I do with them?; what do I do when my Dad says to me – you may have rights to whatever you want but you are not going to do that because I say so*"; (xvi) what is the concept of adolescent? "*a population not in a union, without active sexual life, not socially recognised, adolescents, I don't see it, it doesn't exist, so it means denying the problem area of youth*"; (xvii) the language barrier, how do we facilitate a process in Spanish? If even though they are bilingual the youth and

adolescents speak every day in their language; these more intimate matters also need to be expressed in their own language; "*if you understand what the others say they are saying, then there is communication; nobody questions, well, but why is there no discussion? You say it and it's enough that you say so; you don't see that interaction, and you suppose it is not happening because you don't see it*"; (xviii) the difficulty persists even when there are translators; "*you don't know if what we are saying is being translated exactly*".

c) According to young people

The adolescents value knowledge about these subjects and mention the impossibility of talking about them with the adult members of their community; "*it isn't easy to talk about these things*", as much for them as for the adults; "*it's a bit difficult, but when we come to these talks then we know*". "*We tell the adults what courses we are getting*". They say that the topics that are important to them also interest the community; "*we can ask for support from the older people, but if they don't tell us properly, we can go to the city for more information*". They identify the possibility of leaving the community to get help, which means a broadening of the endogamous perspective of the community they belong to.

For Tojolobal young people their adult reference points are their parents, and they stress expulsion from the family group as a loss, that can lead to death. This is about the important value of belonging for these young people: *…when as young people we are not wanted in our homes, it's difficult, because they don't give you the rights you deserve, and they don't give you money. If you are grown-up already you can work to eat, but if you don't find work you can die of hunger or get caught up in other bad things….*

Even though for Tojolobal boys and girls, youth or adolescence is not seen as a category within the community, problem areas proper to this generational classification do appear in their discourse; "*when we are 14 or 16 and still in secondary, when our parents discover we are pregnant, they take us out of school and don't give us the chance to study the preparation for university. When they find out who our boyfriend is, they may go and look for him, but as the men never take responsibility for their acts, our parents take charge of us or even they may leave us alone*". Here again the gender inequity appears, presented by the girls; here their fate depends on the men, who are the ones who have to take responsibility and resolve it. There is no shared responsibility. The importance of the space occupied by the indigenous women in these communities appears here and their defencelessness at being left to the decision of the adult men (fathers) and of the young men (partners).

The young people identify adults as the ones who have to guide young people, because they have experience and have lived what is happening to them. There is no generation gap here; the young people nowadays feel they are having the same problems that their parents had in their youth. This is

why they respect and consider adult advice to be valid; *"our elders advise us because they have been through it and we have to pay attention to what they tell us because they know about it".* This is a peculiarity of this cultural context, where the young people value and respect the beliefs and knowledge of the adult world, although there is a contradiction in the characteristic practices of these young people who are receiving external cultural influences, especially through schooling, which their parents do not understand because most of them never went to school and are monolingual; *"when we are studying in the secondary, we chat with a classmate, perhaps about the work we are doing, our parents misinterpret it, and when we get home they tell us off or hit us or can even take us out of school and we suffer for this and it makes us sad".*

Youth and adolescents who are bridging worlds and world-views, through language and formal schooling, feel the cultural distance that they are placed in through access to different knowledge, and identify the need for the community to value this new perspective; *"because sometimes we don't understand the information and we don't have anyone to explain to us properly".*

The Tojolobal adolescents value the information they receive outside the community; it is very important for them; **"***in the communities they should support the young people so that we know how to value the information we are given in other places",* but they also perceive that this information contradicts some values proper to their community, which they must respect; *"in our communities there are many customs that do not match our rights, and there are older people who think it's not right that they should talk to us about what happens with our bodies".* They speak of the difficulty that the elders have in speaking about sexuality, and this leaves them alone, or just with their peers. It is likely that the positive opinion that they have expressed about the CARA centres is also because these spaces have become their own for the youth and adolescents; *"there are some parents who want to advise their children about the things that can happen with their bodies, but they are embarrassed about this, and so they don't give the advice that they should give their children".*

The adolescents are aware that they are going through a special stage, but say that in their communities "[the adults] *don't understand that we are going through a difficult stage in our lives and that is why we don't know what we are doing".* It is possible that this period is not seen in the community as a special time, as this category is new and is part of the cultural mix that is inevitably occurring, and that has not yet even been studied by the specific research contexts on the indigenous peoples, such as the CDI. The young people take part in meetings where they speak about rights, but these are not called by them; *"sometimes there are meetings in our area, they get the young people together*

and we see topics like what are our rights".

It is in the city that the young people find it easier to talk about these matters; "*a group of us young people went to San Cristóbal and they told us what the topics are; if we get together, we talk with the nurses from there".* Some young people are very interested in learning about their rights. Others pick up the discourses of the community, saying that they have to "*take the advice so as to follow a good path and not practice sexual relations because we are not old enough yet".* For some, sexuality does not seem to be a right that young people have; "*at an early age the women get pregnant, and this is because they don't follow the advice of their parents".* And they show that for young people, sexuality, and so the still more fundamental ways of taking care of oneself, are taboo; *"for both men and women, it is embarrassing to ask about condoms".*

CASE STUDY IN NICARAGUA

At national government level, interviews were held with officials of the Secretariat for Youth, from the Human Rights Procurator's Office and the Assistant Procurator's Office for Childhood and Adolescence. Officials from the health sector were not interviewed. At municipal level, interviews were held with officials from the Estelí Mayor's Office, the Municipal Council and advisers, one of whom is in charge of the House of Youth. Since the new municipal authorities were just taking over their offices, the advisers were interviewed.

Interviews were also made with officials from another four organizations: two of these were of young people: the Nicaragua National Youth Council (CNJ) and Puntos de Encuentro [Meeting Points] – a regional NGO – and another two were for young people: AMUNIC - Municipal Association of Nicaragua – and the Desafíos [Challenges] Foundation, of the municipality of Estelí.

The young people were interviewed in focus groups in the Municipality of Estelí, in the Municipal House of Adolescence and Youth (CMAJ), by their coordinator. One of the focus groups consisted of young people aged 14 to 28, participating broadly in the Municipal Council of Adolescence and Youth (CMAJ). The second focus group was made up of 24-year old young people from an international inter-church organization, Vida Joven, which works in 50 countries and for the past 14 years in Nicaragua and 8 years in Estelí.

The Context

The Law for the Promotion of the Comprehensive Development of Youth defines Nicaraguan youth as the population between 18 and 30, divided according to their needs and interests in two age groups: 18 to 24 and 25 to 30. Young people represent 22.8%.[9] 60.2% live in urban areas

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9 Encuesta Nacional del Nivel de Vida (ENNV) 2001.

and 39.8% in rural areas. Adolescents between 10 and 19 are 25%.

46% of the women under 19 were pregnant or had had children; 25% of all births are from adolescent mothers.[10] In 2001 the fertility rate fell to 119/1000.[11] *The sexual and reproductive health of the adolescent population is limited by the low level of basic education, traditional sociocultural factors and the absence of private health services to deal with their overall needs in relation to these aspects, above all bearing in mind the low level of schooling and limited education for sexuality in schools.*[12]

In 1999, the United Nations Fund for International Partnerships (UNFIP) approved a fund administered by UNFPA for adolescent population projects in three countries, including Nicaragua. The UNFPA Office decided to promote the initiative of Adolescent Houses in alliance with AMUNIC (Association of Municipalities of Nicaragua). The strategy creates spaces for participation, learning and youth interchange, where the young people develop capabilities, values and knowledge. The aim of the project was to motivate attitude change through learning about sexual and reproductive health and rights, and other subjects of interest to young people. The project promoted the adolescents' organization, participation, expression and training, establishing governing boards of young people in municipal and neighbourhood environments, working as networks.

Seven municipalities were chosen for implementing the project, based on such indicators as adolescent pregnancy, poverty level, management capacity, among others. The local government provided the physical space for the functioning of the House, and brought together a group of young people to make a diagnosis of the situation of adolescence in the municipality and a working proposal with strategies and goals, with the support of the Municipal Commissions of Childhood and Adolescence. Currently the adolescents are generating sustainability projects and the Houses are nowadays run by the young people themselves. The experience is periodically evaluated to monitor it. AMUNIC, in turn, decided to widen the initiative to all the municipalities of the country.

In Nicaragua, generating the legal framework related to youth was strengthened by the active participation of the young people. The political process that the country has gone through in the past decade, based on community participation, has probably helped civil society, including young people, to produce a broad legislative framework linked with the rights of childhood, adolescence and youth.

YOUTH LAWS, POLICIES AND PROGRAMMES

a) According to Government Officials

Civil society and the government both recognise the

Nicaragua Youth Council (CNJ) not only as the counterpart of the Youth Secretariat (SEJUVE), as is legally stipulated, but also as the main driver of the Youth Law and as the monitor of policies and programmes. The Council, made up of more than 70 civil society organizations at national level, started working in the early ´90s with the aim of formulating a bill for the Youth Law; "*In 1992, in order to unify criteria and the claims of youth, it was necessary to create this space. Consensus at that time was extremely difficult. Party political organizations predominated.*".

Based on the Bill, the Council in 1997 began a consultation and validation process with youth organizations to promote the creation of the Law for the Promotion of the Comprehensive Development of Nicaraguan Youth, in alliance with the Women, Family and Youth Commission of the National Assembly, to promote public policies for youth. "*The CNJ used all its youth strength in order to create local, municipal and departmental groups in which we discussed and validated this legal framework*". Finally in the year 2000, an election year, they managed to get the Chamber of Deputies to pass the Law after a strong advocacy activity "*insistently, every day, sending e-mails, faxes, letters and tackling them individually, promoting meetings with leaders of party groups*". They note the importance of the participation of young people of the political parties, independently of their party: the common purpose was the approval of the Youth Law "*so the young liberals tackled the liberal deputies and the sandinistas tackled their sandinista deputies and the conservatives their conservative deputies*".

The officials at national level emphasise the broad legal framework that the country has: the Code of Childhood and Adolescence and the Law for Promoting the Comprehensive Development of Nicaraguan Youth. They mention that this legal structure supports the policies; "*these two legal instruments are very important bases for generating policies, plans and programmes in this matter*", although they point to the limitation around the subject of reproductive rights, since there is no legislation and/or specific policy; "*in Nicaragua there are no specific laws and public policies on the subject of reproductive rights*". They say that sexuality education is mentioned in both legislations, especially in the Code of Childhood and Adolescence as "*comprehensive, scientific, guiding, suited to the age and degree of maturity; and the law uses the phrase sexual and reproductive health and speaks of young people having the right to access to sexual and reproductive health services and to information related with reproductive rights*".

The interviewees speak of Nicaragua's leadership in the formulation and passing of such policies as: against the sexual exploitation of children and adolescents; the 2001-2012 Plan for childhood and adolescence; against violence against

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10 Encuesta Nacional de Nivel de Vida (ENNV) 2001.
11 ENDESA 2001
12 Casas Municipales de Adolescentes. Sistematización. 2004. AMUNIC. UNFPA. UNFIP.

women, children and adolescents; the national strategy for eradicating child labour, which sees the sexual exploitation of children and adolescents as one of the worst forms of child labour, and details lines of action for combating it; the national education plan; the policy for promoting the comprehensive development of Nicaraguan youth and the action plan for this policy; and the policy and action plan on population and development. All these normative instruments refer to sexuality, education for sexuality and sexual and reproductive health.

b) According to civil society

Party political participation is mentioned repeatedly by the young leaders of the Council that unites the NGOs, and they point out three key points: the political youth groups as articulators between state institutions and civil society, their commitment to the subject of youth and the interest of young people in taking part in politics; *"we are sure that youth representatives of the political parties are the perfect interlocutors between the civil society, governments and the National Assembly; we have the experience of the Youth Law – if it hadn't been for the participation, commitment and influence of young people in the political parties, we would have achieved very little".*

They report that organised young people took on the Law and the spaces it creates, training themselves as youth leaders. Some of them are political party militants and most of them recognise the CNJ as their main task. They consider that the Law *"was an achievement of the CNJ, with its recognition incorporated in Art. 23 as the appropriate instance for Nicaraguan youth. We were young people talking about our own youth law, and that was a great contribution".* The awareness of being the authors of the Law makes them feel protagonists, and this role is recognised by the civil society organizations and government officials.

In the same way as they mention the participation and the consensus generated by the Youth Law, they question the consultative process of the Action Plan of the Youth Policy, which is a thematic and sector programme for the next ten years, including the fields of education, health, employment, participation, culture and sports, prevention and attention to juvenile delinquency. *"The Action Plan has many failings starting from the consultative process. The kids did not take part in determining the axes... there are a lot of people who felt that it was not a consultation process. The methodology had problems, the running of the groups, and the incorporation of the demands, there are many sectors who did not feel identified with it or did not feel that they took part".* They explain this failure on a certain weakness in the leadership both of the young people and of the adults, that led to a weakening of the consultation processes. The space for participation stipulated in the Law is the National Youth Commission, and they do not feel that this space has power to influence the decision-making levels, mentioning the merely formal character of the regular meetings and their ineffectiveness.

There are different views about the policies and programmes: on the one hand it is pointed out there are some for childhood and adolescence but not for youth; *"from the MINSA there is more emphasis on adolescence and childhood".* Another view explains that the main problems of youth are not dealt with: drug addictions, traffic accidents, there are no policies on the prevention of suicide and attention to youth problems; there are on adolescents about sexuality, but not for specific youth groups. Also from civil society they remark that in the health centres there is a programme *"through the youth and adolescents club. But because of the taboo itself, few people go. It's not that they are not friendly, but also from the culture, from timidity",* which sends us back to the idea of the absence of the views of youth and adolescents in the services in which they are protagonists.

The interviewees refer to the local space and to the growing decentralisation process that includes budget allocation *"as from last year, a national budget transfer was obtained for the municipalities, which was 4%. This year we are fighting for it to be 6% or 6.5%",* and pointing out how one of the areas *"where decentralisation is taking place is in education".* MINSA and SEJUVE have decided to set up local Youth Councils and Municipal Youth and Adolescents Houses in strategic alliance with two NGOs, both devoted to municipal subjects.

They say there is a good variety of municipal programmes, noting that local governments, through a municipal association, are very close to the topic of adolescence and youth from a rights perspective. They value the support of UNFPA to these two NGOs, which has enabled them to run pilot projects of adolescent and youth houses in seven municipalities. These municipal volunteer programmes are: education in population and sexuality; STD prevention and care; information to reduce the information gap. Courses are also given on participatory democracy, citizen participation, rule of law, social market economy, which have been conceived from the view of empowerment and citizenship-building. The municipal officials say that, in the framework of the programmes with UNFPA, they are trying to articulate the subjects of sexual and reproductive health run by MINSA and the Commune Movement about community participation, as a way of creating a new political culture among youth and adolescents.

They mention the existence of a very recent municipal by-law promoting the creation of a council of adolescence and youth. This by-law originated from *"the youth groups, youth organizations and the organizations supervised by adults".* They show their sensitivity to the inclusion of young people from their own organization, differentiating organizations that are of young people and others that are for young people. The NGO officials working at a local level mention the Citizen Participation Law, promulgated two years ago, that has to be put into effect in all the municipalities. This Law obliges municipal governments to create an area for citizen participation, in which all the

social topics, including childhood, youth and environment, are discussed at inter-institutional level.

d) According to young people

In the Municipal Adolescent and Youth House they regard the legislation positively, as they participated and contributed to writing it through discussion forums; *"we know that there are laws that have been passed to shelter and protect adolescence"*. They also took part in the development process of the municipal by-law establishing the creation of the Municipal Commission on Adolescence and Youth, which guarantees youth participation in decision-making on activities involving them; *"we have taken part, we had the chance to be there"*. The young people talk about the sanction of the municipal by-law, which took hard work by the young people and their organizations with the support of various institutions. One of the aspects negotiated was who would be covered by the legislation, and they consider it an achievement that adolescents are included; *"at first we had problems, they didn't want adolescence to be included, they wanted it to be for youth"*. They thought it unfair to exclude a large sector that is proportionately greater than the over 20s group, as there are around 32,000 adolescents up to age 19. They built up arguments for the different sectors, which involved a process of studying laws and precedents; *"there we had to review all the laws, we checked the citizen participation law, the youth law, the code of childhood and adolescence, the national population policy"*.

As regards existing programmes, they mention that there are a lot of sexual and reproductive health programmes available; *"some 3, 4, or 5 years ago, there were no programmes or other types of activity at all, but now there are lots"*, referring specifically to the proposals of civil society organizations. As regards the project they take part in, they recognise that it has indeed worked, not in terms of knowledge of the laws, but with activities; *"more than anything fostering, informing and educating the youth and adolescents in everything related with sexual education and preventing risks"*. Although some of them have taken part in forums and events called by the SEJUVE to contribute to the new legislation; *"we here in the CMAJ have above all converted it into activities, education activities"*. The CMAJ young people value the peer education strategies, from the reproductive rights perspective, which they take part in.

The youth members of religious organizations, however, talk about the apathy and ignorance as regards the laws and the rights of young people. Even though some young people in their organization are lawyers, they do not know the municipal level norms, and consider that; *"as happens in Nicaragua, people are not interested in laws or the government, because they say that the government, the laws and order produce no positive results"*. They recognise the support of key sectors of the community (the local authorities, heads of organizations, leaders, people who have been receptive to all these themes) and the municipal

government, nearby and their own, *"as if it was our house too, yes, they support us a lot and we really have a way to tackle it"*. They have frequent contact with the Mayor's office, especially the governing board of the CMAJ and they appreciate the Mayor giving them a space that enables them to take responsibility and to take on what they see as a mission. They know that the local government has kept them in mind and *"has been very proud of us for participating so much, being so enthusiastic and for our support"*.

They mention that the Municipal Council has youth representation through one youth councillor, and note that the Sandinista Front promotes a quota of women and youth councillors for *"there to be gender equity and also equity in terms of having at least one young man or woman councillor"*.

They consider that the SEJUVE works in a very centralised way, and know that it has funds but have never received a reply to requests sent for them; *"we receive no kind of real and effective benefits from them"*. With the CNJ, however, they have found a way of coordinating, and looked for their support in the process of drawing up the by-law on Youth.

REPRODUCTIVE RIGHTS APPROACH

a) According to Government Officials

These express various perspectives: on the one hand, the youth officials present a perspective based on the basic principles of the Nicaraguan family and the dangers that young people are exposed to. They see the approach to the topic of sexuality as very broad and their mid-term aim is to change the behaviours and habits of young people in relation to sexuality, identifying spaces and actors for this activity; *"what is important is how we can give real information to the young people through the schools and from a church with a priest, whether Catholic, Evangelical or another denomination. I think that in this sense it was also valid to promote chastity and virginity for marriage. It is valid to promote respect, basic principles, for the family"*. At the same time, they present the need to create a culture that permits diversity, recognising the reality that our young people live in and that *"they really can have the option to choose freely"*. They feel that; *"what I think is that in the end, extremes are bad, limits are pernicious and in this sense I think that we are getting a balance in a very broad set of options in the area of rights and duties in sexuality. And that is what is important, to try to give our opinions and for these to be respected"*.

On the other hand, the officials of the Estelí mayor's office indicate that, despite the strong influence of religious sectors in the area of education *"which do not allow the topic to be spoken of, the boys and girls are keen on being trained, they like it very much, it's a very important subject"*. They say that young people see themselves as subjects of rights, to the extent of studying the Educational Decentralisation Law with law students, looking for legal

arguments to be able to give their sexual education classes from a perspective that includes reproductive rights, bearing in mind that the sexual education plan was cancelled from central government level *"so, if in education what the law requires is not complied with, the government would have problems there"*. They state that young people are assuming their rights and looking for legal ways to enforce them, trying to get support from the Decentralisation Law to be able to give sexual education in the schools of their municipality.

In the National Youth Council (CNJ) they mention the main obstacles as taboo, a lack of prevention and information, as well as poverty. They recognise the existence of a great demand from young people and propose the formation of a sexual and reproductive health consortium. Young political activists hold a risk approach in sexual and reproductive health, feel that it is a topic in the health area, and do not speak about sexuality but about STIs and pregnancy.

b) According to civil society

It is considered that these are promoting and leading the topic of reproductive rights and sexual health. The interviewees strongly point out the ambiguity of the government in its support for the subject of reproductive rights, due to pressures internationally as well as nationally; *"on the one hand, the international position, Nicaragua maintains its reservations, and the pressures it has received from the USA and from fundamentalist groups have been very strong"*. Technical sectors in the Health and Education Ministries are running works with adolescents and often with cooperation agencies. They explain the ambivalence for the laws to be converted into concrete actions, generated by the lack of political decision; *"there is no political will, there is no interest from the party political sectors"*. However, as long as there is no will from the highest level of the executive to guide the state institutions ...".

They point out that, despite the progress of the country as regards its long-planned broad legal framework, young people are invisible in State terms; "*young people are not even seen as a majority population in this country, and there is no recognition of their reproductive rights, even less of their sexual rights"*. They say that the civil society is ahead of the State institutions, leading processes in the same way as it did with the Bill 10 years ago. The different fields of civil society and government recognise that the subject has characteristics that make it susceptible to questioning from conservative and religious sectors; *"there is very great interference, this is a lay State, this is a country without official religion, but even so"*. They are sceptical about placing the subjects of sexual and reproductive health and rights in adolescence and youth in the political agenda, and give the example of what happened with the creation of a Strategic Plan for sexual and reproductive health that did not include the rights perspective; *"that didn't come about either"*. All the interlocutors mention the Sexual Education

Programme as a work that was a significant achievement, with a comprehensive perspective, but "in *2002 or 2003 they removed the sexuality manual"*. When it was cancelled, an attempt was made to replace it, but faced with the opposition of various sectors, it is still in process of revision.

They say they began their work from sexual and reproductive health, and later from the rights approach; *"then we began working with reproductive rights as part of overall human rights"*. Another NGO says that they have always worked from the rights approach; *"it's always within the rights framework, we see SRH as part of comprehensive development"*, and in that sense they have promoted the right to timely information so that adolescents can make decisions. They consider that the rights approach is better visualised and better guaranteed from the civil society than in the government context.

c) According to young people

They say they have the right to receive information about risks and dangers, since young people without access to this become even more vulnerable; *"as well as being a right, I think it should be our duty to know it, because as people and as developing countries we need to know these things to be able to develop new strategies for the good of our own development"*. They feel that the population in general does not recognise that sexual and reproductive education is a right for health.

In the religious group, they say they have received training from their organization in which they deal with such points as sexual and reproductive matters; *"there is a training for getting engaged, we call it like that, and as part of that engagement training they explain most of the things to us"*. They explain that they have also taken part in some organizations like Pro-Familia, and that in their organization sexuality is not considered as a taboo topic, like in other churches, but is talked about in an atmosphere of trust.

PARTICIPATION OF THE CIVIL SOCIETY

a) According to Government Officials

They appreciate the activities of the NGOs and their work with more than 35,000 volunteers. They express the intention of the government to create a national volunteer register, studying measures to *"try to dignify what the volunteers do"*, as well as draw up a database of all the organizations working in Youth. They remark that Nicaragua is one the countries in Latin America with the greatest experience in participation processes at local level, with original experiences run since the 80s, like the AMUNIC communal movement; *"the civil society is very strong in Nicaragua, with a lot of experience, a lot of theory, many projects on this subject"*. They mention an innovative experience: a TV programme called Sixth Sense, produced by an NGO, that is starting to be replicated in other countries in the region. The programme is presented in the format of a

soap-opera, with youth and adult actors who present the topics about sexual and reproductive health from a rights approach, with great popular repercussions in all the country and the new actors are popularly recognised.

The officials of the Estelí mayor's office explain that there are commissions in all the communities and all the neighbourhoods, forming an assembly recognised by the Municipal Council. They can make demands, expressed in assemblies, where the Mayor is present. The political history of the municipality is mentioned as the condition for this awareness of participation, mobilisation and exercise of participatory democracy; *"the front developed here, it was the centre of the war in the 80s, here for example, even children know how and what their rights are".* The civil society activities of organizations of young people and of those for young people are concentrated in the municipal area. They mention the local network promoted by an NGO that has wide experience in the municipal area, and aims to *"build experiences for the national level".*

b) According to civil society

They indicate that the National Youth Council is a way of representing civil society before the SEJUVE, but that there is some mistrust among the civil society for the fact that its members belong to various political groups.

They note that the commune movement works in 74 of the 152 municipalities in the country, where Municipal Adolescent and Youth Houses have been created, spaces defined *"for the building of citizenship and the exercise of rights".* This project began in the year 1998, with eleven municipalities around the country, which were chosen on the basis of the greater incidence of adolescent pregnancy, participation and the representativeness of organizations. They describe a perspective critical of the fact that many agencies concentrate on their project, their community, their municipality, but are not linking up and so their efforts are dispersed.

c) According to young people

They mention the indifference of most adults to the work of the Municipal Adolescents House. They also say that adults mistrust their work, but despite this they actively seek articulation with adults; *"they see it as something bad, as if it's rough, as if it isn't polite".* They say, *"We have tried to break the adultism, we have started to relate with adults and they have accepted our work more",* and add that not only adults have opposed it, but also youth and adolescents, though to a lesser extent. The young people believe that this occurs because these adults are not used to youth and adolescents acting, and expressing opinions and doing activities for their community, *"perhaps because they are not used to hearing so many things like this, so much dynamism, so much exchange of information. A very machista society".*

They speak with great pride of the repercussions of the workshops they give, that are institutionalised in many schools, and thus the schools give recognition to their work, allowing them an hour of civic formation, one hour a day in each section for the work with other young people; *"the directors give us a lot of support, there's no need now to send a letter or anything. Even, before ending the year they say to us: you are definitely coming next year, aren't you?".* They have also given training to adults, parents and groups and women, although there are some religious schools that do not allow them into these courses. They report that in their municipality, a local support commission was formed for adolescence, made up of organizations, mostly of adults, *"and they have the duty to support all the processes of working with young people, work with adolescents, that's their mission".*

The young people from the religious group explain their attempt to involve adults in this youth programme, making contact with some community leaders, but they have only collaborated in some specific activity like a sports or football context; *"there is a plan we are trying to develop, to involve more adults in the community".*

YOUTH PARTICIPATION

a) According to Government Officials

They point to the difference between organizations for young people and of young people; *"the strategies are different, the views are different".* They indicate that when young people are members of an organization that is being run by adults, they participate as the object of the programmes, but have no influence in the strategies and plans. That is why from government level they give priority to forming spaces that guarantee and strengthen the participation of young people as subjects, where they can be the centre of the strategies.

From the government area, they consider that the political parties have not strengthened access to elective posts due to the apathy of Nicaraguan youth, *"because every time they do it, they don't pay attention to them, they put them there as activists, but not to take part in the decisions".* Youth participation has been aimed more at the social volunteer sector, the defence of the environment, cultural, sports and religious activities.

One of the officials interviewed is critical about the extent of the real participation of young people in adolescent and youth policies and programmes, saying that the political and social structures are very closed, that a common methodology has to be agreed that can generate spaces for young people to take part in the formulation, design and implementation of policies, programmes and projects, and in the search for institutional solutions to transfer resources, so *"that the young people become subjects of cooperation. The adultist view tells us: no, they aren't legal persons; no, they don't have administrative capacities; no, that has to be done with the municipality".*

As regards youth participation in decision-making processes, they describe a meeting of communal

organizations that work specifically on the subject of participation and youth, promoting adolescent and youth programmes and projects; *"they were talking about the participation of the kids, so I asked, all the leaders of the communal movement were present, how many young people are there in the governing board of the communal movement? None"*.

b) According to civil society

They first mention that the participation processes that they went through as from the ´90s gave them a personal empowerment process: *"we are young people who are still in this project and in this collective and mobilisation activity. I am a youth who became an organized youth, knowing my rights, training other young people, representing Nicaragua in international activities and conferences"*. Secondly they mention that in the different fields there are different views about party political participation.

The young people of the National Youth Council consider the discourse about youth apathy to participate in party politics to be invalid, "*because in the mobilisations of the political parties there is predominantly youth participating"*. They explain the strategy of setting up a movement of young councillors as a way to work in the municipal context, "*for territorializing public policies, and what other interlocutors than the young councillors within the mayors' offices?"*. They question the attitude of the political parties to youth participation; *"the perception the young people have is that they are being used and obviously from then on there is a distancing"*, although they stress that in Nicaragua there are also a good number of young people who follow the political parties, because there is quota for access to elective posts that differs between parties. Among the parties promoting youth participation they mention the Sandinistas; *"I think that there is a new approach by the Sandinista youth and that is significant because it is starting to intervene a little again in youth matters"*.

All those interviewed mention the municipal space and the growth and empowerment process the young people have gone through, especially as from the Adolescent and Youth Houses project, which they see as a successful experience, because it is led by young people who have grown and been trained in the process. At first the communities felt under pressure from adolescent organization; *"the kids started to complain and this didn't go with them, that the houses should promote the exercise of rights and empowerment and that generated an initial rejection"*. It was the youth and adolescents themselves who changed this view, making themselves felt through the work they were doing, writing leaflets, doing their radio programmes, etc., beginning to speak in public, to hold meetings inside the Municipal Council assemblies, presenting their plans, achievements and problems, saying what they were asking for and what they were going to give. They started a negotiation and conflict management process and were able to improve the situation.

The project also involved the training of youth and adolescents not only in sexual and reproductive health and rights, but also in environment, population and development topics. It also trained the adolescents on the managing board in leadership, negotiation, project design; *"all this helped the kids to be able to establish intergenerational trust. We began by training, first empowering the adolescents and then we trained parents and teachers. We decided to start with the kids and they decided this too… we have to start with ourselves, otherwise the adults would have taken over this space"*.

Also in relation to the Adolescent Houses, the National Youth Council is recognised as a space that unites youth and adolescents in the national context and is entirely made up by civil society; "*they have participated together with the SEJUVE in drawing up policies and also in the framework of some projects, particularly in citizen, adolescent and youth participation and also projects in the area of sexual and reproductive health,"* and have also taken part in setting up the Municipal Adolescent and Youth Houses. There is a governing board of youth and adolescents in these and a general assembly, which are in charge of monitoring and following up on the youth law in the municipal area. There are also networks and interest groups on the organization of young people in the municipalities. There are young people organised in theatre, dance, crafts, video, environment, a support network for the adolescent care clinic, kids organised in reading cycles, the network of SRH promoters, the gender promoters' network and sports network.

c) According to young people

They say that they are the ones who have developed their own strategies, who have seen what to do and how for the benefit of their community, which has brought them the recognition of the population. The young people explain that they spend a good part of the day in their institution "*because we really want to help the young people and that is what interests us most";* that they have been trained to help other young people and that based on these activities, not only the young people but the community as a whole has a better management of what are sexual and reproductive health topics.

They have various working groups, like theatre, sports; *"when we go to a school we talk about what the environment is, about the purpose of the laws, a bit of legislation, what adolescents' rights are, the rights of young people and of adults"*. They have been organising various activities with youth gangs, talks on drugs, theatre classes; *"the kids are active and participate, they want to learn, even the gang young people have been withdrawing a bit from hanging about"*. These young people have been organising themselves, some of them giving talks from the CMAJ as well, and started to do plays as a support to the training sessions; *"when we did the meetings we noticed that the young people wanted something more, wanted to see a bit further, so there we put in the plays, and even the youngsters caught the message"*.

They have plays about SRH, about adolescent pregnancy, gender and intra-family violence.

They also have a publication called Expresión adolescente where they publish poems by youth and adolescents from the municipal houses of various municipalities. The initiative arose because *"in all the municipal adolescent houses there were kids who wrote poems and stuff like that".* The young people in the other focus group reply *"our motto, our vision, is that each youth has the right to know Christ, but as well as this, to integrate into society".* Their main activity is religious, although they explain that they do not discriminate with the belief. They work in four neighbourhoods, with activities like the club, which is a meeting for personal development. They prepare and train leaders; *"we belong to a church, but for our own reasons, our basic principle is to help young people".* They perform community activities, aiming at the young people making the neighbourhood their own. They explain the formation and training to become leaders, of whom there are already 30 in their municipality; *"you first begin by serving, sweeping, washing the working clothes, things like that and go through a process of services until they become part of you, until you become leader and missionary".* These two groups, with quite different world-views, understand and have run their activities for community work, in the space where youth and adolescents live.

INTEGRATION OF NATIONAL, STATE AND MUNICIPAL STRUCTURES

a) According to Government Officials

First, they talk about the integration of government structures at national level. Those interviewed recognise the transversality of youth topics and point out that the Youth Law establishes that it is the SEJUVE which should articulate the youth-related policies and programmes, and be the mechanism that incorporates the youth perspective within the different Ministries, since it reports directly to the Presidency and is not subordinated to any Ministry in particular. Secondly, they talk about integration between nation, departments and municipalities and here they point out that the geography of Nicaragua means that distances are short, and this makes it easier to integrate the different levels of government (there are 17 departmental capitals with 153 municipalities).

From the SEJUVE, they say that *"we are trying to create municipal youth offices in the 153 municipalities, with local youth plans",* and they report that the Regional Youth Council has already been set up in the Autonomous Region of Atlántico Sur; *"we are going to have SEJUVE in the national context, regional youth councils and the municipal youth commissions or municipal offices for local youth"* the aim of articulating further the policies available that are run locally and pointing to the need of modernising the mayors' offices, *"because one fact we have to face is that many of our mayors or councillors are often even illiterate".* Some

municipal autonomy is recognised, which seems to be enabling, as in the case of the municipality visited, work on sexual education in schools, independently of the national policy about this, basically with the cooperation of civil society organizations, since the national policy *"may be sent down to the municipality but the municipality can draw up its own municipal public policies".*

b) According to civil society

They consider that each of the Ministries chooses its own policies in an isolated way *"and this means that to some extent we don't feel we are working within a national plan, but that each sector has its own policy".* They feel that the National Youth Council, (CNJ) could be the agency to integrate between the Ministries and the State institutions, aiding the coherence of public policies, programmes and activities; *"the great challenge of the SEJUVE and the CNJ, which is intersectoral, is to find out how to apply the policy and the national youth plan".*

FUNDING

a) According to Government Officials

The officials interviewed spoke about the lack of resources owing to the economic and budgetary situation of the country; *"Nicaragua has the smallest budgets in Central America and one third of that budget is given by foreign resources".* They explain that 24.5% of the annual budget goes directly to health, education and employment. Faced with this situation, they mention the importance of international cooperation; *"the thing is that there are very few funds, and practically what is being done is based on international cooperation".* There is a budget for the SEJUVE, but it goes on the operation of the central office.

At local level they say that the municipal decentralisation has since last year enabled them to receive a transfer from national level, and this is increasing: it started at 4.5%, now they have 6% and they calculate that in 2010 it will be 10%. As local governments are autonomous, they can provide part of the budget and allocate it to adolescence and youth. From the Mayor's office of Estelí, 1% of the municipal budget is allocated to childhood, adolescence and youth.

b) According to civil society

They describe their difficulties from the lack of resources, when cooperation gives priority to childhood-adolescence and not to youth. Only in 2003 did they receive a budget allocation from the government, but they could only use part of it, because of the legal definition of the institution.

c) According to young people

They are aware of the problems in obtaining resources for their activities and it is a subject that they are concerned with and which concerns them. Volunteer work gets more complicated as their educational and work commitments

grow, and these take time away from their community activity. They mention that the municipality supports the Municipal Adolescent House, gives them the physical space and covers the basic electricity and water services. For the sustainability of the Adolescent House, they are planning two money-making activities: photocopies and video filming; *"before the project finished, the initiative was put forward for each house to choose a self-sustainability project and each house did this"*. They know that 1% of the municipal budget must be used on childhood, adolescence and youth, and that next year this will go up to 2%, and they also know that the SEJUVE has a budget but they note that it is used only centrally.

The young people in the religious group say that they are donors of the organization and that they also receive help from abroad; *"we are also looking to support ordination; we have big problems with that because we don't know where to get resources"*.

FAVOURABLE AND CONSTRAINING FACTORS

a) According to Government Officials

Among the favourable factors they note:

- All the interviewees state that the legal framework is an appropriate tool for structuring the policies, programmes and activities that enable young people in general to achieve their claims and rights, and specifically in topics like SRH; *"the favourable element is the policy and legal framework we have, which is a luxury"*.
- Political commitment to the area; *"we believe that the subject of youth is positioned in the national context and in the international context; there is a commitment at the highest level of this government to develop youth topics"*, and in the municipal area, the mayors and municipal councils are also committed to developing youth agendas in the local context.
- International cooperation is little by little raising awareness of the topic of youth. They recognise UNFPA and its support on the subject, and mention other agencies that do not do so directly, such as PAHO and UNICEF. They also recommend cooperation in conceptual and technical terms with greater inter-agency consensus.
- The favourable conditions in the municipalities: the existence of a social fabric that only needs to be articulated in some more comprehensive activities; the young people play an active role there, it is easy to organise them, they are very enthusiastic, very willing; the awareness and the responsibility of the local governments towards the subject of adolescence and youth, which did not occur before and the mayors, the municipal councils are open to youth participation; *"wherever we go, we never find an obstacle from the authorities"*.
- The change in Nicaraguan society as from the 90s and after the revolution. Some define it as a revolution in thinking, recognising that the women's movement has

done a very powerful job influencing awareness. Others speak of a culture of organization and participation, of a sense of community, of organization, that are strong points from which to work on SRH subjects; *"this strength or this possibility of organising ourselves, of getting together, of getting close, which is not alien to our dynamics"*.

- Reproductive rights are recognised as a topic that knits and brings people together. They explain that it generated greater interest among youth and adolescents and that they organised themselves more and better around this subject. In some municipalities there are no other types of organization or spaces where they can express themselves, participate and chat together; *"so these spaces generate a lot of motivation"*. There is a recognition that now there are more young people who know their rights, there are more organised young people and more youth leaders. They mention that as from the youth policy and the population policy, great strides have been made, but one important strength is the organization that the young people have, giving training to other young people, in terms of their rights, of their reproductive rights, a peer education and this means that the message is more efficient and direct.
- The young people are more organised, there are many youth groups and initiatives that are working on these topics practically without economic resources; *"there are some born leaders, there are others who make themselves leaders there, and they feel useful, but they did not feel useful"*; they feel they are contributing to the development of the municipality.

As regards the obstacles they point out:

- The lack of knowledge in contents, the lack of proven intervention methodologies and instruments for working with young people and creating participatory processes.
- The political polarisation, although they say this is reducing.
- The invisibility of young people as subjects of full rights; *"it's just that there hasn't been a takeover between generations yet, but there are more youth leaders and we are organised, we have a good number"*.
- Some sectors are opposed to the existence of youth houses *"because their idea is to pervert youth and adolescents"*.
- The opposition of conservative sectors, the State and civil society. Most of those interviewed in both fields talk about the Ministry of Education's withdrawal of the sex education manual that *"had been drawn up, was approved, worked on conjointly, was not worked on in secret,, was not an UNFPA imposition, was a technical work with the Ministry of Education, but ideological ideas have more weight than the legal framework"*.
- The incipient level of municipal decentralisation that does not let local government work with more autonomy, on the one hand because they do not have resources and on

the other because they send the plans down directly from the different ministries.

- The different time-scales and conceptions of the civil society and the State are seen for example in the ministries of health and of education; *"we want the youngsters now to be able to handle rights, duties and the Code of Childhood and Adolescence that is supporting them, but on the other hand we come up against a Ministry of Education that has a very conservative policy, that does not contribute much to development".* The fragmentation, scepticism and lack of trust; *"in many social sectors they create a resistance, a barrier to working with the government".*

- The lack of political will; *"the greatest obstacle is still the lack of political will from the government".*

- The lack of compliance with the law and the policies, not only from a lack of implementation, but also from a lack of knowledge of them, misinterpreting them; *"the Code on childhood and adolescence is a law that is not known by the citizens, who think it is a green light for the adolescents to commit crimes; they don't know that the code is about education and health".*

- A lack of a specific budget for youth, which *"has not been included in the general budget of the republic".*

b) According to young people

They identify favourable factors as: (i) belonging the CMAJ, that has given them advantages over other young people *"having more options, more opportunities, social projection, etc.; it's a great training for anyone"*; (ii) the need of the young people to participate and organise themselves; *"we work with about 200 young people each week, in different neighbourhoods and I tell them that we are raising a revolution"*; (iii) the youth and adolescents are open and willing to talk with other young people; *"when you get their confidence, when you listen to them, then they can easily tell you their problem and you can help them"*; (iv) the willingness of the young people to take part in activities that involve them; *"if you say to them: we are going to do a community task, let's all go then! and that's real good".*

They mention as obstacles: (i) the lack of information about citizen participation and legislation; *"the people know very little and this is a problem"; (*ii) the lack of resources; *"this is a big obstacle, money, money to invest in youth projects, we have problems"*; (iii) the young people who study and/or work have no time to take part in the activities; (iv) family relationships; *"we have cases of many conflicts, sometimes the parents don't support the young people, so they are rebellious and this makes our work more difficult".*

CASE STUDY IN PERU

In Peru in depth interviews were held with officials of the National Youth Council (CONAJU); Youth Participation Council; Ministry of Health (MINSA), Adolescent Life Stage Programme; Municipality of Villa El Salvador on the outskirts of Lima and the management of Education, Culture and Sports of the Municipal Mayor's Office. Among the civil society organizations, officials were interviewed from the Education and Health Institute (IES); the Friedrich Ebert Foundation (FES) of the Interquorum Network; the Youth Network (REDES) and an informal interview with PROMUD of Villa El Salvador, who called together the youth and adolescents who made up the focus groups.

Two focus groups were held with the youth and adolescents in the municipality of Villa El Salvador: one of them with 10 adolescents between 15 and 17 years of age, who belong to different spaces: parish schools; PROJOV; school municipalities of Villa El Salvador; Sports and Life and San Martín. The second group with 11 young people aged between 17 and 25, members of the English Project; AMDENA; CEPROMUD; PROJOV and Peer Educators Promoters of Villa El Salvador.

THE CONTEXT

The municipality of Villa El Salvador was born in 1971 out of a social movement made up of 200 families who invaded city land in Lima, which generated a fierce conflict with the military junta governing Peru, which increased with the arrival of hundreds of families in the following days. Finally an agreement was reached, and the occupiers were transferred to a nearby desert area, close to the sea and the Panamerican Highway, located 25 kilometres from the centre of Lima.

From the start Villa El Salvador went through an interesting social process. One particular part of this was the settlers' organization, setting up the Self-managing Urban Community of Villa El Salvador (CUAVES, 1973), who did town planning, organising and building housing. This process helped the settlers to generate self-governing, lobbying and negotiating abilities. The movement was backed by a group of students from the university of San Marcos; *"at that time social service was a boom in the university, and it was even felt that as students we should go out and transmit what we were learning directly to the people"*, which accounts for the coming together of different groups in society that made the enterprise possible. This students' movement was the germ of what is today the NGO CEPROMUD, which supported the settlement, encouraging the development of social base organizations, by sponsoring the women of the community, adapting themselves to the needs that the women themselves expressed. Some years ago, they incorporated programmes for the development of youth and adolescents of the municipality.

In 1972 the community had 73 thousand inhabitants; by the end of the 70s its 1000 blocks were inhabited by 125 thousand people; in 1981 by 134 thousand; in 1993 they increased to 255 thousand and more than 300 thousand at the end of the 90s. Currently the VES has 400,000 inhabitants and is a popular district of the metropolitan area

of Lima. VES was constituted as a Municipality in 1983, receiving international recognition and support with the Prince of Asturias Award (Spain, 1987). The planning stage permitted an ordered occupation of the space, setting up areas for housing, trade, recreation, for agriculture and the Industrial Park, which houses more than 900 small and medium-sized industries and contributes to the economic development of the municipality, recognised for its furniture industry in the country and abroad. At the end of 1995, a period of greater social stability started with the drawing up of the Comprehensive Development Plan of Villa El Salvador, and creating the Enterprise Development Centre, to reactivate the Industrial Park.

LEGISLATION, POLICIES AND PROGRAMMES

a) According to Government Officials

Both fields recognise the law creating the National Youth Council (CONAJU) as the legal framework that institutionalises the subject of youth. They also mention the Child and Adolescent Code and the adolescent labour law.

They explain the development process of the Youth Law; *"they began to talk about youth policies here towards the end of the previous government, starting with the first report, which came out of the Women's Ministry"*. As from 1997, sparked by a measure taken by the Congress to remove magistrates from the Constitutional Guarantees Court, young people reacted, especially those from private universities, and they took to the streets, mobilising in protest against corruption, with two characteristics: firstly, that they were not trying to organise themselves, and secondly that they did not feel themselves representative of anyone; *"that is, I am young and don't represent anybody, I represent myself"*. According to one civil society interviewee, this was not picked up by the people who made the law and organised the Youth Council, which they questioned; "*what they do is reproduce all the worst of Peruvian politics: falsifying signatures, inventing a youth organization to be able to take it over, negotiations between themselves"*.

They say that the creation of the youth institution was part of the electoral proposal of the current government as a space for revaluing young people. They recognise two aspects in this origin, one positive in that there is great need for youth to have a space, and the other negative, because young people think that this is a government programme being used for the ends of the government itself; *"this is more than anything a political decision by the government party, rather than a response to a social initiative, to a need or a demand"*. They also mention that both APRA and the Christian People's Party wanted to create an official institution related to youth.

They talk about consultation done with young people and with NGOs in order to define how everything to do with youth should be put into norms, and the support of UNFPA for doing this. *"UNFPA has always been present in all the process in which the proposals started to be made. Youth*

groups, Youth Network were there, with a lot of participation from youth organizations and from institutions that have support work for youth organizations, like the FES". A proposal was even put forward that there should be a consultation point for young people.

They define the youth institution as a system composed of government, civil society and young people; the latter with their own space, the National Youth Council, made up of a group of 200 young people from 17 to 29 years of age, with a president named by the President of the Republic. The main role of this institution is one of superintendency and advice, articulating public youth policies, not executing them. One of its main activities is to contribute to the different sectors of government to help them improve decisions on sector public policies, through studies and research; *"we try to generate information in the 15 to 29 age range. We have begun processing national household surveys analysing their social, demographic and economic characteristics"*. They talk about research under way: youth participation and local governments; youth-oriented policies, programmes and projects available and their coordination; research under way on intergenerational conceptions that would help to make more precise approach strategies.

They describe difficulties for the local implementation of youth programmes, due to the recent decentralisation process and the institutional youth structure that was not conceived from a decentralised point of view, and also for the different existing structures that were promoted by the political parties in charge of the municipalities. The topic of youth appears as tackled by the two majority parties; *"the regional governments and local governments, above all those where APRA is present, are forming their own youth institutes and rather avoiding the CONAJU"*.

At municipal level there is a rule for the local governments to promote work with young people from the area of youth or of social development, culture or education. In the context of the State decentralisation process, with the strengthening of local governments, the municipalities have a leading role in the social programmes, in education and culture, and there is no specific chapter for young people. In 1999 the municipality of Villa El Salvador created the Youth Directorate, with functions in education, culture and sports; *"much more stress has been placed on sports, as a way of offering spaces and activities that are an alternative to the street with its risks of drug addiction and gangs, and the associated risks of getting diseases like AIDS and STIs"*.

In Villa El Salvador, they explain that the topic of youth is on the Mayor's agenda, with a specific budget for the school municipalities and for building the youth houses. As regards the school districts, one NGO notes that *"this is another experience that would be interesting if it weren't such a paternalistic construction"*. They are especially concerned with citizen education, with promoting student participation. There are student organizations in 35 of the 43 schools of the municipality of VES, bringing together adolescents of secondary and primary schools, chosen by

universal, secret vote. The priority topic of the young people's diagnosis this year was adolescent pregnancy.

b) According to civil society

They criticise the government youth area as being a political activity of the current government, although they recognise that it was a process in which the young people of the whole country took part, not only Lima. The interviewees talk about the importance of the Youth Law and the need to incorporate some officials in running it, to give a guarantee of the inclusion of other sectors. These officials are working with the Adolescence and Youth Roundtable (MAJ) on the topics of reproductive rights, with some difficulties because of the control that ministries such as Health exercise over the institution in terms of the topics of sexual and reproductive health.

They talk of the political context, remarking that that previous government worked openly on the subject of family planning, reproductive health and sexual rights with explicit support for the Beijing and Cairo +5 commitments. Under the current government administration, the topics of sexual and reproductive health and rights have undergone changes, which mean efforts have to be made to maintain the international commitments the country has taken on.

They say that as from 2002 the process began of drawing up the Youth Policy Guidelines, recently passed, which include reproductive rights. They note the weakness that the CONAJU has no opinion formed on topics of sexual and reproductive health and rights but depends on the Health Ministry for this.

They explain among the political difficulties that the National Action Plan for Childhood and Adolescence that was drawn up by various ministries speaks specifically of reproductive rights; that the Sexual Education Plan comes under the Ministry of Education and in turn under the Office of Comprehensive Supervision and Protection. However it is practically inactive with only 4 people working on it and without any budget. *"In the past two years, very few teachers and very few adolescents have been trained, we have had a kind of gap".* In its best times it managed to train 60,000 teachers in one-week intensive courses. It included primary and secondary students. Its weaknesses were in monitoring, since as it had no norms; these depended on the teacher's interest. They recognise that the current management of MINSA is trying to reactivate the subjects of sexual and reproductive health and rights, despite strong opposition from conservative sectors. Several of those interviewed also spoke about the PROJOVEN programme, under the Ministry of Work, which aims to train young people and incorporate them into the working world.

c) According to young people

The young people say they know of no policy or legislation at national level. As regards government programmes for youth and adolescents, they recognise the Adolescent Health Programme, under the MINSA, working in

the health centres; they give information there, but there is no specific staff; *"there is no consulting room that says Adolescent Health Programme and where there is someone to attend adolescents".* They are critical of this and mention several problems: a very distant relationship with the health staff; they give talks but sometimes they reject them for their age; *"some just say: oh! They are such kids – how are they going to ask about such subjects?";* they feel used when they make campaigns, because they think they are just called on as a formality from the Ministry; and they say that attention is at the discretion of the person responsible for each centre. They do not see the services as being user-friendly and call for differentiated services. Their criticism is generalised to other public bodies and they mention a work training and job creation programme and the difficulty of getting into it; *"only for the population that is just here around the municipality and nothing more, there are lots of limitations like age, the conditions, so really it isn't a programme".* They consider that all the State programmes are based on criteria that do not include a leading role for young people, and this goes also for the municipal government.

The adolescents mention the project in which the municipality collects bricks for building the University of Villa El Salvador, which was specially promoted in the schools. The young people in turn speak of the Youth Directorate of Villa El Salvador, commenting that it was created 5 years ago with the aim of supporting youth and adolescents and their youth groups. They report that on the occasions they have asked for cooperation, they have not received it; *"it is supposed to be for young people, to work with young people, but they don't do this at all. I went several times to ask for support there because I also had a radio programme."* They give the example of the formal spaces for young people that are not occupied by young people, and tell that in Chorillo, a neighbouring municipality, there is a Youth House where *"you say, where are the young people?. You find health ladies there, but not one youth, so it's just another screen".*

REPRODUCTIVE RIGHTS APPROACH

a) According to Government Officials

They say that the approach of the government youth institution is that of the comprehensive development of youth, in the areas of health, education, employment, expectations, recreation and youth participation. They talk about the Policy Guidelines for Youth (which the National Youth Plan Proposal was designed with), showing them as *"our whole year's work for the next 10 years"* and consider that they have collected the views of youth and adolescents and also those of the adult world, from a rights approach. They specify that health is considered as a fundamental aspect in the process of building the identity of the individual, until they acquire minimum social conditions to be able to behave independently, and recognise that the topic

of sexuality appears but is insufficient. The document covers three groups with different characteristics: adolescents aged between 15 and 18, young people properly speaking aged from 18 to 24 and so-called young adults between 25 and 29.

From the Health area they say they are working from a comprehensive approach, tranversalised with development, gender equity, and interculturality and from a rights perspective.

b) According to civil society

They talk about the change of perspective in the reproductive rights approach. Some years ago, they worked a lot on the risk approach, looking at illness and damage prevention, but for the past five years they have begun to rethink that approach critically. They began to see it as necessary to work on sexual and reproductive health from a development approach, from a more integrated view. *In this view, sexuality is linked with pleasure and friendship: with a healthy, satisfying, pleasant sex life; to stop looking only on working on sexuality to prevent pregnancy, to avoid HIV"*, working on developing skills, capabilities and seeing adolescents as subjects of rights, with the right to timely, full and quality information, and access to means and methods, recognising the young people's freedom and capacity to take decisions that affect them; *"we work a lot on the fact that adolescents have the equal choice of having relations or not having them, and that they are capable of taking decisions and should do so."*

They say that in parallel with the change in focus, they have been modifying their target population. They began working more with the teachers, then with the peer education strategy, later incorporating the health sector and lastly the community. In this process they have been discovering youth participation as the central core. *"So we began much more developing working methodologies for encouraging the kids themselves to start to take on a leading role in health activities, and so start to develop citizenship in health".* They mention that it is necessary to think of the inevitable generational change-over and the building of a critical mass.

c) According to young people

The adolescents who belong to a parish centre in Villa El Salvador explain that they had only worked with the theme of right to life and of saying no to abortion, but not on reproductive rights. They say that as from the previous government, with the increase in population, a publicity campaign began about family planning. They received a lot of information through this within a prevention and risk approach; now the approach has changed and the adolescents know more about sexuality; *"every week it was planning, condoms, all the methods. I knew all the methods, but I didn't know the things they are teaching them now. They do teach my younger sister a bit more about sex, sexuality, respect for the person".*

The adolescents explain the difference between the risk perspective and that of rights. They refer to some personal situations in which, despite the abundant information, pregnancies kept occurring among adolescents; *"And there they bombarded you in family education. In the third year of the secondary three girls came out pregnant, who knew all the methods".* They explain that starting from understanding the topic based on reproductive rights, they know about the importance of deciding when to start an active sex life and the capacity and right to decide; *"If you don't want to have a sexual relationship, then you can say no. Before they used to teach you, they bombarded you with everything that is planning but I didn't know what a sexual relationship was about, I knew all the methods, but I didn't know".*

They describe the adult view about sexuality, the education received by adults was very different and they perceive limitations and taboos in talking about these topics. They feel that now they know more and value the peer-training, with subjects of reproductive rights, sexuality, self-esteem, and gender-awareness; *"the education that they had was completely different to ours. Then they didn't talk to you because of all the taboos. They never spoke about sex or anything like it".* They explain the importance that knowledge of reproductive rights has meant for what they call their empowerment; *"what is important for us as young people or adolescents is to know the subject of sexual rights, it's part of our empowerment".* They differentiate between what the adult world wants from them based on their own ideas; *"Adults or people older than us say, we are going to empower the young people, but based on their own ideas".*

They say they have received a course in sexual and reproductive health, from the rights approach, and talk about the change produced by internalising the idea of themselves as subjects of rights; *"And what is my right? You have to respect and he began to push this idea, of not remaining quiet. I think that the big mistake is that all of us kept quiet about the abuses that there are, even in the example of a simple bus, when it's full and they say to you, go to the back, go to the back".*

PARTICIPATION OF THE CIVIL SOCIETY

a) According to Government Officials

Both the government sector and civil society point up the importance of the Adolescence and Youth Roundtable which between 13 and 23 institutions take part in, according to the various key informants. This space works with the Health Forum, which is the largest civil society representation in the country and has regional forums. The first topic of discussion was whether young people should take part or not. They talk about peer education and the expectations of the NGOs in relation to the decentralisation process, for the municipal governments to take on these programmes; *"to be able to have the youth promoters that we are training taken on in some way by the municipal governments".*

b) According to civil society

They say that only 20% of all the civil society organizations work on the subject of rights, although in recent years this has been falling, and starting to work on HIV because there is more funding than for sexual and reproductive health. They say that the civil society has been a pioneer, but has recently run into difficulties, resulting from the guidelines being sent from the core countries, and specifically mentioning the gag law, which means that some organizations cannot now express themselves as freely as before. They explain that they are having severe problems in finding funding for the work and in some cases are redirecting it to less conflictive areas.

They mention the subject of employment as a priority for young people, and say that they are running projects from the perspective of socially responsible companies, sustainable development and fair trade. They express an interesting split within the valuative world of society; *"imposing subjects on young people that the adult world sees as important"*. Another aspect mentioned is the strategy of strengthening work with adolescents in schools; *"if you get to work in schools, you are creating a social base and those kids are then going to be able to organise themselves, and work more autonomously"*. Within the NGOs they do not believe that young people see the subject of discrimination and exclusion as a priority, but think that, even though they do not see it as their own, they should have it in their world-view. They feel that, even though young people have not lived through the recent history of violence, knowing about it is part of overcoming the structural problems the country has.

c) According to young people

Adolescents mention the parish and the school as their spaces for exchanging views. The former they see as a space in which they receive formation, information, guidance and are contained. They take part in catechesis and confirmation groups there; "*there they give us a level in our lives and help us to grow as persons; they give us a programme to follow, even with the help of God; they also talk to us about the self-esteem of each person"*. These are the adolescents who, on finishing the focus group, asked for information about the PROJOV courses of CEPROMUD. In the school, they talk about the Director's opposition, who feels that they are still very young for these subjects; they want to take part and contribute in the peer formation courses.

They identify the civil society organizations as spaces that provide them with training and formation, where their projects are received and supported. They explain the characteristics of the civil society's participation and organization in the municipality; *"we are almost the only municipality that has a lot [of participation], that is, we are the great majority who belong to a group"*. They also recognise the peer training on sexual and reproductive health and rights and in a programme for learning English funded and audited by an NGO from Denmark that has been

running for several years and has had significant impact because of its novel system and for the training that the youth and adolescents receive, as they speak English perfectly in two years, which qualifies them for skilled jobs. As regards the Alternative Youth House (municipal youth house), they explain that they started by taking part in a Collaboration Roundtable, but decided not to do so any more since, as it was a political group, there was no real room for participation; *"we decided not to participate in this space because it was clear there was a whole group that was more political, they took the decisions and the rest had to just follow and say yes, like puppets"*. Again they mention feeling used, when the participation is not genuine. They particularly see the party political spaces as a place that does not belong to them, where they are not recognised as legitimate participants.

YOUTH PARTICIPATION

a) According to young people

They mention the organizations they belong to and the tasks they do as volunteers. They talk about their links with the adult world, the participation of adults in youth spaces; the working of the Youth Roundtable; the conflicts generated by the lack of understanding of parents and the need to bring both worlds together.

They explain the adults' appropriation of youth spaces: the workshops run by adults do not attract many compared to those generated and transmitted by them; *"this woman is very technical, she must know a lot about laws, but how is she going to pull the work together if we don't feel comfortable"*. In the running of the Youth Roundtable – at first they were very tedious meetings, where they could not participate. They called the leaders *"dinosaurs, because they were older than 25 and up to 30 years old; we were sitting there and watching"*. In the second stage they did not support them any more because of the weariness and frustration produced by the first stage. In relation to the conflicts generated by parents' lack of understanding, they explain the reactions and prejudices provoked in the adults when they know that they know about these subjects; "*sometimes adults confuse the word sexuality with having sexual relations"*, and the need to bring the two worlds closer, and the right to know and to be able to share between parents and children; *"my mother supported me from the start, but when my father saw the changes in me, one day both my parents were supporting me"*, which points up the importance of the personal changes and of facing one's parents in a relationship that enables frank communication.

They mention youth empowerment. They feel capable of and willing to occupy their own spaces in the community; *"the group of young people that come together, that joins one of these associations, they see things in another way, and even go looking for their own ways that they can follow in the future"*. This is why they see their experience as peer trainers as really important. They think that adults have

their own ideas about it, without taking them into account, feeling that when this subject is spoken about they do not have a leading role, and it is imposed on them by the adult world. They say that they want to learn, to know what their rights are and exercise them, bringing proposals to introduce youth topics; *"we are supposed to be the main problem, but we are spectators on the subject of our own problems"*.

Talking about the peer education strategy as citizenship training, the young people find their own space in their communities, from which they make their contribution to their population group that the adult world sees as dangerous and conflictive; *"it has always been thought of as I give you information and you give me, but not the role of the adolescent and the youth as an actor within their community, starting to work for the rights of the community and making their voice heard"*.

They explain the professional training process that has enabled them to work in these institutions and list the skills learned that can be applied in other areas: designing, managing, running and fostering projects, searching for funding, coping confidently in front of an auditorium. They value the trust that they generate in some adults and institutions that fund projects for them and they believe that, because of their way of learning, they are no longer embarrassed to ask what they do not know; "*and you learn as you go along, especially in practical things, you learn such a lot; now you don't feel awkward asking, and what does this word mean, what is multisectoral? Now we feel great asking all these things*". The young people talk about the voluntary work, what it has meant for their training and personal formation, for deciding with more awareness about their profession, their choices in general, and on the other hand the dilemma that they face with the need to work and study; *"you feel good because it's what you like, you are not part of the problem but part of the solution, so this encourages you to carry on in the group, but if you are involved Saturday, Sunday, Monday, morning, all the time you devote to all this, and my life?"*.

INTEGRATION OF NATIONAL, STATE AND MUNICIPAL STRUCTURES

a) According to Government Officials

Both the government and civil society officials, speak about the decentralisation process that the country has initiated, through which the various areas at central level have to progressively insert themselves into existing regional and local spaces. They explain that the key to the process is the Decentralisation Council that will be in charge of articulating the policies, even though it is the Ministries that are putting up obstacles so as not to lose their space and their power. They consider that the process will strengthen the autonomy of the municipalities in defining their policies.

They state they have good expectations about the field of action in the local area. This implies that interventions in the municipalities will depend to a large extent on how the Mayor sees young people, and so it will be necessary to do advocacy in this sector. They see decentralisation as a very good opportunity, seeing the local and regional space as the one that is most sensitive to the changes when it has access to reliable information; *"when you do advocacy documented with information about the region and you tell them what's happening, immediately people want to work"*.

They say that there are some intersector commissions at national level that articulate certain specific problems between ministries, as for example, that of equality of opportunities, that on violence, and that on childhood and adolescence. They mention as a weakness the absence of certain areas of government that should be taking part in the topic of youth, like the Ministry of Justice and the Armed Forces, in terms of the current topic of reducing the age of criminal responsibility of adolescents.

b) According to civil society

They remark on the learning that this process necessarily involved, both for central government and for regional and municipal governments. The government youth institution is working in two or three regions as a pilot experience, with articulation work, developing youth policies suited to each region. However, it has no direct representation structure in the regional context. The party political structures contribute to some extent to the confusion generated by the decentralisation process, as the party proposals duplicate each other, but in a disarticulated way as in the case of the CPJ (Youth Participation Council) and the APRA Youth Institute. In this context they stress that *"the other topic we have seen in some places is the tension between the regional and the municipal governments, which are duplicating efforts and not coordinating"*.

FUNDING

a) According to Government Officials

They consider that the youth area budget is extremely restricted, and some are more severely critical. They see it as one way of assessing the importance of the subject on the political agenda, beyond the discourses; *"I think that when the budget is less than 1%, this is not a State policy, and is not important enough to be one and even more if you are talking about a population aged from 14 to 30, you are talking about 60% of the population and you are taking less than 1%, so essentially it has no importance for the State and less for the government"*.

They mention that the government youth institution comes under the Ministry of Education and it is not clear what its specific budget is. There is a budget item set in the law for the two annual meetings of the CPJ, for 80 young people to attend. The young people cannot receive this money directly. They take part as volunteers, receive no wages, except for the four members of the governing council who receive a payment for each session they take part in.

From the Health area they say they have a minimal budget, and so they look for support from international cooperation agencies. In the context of decentralisation with the local strategic plans and their participatory budget, the possibility is opened up for each municipality to define a specific quota for youth and adolescence.

d) According to young people

Younger adolescents talk about the lack of economic resources. They know that these exist, but that the mayors do not use them for youth. They explain their opinion about this sceptically; *"there is no money for young people and we are the future of this place: incredible!""*.

FAVOURABLE AND CONSTRAINING FACTORS

a) According to Government Officials

They identify favourable factors as: (i) the attention the Law has generated for the topic of youth. The information, research and study being generated by the government youth institution; (ii) some municipal and regional governments are starting to open their doors to young people and generating public policies for them; (iii) the process has begun of forming citizen awareness and visualising youth as having a leading role in development; (iv) the existence of many youth organizations, which are working on the formation of leaders and generating a citizenship culture *"because the kid who has power is very unlikely to be influenced by anyone, they have their ideas already formed"*; (v) from the civil society organizations there is preparation for a generational change-over; (vi) the synergy produced with the NGOs working on the subject, the international cooperation agencies and the State itself; (vii) there is an ever stronger network of youth organizations and at the moment it is caught up with everything to do with rights; (viii) there is a new generation of young people who are coming into citizen participation through the voluntary sector; (ix) the positive characteristics and aspects of the young people; *"there are many very creative young people and I think that is challenging"*; (x) the media have started to talk about young people more positively, and the facility provided by the communications; *"so we have more informed youth and adolescents"*.

Among the obstacles they stress: (i) the invisibility of youth which means that permanent advocacy and awareness-raising is necessary; (ii) the stigmatisation of adolescence and youth as the youth problem and delinquency; *"they don't see young people as strategic actors for development but as a problem"*; (iii) young people are still seen as the exclusive object of programmes and not as subjects with a leading role in them; (iv) only 10% of young people are organised; *"youth on foot who goes barefoot, who works on the street, is not organised"*; (v) a highly conservative form of organization and acting still prevails in the State, a very sectorised view *"still, and in compartments, those in health taking care of their work in health, and*

those in education, the same", as opposed to the dynamics of the NGOs; (vi) the perceptions between generations; *"there is lot of work to be done in this field, and it becomes a great limitation, related with policy approaches"*; (vii) young people, on the one hand, are very critical and mistrustful and on the other have difficulties presenting an organised proposal; (viii) young people feel excluded and the adults do not generate opportunities for young people to participate; *"there is still this paternalistic view of youth that you are in formation, stay in your place, but later on they require you to be a citizen"*; (ix) young people cannot gain access to the structures of the political organizations (of the 6,700 elected authorities in the country, only 4.8% are young people); (xi) the difficulty of sector articulation; *"the sectors work as differentiated sectors and there is no obvious inter-sector work, each one is working on their thing"*; (xii) the conservative sectors and when they confuse what is public policy and what is ideological or religious interest; (xiii) the scant credibility of young people as social actors; (xiv) the risk of the adultisation of young people; *"how to keep on working with young people without them becoming adults prematurely? if they don't keep their role"*; (xv) the unfavourable socio-economic situation; *"more than 67% of young people say that if they could leave the country, they would go... the lack of jobs, the few opportunities, the low salaries"*.

b) According to young people

Among the favourable factors they note: (i) the changes and personal development; *"it's that it nourishes you as a person, it changes you quite a lot, now I'm a more focused person"*; (ii) the opportunity for training and formation; *"it gives you the chance to perform and develop as a person and to learn a bit more"*; (iii) the space they participate in, referred to as their medium, where they feel valued, different from the adult world; *"being in a youth group, in that space they value what in other places they don't value about you, even in their own homes"*.

They mention as obstacles: (i) the economic difficulties presented by being a volunteer, which they give great importance to in their lives, but point out the difficulties and the dilemma of matching this work with studies and the need to work; *"and this is in Villa El Salvador, a place so poor that there are kids who work and get nothing"*; (ii) the unpaid nature of voluntary work makes the continuity of the adolescents' and young people's participation precarious; *"I have to give it up because I have to go to work and support my family, I think this is one the greatest obstacles"*; (iii) the lack of education; *"I have the idea that sometimes we young people speak from lack of knowledge, from not knowing, not digesting, not being taught"*.

CASE STUDY IN VENEZUELA

Four officials from Health, two from Youth and one young official of AVESA were interviewed. We took part in a

workshop run within the Project of Formation in the Official Norms for Comprehensive Adolescent Care, organised by the Health and Social Development Ministry (MSDS), and UNFPA/PAHO. There we interviewed a woman official of the MSDS and a consultant of the state of Baruta.

An in-depth interview was held at management level in the National Youth Institute (INJ). A male official of Gestión Salud, an NGO working in the municipality of Varina was also interviewed, on a pilot project with young people and health services that aims to institutionalise innovative experiences in the municipal context.

The young people were interviewed in two focus groups: the first in the state of Varina, with young people aged between 22 and 27, leaders from the National Youth Institute (INJ) of their state. The second group was made up of adolescents between 15 and 17 from the 4th cohort of the NGO Venezuelan Association for Alternative Sexual Education (AVESA Juvenil).

THE CONTEXT

Venezuela has a population of 23 million inhabitants; the global fertility rate is 2.7%, and the annual demographic growth rate is 1.8%, both of which are high. In about 39% of births, the mothers are adolescents. 47.3% of the women aged 15 to 49 use contraceptives, while the percentage is only 10.6% in the group of women from 15 to 19 years of age. More than 80% of the people using contraceptives obtain them through private services. Abortions in unsafe conditions are a usual and very worrying practice.[13] Illiteracy is 6.6% and 6.3% for women and men respectively. Social conditions in Venezuela started to deteriorate since 1980 and inequalities grew in the 90s, increasing levels of poverty, which by 1998 affected around half of Venezuelan families.

A new political leadership, a new Constitution and the start of State restructuring are guiding the current plans for economic and social development of the country, including the creation of a Citizen's Power, made up of the Prosecutor's office, the Comptroller's office and the Ombudsman. The new constitution (CRBV) envisages a process of legislative and institutional adaptation and new strategies. Particular social rights are established such as the right to health, incorporating reproductive rights and equity between genders. Institutions are created for the defence of human rights. The Organic Law for the Protection of Children and Adolescents (LOPNA) also contains provisions for protecting the reproductive rights of this population group.

The Organic Health Bill was drawn up with the aim of guaranteeing the right to health of all people, embodied constitutionally as a basic social right and part of the right to life. Once this Law is passed it will govern the health policies, services and activities and those connected with health, nationwide. The Health and Social Development Ministry (previously the Ministry for the Family) is made up of two Vice-ministries: that of social development and that of health. The former defines as a basic premise that social development depends on growth and on social integration, operating with a citizenship that has equality of rights and duties and with social participation as co-manager and with a leading role in the process. The Vice-ministry of Health is reported to have a comprehensive and participatory approach to health care. There is a Social Sector Cabinet with the function of planning and coordinating public social policies. The Social Cabinet is made up of the Ministers and Vice-ministers of Health and Social Development, of Planning and Development, of Education, Culture and Sports, of Work, of Environment and of Natural Resources, of Science and Technology, of Finance and of Defence. The Ministry of Education, Culture and Sports has the National Youth Institute (INJ) under its orbit, created through the Youth Law.

In terms of decentralisation, promotion and strengthening of community participation, the CRBV also includes: (i) in article 166 the establishment of the Regional Council for Public Policy Planning and Coordination, led by the Governors with the participation of Mayors, Ministries, Legislators and representatives of the organised communities; (ii) in Art. 182 the establishment of the Local Council for Public Planning, as the Municipal Body in this matter, led by the Mayors with the participation of the councillors, parish boards, neighbourhood organisers and others from the civil society; (iii) in Art.184 the Law will create open and flexible mechanisms for the states and municipalities to decentralise and transfer to the communities and organised neighbourhood groups the services that these request, after showing their capacity for providing them, promoting the transfer of services related to health, education, housing, sports, culture; (iv) Arts. 185, 299 and 300 envisage the creation of the Federal Council of Government, dealing with strategic, democratic, participatory planning with open consultation, and the establishment of functionally decentralised bodies for carrying out social activities. There is a Strategic Social Plan (PES) which is a policy planning instrument that enables the comprehensive implementation of the rights that are constitutionally guaranteed. Citizen participation is one of its core axes.

Starting from the identification of illiteracy and school drop-out as problems that generate inequity, the Youth Volunteer Strategy was devised to ease school reinsertion at primary, secondary and university levels, through the programmes called missions. The Robinson Mission is aimed at literacy training, and the Sucre and Rivas Missions are in charge of continuing secondary and university studies. These programmes are run by youth volunteers from the National Youth Institute (INJ). In the first year, 120 thousand youth

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13 http://www.unfpa.org/latinamerica/index.cfm#venezuela

volunteers were incorporated into the IVJ and 30 thousand in the Francisco de Miranda Foundation; *"it was very important that the President of the Republic took charge of the communication strategy, and was in front of it calling on the young people"*. In the early months, the young people were given the mission of calling for volunteers in their own spaces, the university, school, community, political or religious organization. The IVJ is a new institution, less than two years old, as are the missions, which have grown rapidly in participation. The volunteers are paid travelling expenses for getting around, *"like a monthly sum of 120 thousand bolivars, which is practically nothing, to get around for the tickets... for an arepa (tortilla), a soft drink, eh...120 thousand bolivars"*. The Barrio Adentro [Inside the Barrio] programme also incorporates young people as actors from the voluntary sector.

Venezuela is a highly politicised society and young people participate actively. The public sector promotes the incorporation and inclusion of young people in priority government programmes and their recognition as subjects of rights. The citizens encourage the participation of NGOs as trainers in the case of school social service. AVESA, for example, has a reproductive rights programme. The political parties also work with young people, forming political groupings. Young people are seen by the government as a basis of its sustainability. They are being considered by some civil society organizations and by the government authorities as a new force, with an impact on social programmes, and young people recognise themselves as having a leading role in their communities. The Social Service Programme is compulsory in Venezuela for all secondary students, and they can choose the kind of task. AVESA participates in the training of young people in sexual and reproductive health and rights for two years and then they have to be facilitators for training their peers.

YOUTH LAWS, POLICIES AND PROGRAMMES

a) According to Government Officials

They give great importance to the legal frameworks for executing policies, and each one refers to different legislation depending on the field they belong to. They mention the legal framework made up of the Constitution of the Bolivarian Republic of Venezuela (1999) (CRBV) and the Organic Law of Child and Adolescent Protection (1997) (LOPNA), which establish the fundamental principles for this population group as full subjects of rights, and the Youth Law.

From the Health area, they say that the process of drawing up the legislation and policies involved sectors of the civil society which had been doing advocacy for many years each from the space they belong to, especially from the sector of women's organizations, which are used to claiming their rights; *"from the non-government sector, especially from a strong women's movement, from the more progressive sectors of society, they were pushing for action on the subjects of the citizenship of children and adolescents"*.

Venezuela signed the International Conference on Population and Development in 1994, and only as from 1999 did it begin to appear as a public policy. They state that they took part in Cairo +5 with a government position of rectification in view of the new Constitution, and confident about the process that had been developing. They mention the importance of the civil society organizations in the process of formulating the legal framework, despite the opposition of conservative and religious sectors. They say that as from July 1999 the government and the NGOs defined a strategy for reproductive rights to have constitutional force, in order to serve as the basis for policy formulation. They feel that this process transcended party politics and generated a strong opposition wielding the idea of the right to life, pushed by religious fundamentalism; *"the previous government was deeply linked with the ecclesiastical hierarchy"*.

They say that the aim was for reproductive rights to have constitutional status so that this would enable a policy platform for making changes, such as the concept of citizenship and rights for adolescents, including a guarantee of these rights and attention in services. They report that before the enactment of the LOPNA, there was no specific policy or programme for young people from a rights point of view, since there was *"a policy, a conservative position that very strongly rejected sexual education, which was passed in the '97 reform in the midst of fierce arguments"*. They consider that the omission of certain subjects in the policy meant a form of exclusion; *"up to that moment there was no explicit policy, the policy was a policy of not attending"*.

From the federal government youth area, they speak first about the Youth Law, which was developed in a very dynamic process from various levels of government, with young people from the states, municipalities and parishes taking part; *"they led to discussions in the states, the municipalities, parishes, in the centres where the young people get together; the national campaign was picked up and carried on"*. The National Youth Institute is present throughout the country, through the work of the youth volunteers; *"the Youth Institute is a new institution in Venezuela, one year and 7 months old, and its mission is a year and 2 months old. This has enabled us today to have a national structure"*.

In the municipality interviewed, they say that there is no specific legislation and there are two national bodies that work at local level: the Ombudsman for Child and Adolescent Rights, and the Municipal Council of the Rights of the Child, which is *"a body that was created precisely to deal with everyday matters. It meets to watch over everything related with the system protecting children and young people and to work for projects directed at this area"*. The two bodies mentioned here are related with human rights in general. For the municipal authorities and officials *"it is quite clear that no attention is paid to young people, for young people nowadays I would say there are no programmes"*.

b) According to civil society

Like the government officials, they mention the legal framework as an important achievement. They refer to the Constituent Assembly of 1998 as the framework within which the subsequent changes in the set of organic laws were able to take place, in the areas of health, education and above all on the subject of children and young people. They say that previously there was a tutelary law for minors, but with the new law *"the LOPNA, you realise that there was a great qualitative leap produced with the constitutional change, creating a very solid legal framework, very extensive and very detailed, to start working on key tasks"*. They mention that the LOPNA began to be pushed forward by the government with the promotion of UNICEF, which cooperated with the young people of the base community organizations, mothers and children. They indicate that the Law was approved speedily, to the surprise of the groups pushing for it. They say that this legislation was originally promoted by sectors historically committed to the subjects of gender, sexuality and rights, and that the policies defined by the current government are related with the process encouraged by those sectors, and note that "*Art.50 of the LOPNA guarantees reproductive rights, including services and contraceptives to over-14s, without parental authorisation.*

They talk about the need to build up a network for working with young people, something which is being considered with the new norms for comprehensive adolescent care. They indicate that the LOPNA promoted working in networks; *"this law pulled together a whole scheme and with a system to be able to create a genuine network for protecting children and young people"*. At municipal level they say that in one of the states a very effective, decentralised health network was developed at municipal and parish level, and that these networks took over the control of many health centres, directing and managing their services.

They talk explicitly about the lack of programmes and budget that reach local level. The new Norm for Comprehensive Sexual and Reproductive Health Care is recently being disseminated to those responsible for State programmes and, as its components involve participation and the creation of networks, its process is slow; *"there are no institutions capable of taking on a number of tasks, and this is to do with this system that does not protect children and young people very well"*, and they consider that the crisis of governability is an impediment for implementing the legal framework; *"there is a crisis of governability that still persists in this very context, and it does not let a law like the LOPNA be applied"*.

c) According to young people

They recognise the LOPNA as the legal framework which, they explain, defends their rights and protects them from what they define as *"adult abuses".* They feel that the Law shelters and protects them from the inequalities of power with the adult world, made up of the family and the school. They do not refer to any special agency, but only to the Law as legitimating their rights. They say that the LOPNA enables them to take care of and decide what they believe. They experience it as a protection in the face of adult power; *"rights and some freedoms and duties, above all more protection from the abuse of older people".* It gives them their own space where neither their beliefs nor their decisions are endangered; *"we are covered by the right to take care of what we want and to decide on our own lives, without anyone coming to take you over; it indicates protection in many areas within education, in our families, when there is some abuse, even in the sexual and reproductive part".*

They also mention the Constitution and how this gives them rights and recognises their citizenship. The young people consider that they take on duties as citizens, without now being used for activities of lesser importance. The legislation places them centre stage and enables them to take on their duties with responsibility; *"the first important point to stress is that for the first time in the constitutional history of our country the new Constitution gives specifically to the young people the participation that up to now was used only for sticking up posters in demonstrations and marches, because the youth who is active takes on state duties responsibly and with genuine duties".* The young people interviewed from the INJ express themselves with an adult discourse, as if they were not part of youth. They say, for example, that they *"are working with the problems of the adolescents who need to be guided".* They seem to identify themselves more as political leaders than as young people, from an approach similar to that which usually marks the adult world.

These young people talk about the importance the Youth Law has had in Venezuela. They see themselves as having shared in generating it in their own states and supporting the legal consolidation strategy in the rest of the states, and feel that they have taken an active part in this process. They say they are widening the space that the government has given them, participating actively and mobilising their communities, and see themselves as protagonists in the political process; *"we are managing to consolidate a regional youth law in each state. This is a pioneer state, which started off even before the national law. Our work here is well advanced in terms of forming assemblies in the different municipalities. We hope that by the end of this year the regional youth law is consolidated".* They are political militants taking an active part in the government programmes that include them as protagonists. The Youth Institute has meant their own space for personal and political development. The area in which they work in their state was ceded to them by the governor, is called the Youth House, and was mentioned by the young people as their house.

They talk about the programmes that they take an active part in and where they are recognised as principal actors by

the first level of government. The Rivas, Robinson and Sucre missions and the Barrio Adentro and Vuelvan Caras programmes; *"apart from the different missions we have the health and social development programmes that are aiming at what is being done at national level"*. They also mention the endogenous nucleus of training and explain that this is a programme for setting up cooperatives of training nuclei that foster productivity at local level, to establish community production micro-enterprises; *"the young people commit themselves to taking the lead in the programme, they take on the commitment and this is seen in the training in each community"*. These young people show themselves well informed about the different dependencies of municipal government. They mention the Youth Institute in which they take an active part, some programmes of the Student Affairs Ministry and the Municipal Club. The local space is where they feel themselves to be social actors, where they are recognised by the authorities and where they have the possibility of carrying out activities that generate substantial changes in the community.

The young people belonging to the NGO make only a minor mention of government activities, but provide a lot of information about the programmes of the institution they belong to. They note that the service is free, which makes it possible for them to have access to them without adult intervention. *"AVESA has psychological care for domestic violence, sexual violence, also for attention to sexual education and the walk-in clinic, gives the information needed, helps and they tell people where they should go for help when they are abused or pregnant. They are specialists, they can attend you, they help you and it's free"*. They differentiate between the small institutions with their concrete activities, like this NGO, and the government ones, which are large and impersonal institutions, with promises they don't fulfil. They question the government's credibility; *"because the government is such a liar, because it says they want to help and they don't do anything, they say they are going to arrange something and don't arrange it, they say they are going to give something to adolescents but they don't do it"*. They only vaguely recognise government programmes and some activities of the public and private sectors; *"and there are some government offices working on social development and such like that we deal with here. They deal with some topics that are that important for women, and there are some MSDS projects "*.

REPRODUCTIVE RIGHTS APPROACH

a) According to Government Officials

From the Youth area, they define adolescent and youth care in health and sexual development as a priority. They say they give priority to health and prevention in their approach through counselling, information and assistance. They explain that one of the core policies is the prevention of STIs and adolescent pregnancy, as well as drug addiction and delinquency, through the Youth Houses, which work as comprehensive formation centres, where the youth is attended, and given information about prevention, and political groups are also formed; *"so in everything that has to do with social prevention, they talk to them about AIDS, above all about AIDS, but they put in premature pregnancy, and so they bring condoms, under an agreement with the MSDS"*.

From the Health area, they provide a conceptual explanation of the comprehensive approach on which the MSDS strategy is based. They say that sexual health is the core and not a component of reproductive health, understanding sexuality as an intrinsic dimension of the human condition as human beings, sexed beings, and that all the matters related with sexuality are fundamental to people's happiness and quality of life. They say they have included other aspects such as gender roles, pair relationships, affectivity, the emotions, and eroticism. The other approach is gender equity, which is transverse to all the public policies and is present in the Social Strategic Plan and the Social and Economic Plan of the Nation. They explain the difficulty they have in making the service providers understand that they have to view youth and adolescents in a more comprehensive way; *"understanding the socio-cultural aspects constructed on the basis of the sexual differences that are not biological, but that those of gender are sociocultural and are open to transformation"*.

In the municipality they report that, when the authorities recognised premature pregnancy and drug addiction as problems, they called in an NGO to make a pilot experience. *"There is an approach rather of coercion in the subject of pregnant young people, with that view of punishment, and separation; the girls leave the schools for that reason and there is nobody to defend the fact that they are able to continue in that school"*. Adolescent pregnancy is seen here as a social problem, but no mention is made of how it is experienced by the youth and adolescents themselves, taking into account the cultural and social context. The publicity material provided referred only to reproductive rights.

b) According to civil society

They mention the difficulty the young people have to obtain youth-friendly services, since the primary approach is one that denies adolescent sexuality. They refer to the difficulties of the Health sector in understanding a comprehensive approach; *"for the nurses, for the doctors who have a very reluctant posture in terms of seeing young people, youth couples, the main thing is that they only think of telling them off, and this has to change;, there is start to be a willingness to inform, without prejudice, about healthy sexuality."* Two difficulties are mentioned in the health sector: on the one hand, sectors that do not want to accept adolescent sexuality and on the other those who accept it and speak of healthy sexuality.

They say that the NGO implements various programmes: the Community Sexual Education Programme, the Sexual

Violence Attention Programme and the Sexual and Reproductive Health Programme. Within the first is the workshop for forming sexual and reproductive health promoters, and four cohorts of about 30 young people have already passed through it, who go to secondary schools near the institution and do their school social service in the institution. They explain that one of its fundamental principles is peer education; "*we think it is essential for it to be the young people themselves who speak of the subject of sexual education, of sexuality and of any other topic, because the message gets through better and is much more effective*". Peer formation occupies a core place in the analysis of the focus groups.

c) According to young people

The adolescents of AVESA say that reproductive rights are a gift, a power that they have, the most important thing for defending themselves. They see the best way of guaranteeing these reproductive rights as communication, with their peers and with adults. They are surprised at the reactions produced by this role of peer trainer; "*the important thing is that we have, we explain to people of our own age; the older ones even gaze at us, ah! these kids are teaching us something!*". They identify sexuality as what makes them be, feel, think and act, transcending the concept that gives priority to and values its reproductive purposes, and understanding it in terms of identity; "*sexuality is not just sex, sex and that's all. No, it's that sexuality is also how we dress, how we are, what gestures we use, all that is sexuality*". They refer to the beliefs and values that the adult world has built up centred on genitality, the handing out of roles and prejudices; "*when you start to talk about sexuality, you realise that there are many things that society has invented for itself*". Exercising their reproductive rights has generated personal changes in them that has enabled them to produce changes in their environment; "*so if we change, we can change others, so these workshops are important*".

The young people of Varina, of the INJ, mention reproductive rights associated with a risk approach: prevention of adolescent pregnancy, of STIs, unsafe abortion, school drop-outs, loss of opportunities and forced paternity. They identified the importance of information, the workshops and publicity campaigns; "*we did a campaign of handing out leaflets with condoms where it more or less explained what is the part of sexual prevention, of the risk diseases. I know that young people are first in the statistics as far as sexually transmitted diseases are concerned, for their lack of counselling*". They mention the apathy of young people in defending their rights and the scepticism that many young people feel in the face of a political culture with values that they themselves dismiss; "*young people have shown apathy to any interest in defending their rights. Through the youth houses, workshops are set up with talks on prevention, early pregnancy, the right to decide when to have sexual relations, the right to identity and everything that has to do with women's rights*". They say that the subject of

rights is comprehensive and requires intersector action, but keep referring to the problems of the young people; "*the problems of sexual rights, if they are not dealt with, can lead on to problems like drug-addiction, delinquency; this subject is comprehensive, going along with the National Institute for Women, with Culture, with other activities that can encourage spaces for healthy participation*".

One of the participants, 22 years old and already a father, considered adolescent pregnancy as a problem; "*there are many cases of couples who split up when they have a child, the parents go their own ways, and the mother, practically a girl, is left there attending her child and the situations are much more critical because many of them don't even finish school, or even the primary, and don't have manage to get a good job*".

Youth and adolescents point to the importance of reproductive rights, but it is the group of those working with AVESA who can be seen to be clear about their task.

PARTICIPATION OF THE CIVIL SOCIETY

a) According to Government Officials

The Youth sector talks about the programme proposal of voluntary work, bringing together all Venezuelan young people, independently of the group, the political party, civil society, parish youth, or ecological organizations they belong to. They explain that article 64 of the Youth Law includes a register that should provide a periodic report on the enrolments of the youth associations to the National Youth Council. They are thinking in the medium term of certifying 250 civil society, political party and student organizations; "*they are given a credential as part of the institute and we start working together*".

b) According to civil society

They stress the need to integrate society as a whole with the government institutions. They explain that the confrontations that Venezuelan society as a whole has been involved in in the past five years have delayed the definition of policies and action; "*it has not let us see that there are things that happen every day, that they are greatly harming people's health. What has to be done now is to start doing small things, little achievements for people to know that they can and should make demands*". They stress the need for a government that works for a state and for the people, and for people to organise themselves to make demands, making it clear that this is the work that they are doing with the young people, seeing it as a responsibility shared between the social area and government.

They note that the community can also generate activities to promote the integration of young people from their own spaces.

c) According to young people

The adolescents who belong to AVESA speak of the difficulties they have in interacting with adults, because of

the different views they have on themes of sexuality. They consider that the adult world perceives sexuality without including young people and from a genital and reproductive point of view; *"in the community, in the society we live in, there are lots of taboos. Coming with these topics is a bit difficult because they are very inhibited. The community does not take much part in these subjects, because you have to do campaigns for them to be moved by it, but you can't turn up and say, look, this is such and such".*

They say they notice a rejection and disparagement from adults when they talk about sexuality; they feel that the adult world sees them as immature and inexpert; *"there are older people who say, what are these children doing, giving us lessons, explaining to us. And we know more than them. This is what they don't know, that we know that they are that age but that we know all about what they have. We have a higher IQ".* They talk about the difficulties they have in setting up a fluent communication with the adults because of the negative valuation they have of their role. They think that the adults' power is based on that they think they know more. They say that this even happens with young people who are a bit older; *"it's very difficult to have an open conversation with an older person. They don't believe in us because we are younger, because they think that being older and having lived more time they have more experience in everything".*

They mention that the referential frameworks of the adult world are being brought into question, though they still occupy the place of knowledge. They experience the confidence and power that comes from transmitting their knowledge, which they consider is taboo for the adult world, which makes them bearers of a unique revealed knowledge, which they feel sure about and have no conflict with; *"the thing about adults is that when you talk to them about the subject, they sort of reject you a bit, because the fact that you have a bit more knowledge than them, of course they must have their own, but in 2004, it's as if they have been left a bit behind".* They describe their situation in the adult world and the difficulties about being accepted and integrated. They say they are entering the adult world with responsibility and a new way of looking, which not all the adults understand.

The lack of communication is a factor that recurs as an obstacle to being able to work with adults. They consider that adults do not want to face them, that they close themselves in their own beliefs of another age; *"we have already taken from them practically the power they had. They are losing their rank now, either we go up or you go down, but we are going to be level and that is the easiest way to get through to adults, challenging them. They build a wall, when you want to talk about the subject, they avoid you or they come out with a nasty remark or shut themselves off. We know more than them, they are not used to us having other ideas different than theirs, they don't want to accept that they don't know more".* The first place where they try speaking about these subjects with adults is in the family; *"my Mum*

has spoken to me very openly since I was small. She has her limits and we can say that the rest I've found out through others telling me here, and through Internet".*

The young people in INJ feel an active part of the community, think and generate actions as volunteers; *"that has helped us make agreements with institutions, the participation, the problem is seen as everyone's problem, in the community, of the mayor, because the minister lets us organise the people of the place".* They talk about the space where they run their activities and of the struggle to reach contexts reserved for older people, explaining their relationship with the authority of the governor of their state, the minister, the president, as the adults that they consider reference points and who are in turn their own reference points. Like the other group, they point out that there are adults who make their task more difficult, relating them with a *"youth culture"* and dismissing them; others, however, help them because they understand them, *"people who were fighters when they were young".*

YOUTH PARTICIPATION

a) According to Government Officials

From the Youth area, they stress the leading role of young people in developing the strategic programmes of the current government. Youth voluntary work has given an important role to the National Youth Institute through the missions, in which young people are the main actors. They also take part in the Barrio Adentro social programme as community promoters, detecting problems affecting the poorer populations. The number of young people taking part is remarkable; *"more than 150 thousand youth volunteers in one year".* They say that each youth has the task of bringing in other young people, and this has produced the exponential growth; *"youth social volunteers are people who don't receive money. They are part of the Institute because they are part of the voluntary sector and we recognise them for the work they do".*

b) According to civil society

They observe that youth participation is generating demands, with the young people gaining spaces. In the state we visited, they are incorporating adolescents more in decision-making. But they make it clear that there are no youth organizations of young people themselves, but only led by adults; *"they have the role more of followers; the adolescents haven't developed that youth structure yet".* They speak of organizations for youth and adolescents, concerned with the theme of youth, but not belonging to young people. They speak of the incorporation of youth and adolescents into the formal structures at local level as a matter pending; *"within the new guidelines we still have to start incorporating adolescents into those state, municipal and parish health committees".*

They note the importance of the peer work and the recognition of the young people's choices for their volunteer

work. They remark that when the activities are directed towards their own choices, the results are surprising; *"in the area there are five squares full of young people on skateboards, which are used for lots of things, for working with young people on the topic of drugs, sexual health, violence, they begin to make meetings themselves, call people, we have made workshops, it's been a boom. We already have a list of 130 facilitators who are coming in to generate a social network for stimulating, counselling, and identifying risk situations for the young people"*. As regards peer formation, they explain that this strategy reduces efforts and multiplies results: the youth and adolescents communicate and replicate in their daily lives, in their spaces, in their relationships, with their families, their peers; *"they go around telling the others around them, their class-mates, making campaigns about the promotion of reproductive rights in the colleges. We are always making campaigns. Being able to apply this in their own communities is like a formal graduation"*.

c) According to young people

They explain that they do their school social service and are points of reference in their schools. They give courses, information and are consulted by their peers. They accept this role securely and with confidence and feel supported by the institution they belong to; *"whatever the problem, they call us, we help the pupils whenever they need something, if they have problems. In my college, I've done activities on sexual health so that each person receives some information and the rights and duties we have"*. They relate their learning experiences, where they have been able to evaluate the work done with other slightly younger adolescents, the ability to manage situations of tension and conflict; *"yes, we didn't pay any attention to them on that subject, because they saw it from that rather morbid point of view and so some of them paid attention; in the end, we realised that most of them understood, and we were surprised at how we were listened to"*.

The AVESA adolescents say they receive recognition from the adult world in their role as peer trainers; *"before, it was the teachers who gave the workshops on sexual health, but now we are talking so that we give them, because the information gets through better from adolescent to adolescent, and the teachers are asked some questions that they evade and don't know how to answer"*. They say that their peers have more confidence in them than in adults *"and so they turned to me to ask me, how do you keep a relationship free of violence? to see what they did"*. This recognition, they say, has given them confidence about their own ability to transmit information to other young people from their own experience. Their work as peer trainers has given them the opportunity to have their own space. They explain that they use the Paulo Freire model, uniting information with experience, as a way of generating conscious and creative learning, which makes the information come to life and the learner identify with the contents. They would like all the young people to be able to take advantage of these spaces of trust; *"perhaps if all the schools knew about it and made a little place like this where they could come to us if they wanted to"*. They say that at times they feel discriminated too, not only for being young people, but also for not belonging to an active government group; *"now the directors want to eliminate these programmes, this school programme of [the school they belong to], they want there to be nothing but the government programmes"*. When talking about working with adults, power invariably appears as an obstacle. Adults often base part of their power on the experience provided by the distance they have walked; the young people, however, believe that this experience cannot be applied to their generation.

They recognise that there are adults with whom it is possible to establish a meeting space, where they are given room, where they have equal status and their contributions are valued, who are open to being treated as peers without feeling they lose their role or that their identity is threatened. The adolescents reported that the director of the school where they did workshops the previous year had asked them hopefully if they would continue giving them in the new school year; *"I spoke with the teacher who is in my section and it affects her, and I tell her it's like this, and she answered me, she likes the subject, I talk with her like at her level and I tell her this and that and she is open to the possibilities"*.

But there are exceptions with some adults with whom there is good communication whatever their age, like the governor, where the gap is dissolved and channels of communication are built up that are appreciated by the young people; *"so we young people have really serious and concrete proposals, which many adults ignore and there are people who when they were young were fighters too and are adults and there they understand the process. One case is our governor, well, he's a man of almost seventy-something, he's old and we say that he is our youth leader because he listens and supports the youth and not the mayors"*.

INTEGRATION OF NATIONAL, STATE AND MUNICIPAL STRUCTURES

a) According to Government Officials

From the Youth area, they say that they have managed to give institutional status and organization to the INJ, sharing with the main government areas, in national, provincial, municipal and parish contexts; *"a presidential commission was created made up of each representative, and this was reflected in turn in every city, every province, every state and each municipality and local parish"*. It can be inferred from the interviews that, even though the link between the Youth Institute and the Health Ministry has institutional status, this does not seem to be working. The interviewees make no mention of joint activities, either as a priority or as an opportunity.

In the municipality they explain that the areas concerned with the subject of youth are sports, culture, education and health. They are starting to work in an intersectoral way through a SRH programme for youth and adolescents. They mention that they are starting to articulate activities with sports and with education, working with schools and municipal high schools. They are looking for young people who will be facilitators in the next stage; *"all the network has to understand that young people have to be made to fall in love with the idea that they can go to the primary network and that they are going to be regarded in a bit more comprehensive way"*. They report that in the state they follow the national guidelines but that these leave a lot of space for adaptation to local realities; the new Official Norm is based on situational and needs diagnoses and the actions are decided based on these.

b) According to civil society

They talk about the current political polarisation at the heart of Venezuelan society, which has created technical differences between the three levels, and so they think that community participation is important; *"this is why things like this have to come up out of the social base, from the demands of people"*.

They state that intersectoriality is articulated from the government, leading activities that bring together different sectors; the incorporation of the education, sports and religious sectors is being achieved; *"in the current situation of the country there is a change, turning towards programming in an integrated way, which means that it is not health taking charge of this; culture, sports, social development, education and health have to come in, as a whole to see how we can make the young people find a space in which they can express themselves and can be seen as human beings with potential, for their families and for their community"*.

FUNDING

a) According to Government Officials

From the Youth area they explain that resources are still insufficient but they believe that the budget will be broadened in the coming years; they are within the structure of the Ministry of Education but as an autonomous institution. They are hopeful about international cooperation; *"We believe that we will soon be able to get some benefit from cooperation to be able to massify youth attention. The IDB is being spoken about as a new institution for strengthening the work of the institution, not for funding a programme"*.

From the Health area, they say there is a budget and discussion about it, and that most of it goes on the purchase of supplies and infrastructure. They talk about the free contraception supplies service and the guarantee of service provision for the adolescent population; *"yes, they are in all the centres, though there is a problem in logistics, distribution and logistics. This year there have been*

problems with purchasing. The Ministry and the regional bodies have to guarantee six kinds of contraceptives, including emergency contraception and as a priority for adolescents who are the ones who most seen in situations of emergency.

b) According to civil society

In the municipality they report that the municipal government budget is very small, and so they have hired these NGOs in order to make a pilot project in two health centres in poor neighbourhoods. The pilot project is funded by UNFPA. The strategy is to generate demand and this project has impact assessment components, so the authorities will be able to take decisions based on results, since – according to the interviewee – no clear political decision has yet been taken in the municipality which includes this subject. *"What we want when it is consolidated is that it is thought of as a social demand, that is, when there are young people going systematically every Tuesday and Thursday, for example, for a consultation, because they want to be seen or because they want to know if there are condoms, information and all"*. At state level they reported that there is a budget in some areas indirectly, but no specific funding for adolescence and youth; *"for the sports area, health has a budget within mother/child care and a little bit of it went to the coordination of comprehensive care for adolescents"*. No, we have no specific funding for programme development"*.

e) According to young people

The young people in INJ recognise the lack of resources, the limited budget for young people and the diversity of government areas dealing with the subject. They mention the hope that the President's political decision may allocate them more resources; *"the lack of resources, because the institute as such does not manage the budget to give it to the states, the states themselves have got organised and through agreements, then we have the governor, on the other hand, and he is, well, collaborating with the young people"*.

FAVOURABLE AND CONSTRAINING FACTORS

a) According to Government Officials

Among the *favourable* factors they note: (i) education as a priority policy for the current government;, "*today Venezuela is an educated country, open to knowledge and study, we are 25 million inhabitants and 13 million study, are in teaching environments"*; and (ii) from the health sector they note as a favourable factor the knowledge that the young people have about the LOPNA, "*right now the boys and girls in Venezuela know about and are empowered with rights. All those who are in school know the subject of rights; they know they have a law to protect them. Perhaps they don't know it in detail, but they do know that the LOPNA exists for them, it is theirs"*.

As regards obstacles, they point to the lack of funding,

bearing in mind that youth and adolescents represent 55% of the Venezuelan population; *"the lack of funding is serious, which means that we are just scraping by"*. From the government field, they also identify the existence of sectors opposed to these approaches; *"there are still many conservative sectors and many prejudices at various levels about these subjects; the good thing is that they are not as strong as they used to be"*.

b) According to civil society

They identify favourable factors as: (i) the community participation; *"there is an unstoppable, irreversible participation process, which means that it is now always moderate"; (ii)* the change in Venezuelan society; *"people understand now what has to be done, that they have to discuss and they have to propose things, and I think that we have to work on this wave for it to consolidate a little, as I said, from the people upwards"; and (iii)* the creation of the intersectoral network *"that people are very keen about working on the subject, there is this, like a bubbling up of working on the subject at many levels, in schools at initial level, diversified middle and professional. I think this part, the willingness of people to work is one of the best parts of support that we have"*.

They mention as obstacles: (i) the lack of a policy aimed at this youth sector; *"it's neither built nor considered"*; (ii) the lack of articulation and integration at the different levels that would make it possible to produce an impact in youth and adolescents; *"they don't integrate them, there are no plans structured between everyone – what culture, sports, health, education are doing, each has their own plan"*; (iii) new authorities coming in produces a changeover of technicians in local structures, which prevents continuity in policies and actions; *"the people coming in have to prepare themselves to receive the guidelines and accept starting from zero. [...] Venezuela is used to not having institutional monitoring of programmes"*; and (iv) the political instability makes it hardly feasible to make projects for the future.

c) According to young people

The adolescents mention favourable factors as: (i) the change in the conception of sexuality *"it seems to me that knowing this subject is going to help. At one time there were more clashes as a result of taboo, because the end purpose is to untie the chains and let sexuality flow"*; (ii) the ability to communicate these subjects; *"the good thing is, like, all of us, like, people like us who are interested in the subject and want to spread it, want to multiply it"*; (iii) their keenness to know, and to make their rights be respected, to end society's taboos and to be able to build a full identity and sexuality; *"everything that brings knowledge is positive, our mission is to try to change that way of thinking, for the children to start knowing their sexuality from different point of view from the one adults give them which is a very closed way"*; and (iv) the chance to collaborate in the change; *"I have always been told that if a person changes their way of*

thinking, then starting with that person the whole world changes it, that is our idea".

The young people of INJ note the favourable factors as: (i) The National Institute of Youth, which supports a legal framework for guaranteeing the defence of sexual and reproductive health and rights; *"that we have an INJ that is an integral part of public policies, that has a law"*; and (ii) having a Youth Ombudsman;, *"now we have an ombudsman for youth, who is a young man who is always alert to everything being legal and the legal duties, he really bothers"*.

As obstacles they note: (i) the lack of communication; and (ii) the taboo of sexuality, that sexuality is not thought of in a comprehensive way but only in reference to the sexual act; *"the bad thing is that this taboo still exists and that people don't want to receive information and stay ignorant about the subject. Television itself focuses on sexuality only as the point of sex"*. The young people belonging to INJUVE mention as obstacles: (i) the lack of information, that not everyone knows the Youth Law; *"there are still people in the more isolated municipalities who don't know the law";* (ii) the existence of areas within society that see the youth as an enemy, because some adults are afraid that spaces for participation will be taken from them. When there is a youth group that is taking power and an adult group clinging on to it, there is a natural tension, and both groups need to be open, to find a space for cooperation and not for competition. This model is the same as is used in the family context between fathers/mothers and children. *"There really are institutions that still do not see youth as a relief, and even see a rivalry in youth for taking over spaces of participation, and they probably take it as a parallel political party, as an enemy"*; and (iii) the difficulties of getting work are an important subject, given the age of these young people. Economic independence is a factor of importance for exercising rights; *"unemployment is the problem that most affects us, because we don't have a labour law – the youth does an internship, and is the most exploited one in the industry"*.

The adolescents see the changes in themselves as achievements, especially their idea of sexuality after the NGO youth courses that they take part in. They have new constructs, and feel more secure. They have taken on such spaces as peer formation, that have given them new perceptions of the adult world and new ways of joining in. They mention the difference for when they are parents because their children will have the right to decide and to think; *"we have changed our ways of dealing with each other, changed ourselves. When we spoke about the subject I used to shut myself off or change the subject, now we speak about it. Before they said the word men to me and I covered my face. We are going to have children and they too are going to have their rights and I know that when they are growing, I am going to be giving them this awareness too from when they are little that they have their rights too and the right to decide. We have no reason to be imposing a pattern on your children; they have the right to think freely and individually"*.

The young people see as an achievement having their own space, the Youth House given them by the governor, as

the greatest achievement they mentioned, and stress the transformation that they brought about in this context working all together, with their slogan *in Venezuela it's worth being young*. The house is the space where works are generated, where the fruits are reaped: voluntary work, participation and the pulling power for the services; "*The governor has already given us a house that was in ruins and it was recovered thanks to his support and to us, as volunteers. What is important is to have the house, have the doors open, because this is a house where young people come to look for help, workshops*".

COMMENTS ON THE CASE STUDIES

Analysing the discourses of the groups interviewed enabled coincidences and contradictions to be identified in the significations and value worlds of the social actors working in the youth field in the five countries studied. The idea was thus to give an account of the social dynamics and possible conflicts deriving from gaps in the value worlds and expectations that each group has of the others. To ease comparison, the following summary chart is presented:

Chart Nº 6: Comparing Social Actor's Discourse in the Field of Youth

Legislation, Policies and Programmes			
	According to Government Officials	**According to NGO Officials**	**According to the young people**
Brazil	Institutional structures, though laws and programmes do not guarantee RRs. Gap between laws and access to services filled by training. Young people take a preponderant role, as objects of public policies (creation of Youth Secretariat), not yet seen as subjects. No institutional channels exist for real representation of youth and adolescents in taking decisions that affect them directly.	Lack of articulation in activities to guarantee exercise of rights. There are no strengthened adolescents. Only programme recognised by all sectors is ProJovem with more specific activity in employment and culture. There is consensus, debate and articulation for building a framework of reference for discussing RR.	They do not recognise the existence of youth-specific laws, policies or programmes. There is no access to the poorest young people. Access to the governments to speak of their needs is very difficult. In the Health Secretariat they make advocacy for legislation for young people. There is a handbook in the health stations, renewed over the years. They are sceptical about activities carried out, as sporadic – youth as a topic is not a State policy.
Mexico	Institutional structures – Youth does not guarantee sector policies. There is no articulation between Youth and Health. Adolescents and indigenous people are priorities in the current agenda. Only the IMSS has a programme for indigenous people that reaches the community. At state level there is an initiative that will provide needs for future actions.	They describe critically the origins of the Bill of the State Youth Law that included various topics: education, employment, cultural and reproductive rights, juvenile delinquency. Also some programmes especially from IMSS Oportunidades and some actions from the state area.	They know nothing about the existence of legislation, policies and programmes at national or regional level. They only identify the CARA. They are familiar with the RR and SRH. They recognise the municipal government areas they can go to and other contexts outside the community they can consult: the school, the hospital in Comitán or the clinic. Adolescent women know the legal recourse in case of violence.
Nicaragua	Broad legal framework, recognised and valued. Policies and programmes are based on this. Youth organizations had a leading role in the legal framework. The Law is not a sufficient guarantee of the exercise of rights, even though it formally recognises them.	They recognise the legislative framework developed in a participative way by young people and their organizations. The space of participation stipulated by the Law is questioned and the ineffectiveness of the National Youth Commission in calling together the sectors to take decisions.	They know the legislative frameworks, the policies and the SEJUVE, although they do not believe in its support for them. Importance of the legislative frameworks. They achieved learning, reflection and training in the enactment process of the Municipal By-law and the Law of Decentralisation to carry on with their sexual education programme in the schools. They adopted the legal arguments to defend the exercise of their rights.
Peru	Importance of the judicial framework that creates the National Youth Council (CONAJU) and gives it institutional structure. There are Policy Guidelines on Youth that put the topic of youth on the agenda and the need for research. There is also the Child and Adolescent Code and the adolescent labour law.	Importance of the Youth Law. Need to incorporate some officials in running it to give a guarantee of the inclusion of other sectors. Criticisms about the government youth area, although they recognise that it was a process in which young people from all the country participated and not only those of Lima.	They do not recognise any specific legislation or institution for youth, except the Municipal Youth House.
Venezuela	Importance of legal frameworks. Its writing transcended party politics and generated a strong opposition wielding the idea of the right to life. Before the LOPNA, there were no policies or programmes for young people from a rights approach. Youth Law composed with the participation of young people of the states, municipalities and parishes.	Legal framework as an important achievement. The LOPNA was promoted by sectors historically committed with gender, sexuality and rights. The current policies are related with the LOPNA. Programmes and budget do not reach local level. The crisis of governability is an impediment for implementing the legal framework.	They recognise the LOPNA as the legal framework protecting them, the Constitution that recognises their rights and citizenship and there are programmes at local level. They see themselves as participants in producing the Youth Law of their country. They take an active part in the programmes and are recognised as core actors by the local government.

Chart Nº 6: Comparing Social Actor's Discourse in the Field of Youth *(cont.)*

Reproductive Rights		
According to Government Officials	**According to NGO Officials**	**According to the young people**
Brazil Progress for women but not for young people. No concern about the RRs of young people, except for abortion. The NGOs work more comprehensively. Health uses a risk approach, given the urgency of HIV. Youth attempts a more comprehensive approach.	Limited and isolated actions. Only the social movements work with the rights approach. Uncertainty about the SRH actions of the Youth area. In the youth public policies no RR approach can be seen. Very limited, isolated and disconnected activities, almost always aiming to reduce risks. The Health Secretariat has declared rights as a focus for children and adolescents as the main theme this year. No recognition is yet seen of the importance of RR for young people.	They recognise RR as part of human rights; link them with the right to treatment, to contraceptive methods, to prevent pregnancy in adolescence and risks. In Brazil not all the rights are respected. They feel discriminated for the colour of their skin, for having few economic resources or for gender. Hip-hop and human rights connected up to promote freedom of expression.
Mexico Health sector: Interculturality approach articulating actions of community programmes. The mention of RR awakens many suspicions in Mexican society. The approach is tied to SRH risks. The NGOs have an approach of rights and interculturality, especially in the state of Chiapas and the Comitan area.	Critical posture to the view of the government services, where the emphasis is on prevention and dissemination of contraceptive methods. The RR are very far from the daily life of the youth and adolescents in their communities, especially for girls. There is long way to go of demands for very basic claims of rights. The young people's activities are governed by the father's authority or in many cases from the traditional authority of the community.	They identify the RR, which are interpreted in a comprehensive way as a tool for empowerment of daily life, with implications for their future, in relation to the power exercised by men over women in the context of authority. Adolescent men and women allot men the responsibility for taking decisions in affective relations between them.
Nicaragua Some officials have a rights approach and recognise the leading role of the civil society organizations and international cooperation.	The RR and SRH have not been part of the political agenda of the current government, but the creation of the Youth Institute has been, though with a limited budget. They doubt the priority and the continuity of the theme for the state agencies. The importance of the local space for running activities. Peer formation in RR potentiates youth empowerment and their exercise of citizenship.	The RR are lived by the young people as a subject that brings them together and unites them. Peer education with a rights approach, not only represents a personal change but they also feel valued and recognised in their communities and by the municipal authorities.
Peru The different areas of government recognise a rights approach. In the Youth sector they indicate that sexuality appears in a deficient way.	Change of perspective from a risk approach to a development approach, with a more global view, working on the development of skills. They see adolescents as subjects of rights, with the right to timely, complete and quality information and access to means and methods. They recognise the young people's freedom and ability to take decisions.	They associate the difference between the risk perspective and that of rights with personal situations. They explain that through the RR they know the importance of deciding when to start to lead an active sex life and the right to choose.
Venezuela Health sector: global conception of the subject of SRH as a public policy based on RR, with recognition of the LOPNA and the change it involved. Gender equity is transversal in all the public policies. Youth sector: risk approach mobilises some SRH workshops and campaigns, where the perspective is to prevent adolescent pregnancy, STIs and AIDS.	They mention the difficulty the young people have to obtain youth-friendly services, since the primary approach is one that denies adolescent sexuality. They speak of the difficulties of the Health sector in understanding a comprehensive approach. They say that the NGO implements various programmes: among them the workshop for training sexual and reproductive health promoters; one of its fundamental principles is peer education.	They identify sexuality as what makes them be, feel, think and act, transcending the concept that gives priority to and values its reproductive purposes, and understanding it in terms of identity; they talk about the beliefs and values that the adult world has built centred on genitality, the allocation of roles and prejudices, the exercise of their rights has generated personal changes in them that enable them to produce changes in their surroundings. The RR are associated with a risk approach: prevention of adolescent pregnancy, of STIs, unsafe abortion, school drop-outs, loss of opportunities and forced paternity. Importance of information, the workshops and publicity campaigns.

Chart Nº 6: Comparing Social Actor's Discourse in the Field of Youth *(cont.)*

Participation of the civil society		
	According to Government Officials	**According to NGO Officials**	**According to the young people**
Brazil	NGOs do more and from a global approach, and are a coordinating structure of municipal-, state- and federal-level strategies and of adaptation to each region. At federal level, NGOs are important for coordinating programmes and strategies; there is a channel of dialogue for debates on public youth policies. NGOs provide contributions and reflections for this purpose. The ethnic groups have different problems and want to incorporate these in the debate. There is a great influence of religious movements in monitoring public policies in some social sectors, and this can generate regression.	Very limited scope of isolated government activities, not integrated, so the subject ends up falling to the NGOs that are also limited in their sphere of action. Need for the youth movements, especially those of women and black young people, to have support apart from that of the Secretariat.	The people who work for the community do not have a real interest in it. Those who end up speaking in the workshops are always the same young people who belong to the movement giving the talk, and the others only ask quickly and embarrassedly. The hip-hop movement is finding greater acceptance every day in society, and is finding its place. The civil society began regarding the movement critically on the basis of the US music.
Mexico	Youth sector: they observe that work with civil society organizations on youth subjects has fallen off greatly, especially in this period of government, due to differences in conceptions and approaches. The state population area recognises the social organizations as the most active sector in terms of adolescent, youth and rights, and indigenous population issues.	Altos de Chiapas was an epicentre of mobilisation and participation of all the civil society, as from the conflict between the EZLN and the Mexican state, and Chiapas society began to strongly questions the government structures and policies for the vulnerable sectors, like the indigenous population. A great number of NGOs arose and the civil society took an active part in this process, giving a leading role to these groups.	They made no mention of the subject.
Nicaragua	Leadership role of society organizations on topics of adolescence and youth, RR and SRH. There are significant differences between the NGOs of young people and those for young people.	Some of their organizations have fulfilled a leading role in establishing the subjects of adolescence and youth and in those of RR and SRH. Their leadership on these topics is recognised. In the different civil society organizations, there are significant differences between the NGOs of young people and those for young people. Although both are recognised as fulfilling their role and encouraging citizenship and empowerment, the results are different (the young people appear as objects of programmes or subjects of programmes. The municipal association is a valuable space for incorporating the topic in the local area.	The NGOs are made up of the young people who see the importance of the active incorporation of youth in all the levels of decision making. As an innovative initiative they refer to a TV programme of one of the NGOs that was produced by young people and today has effects in all Nicaraguan society and is being replicated in the countries of the region.
Peru	Importance of the Adolescence and Youth Roundtable which has between 13 and 23 institutions taking part. This works with the Health Forum, which is the largest civil society representation in the country and has regional forums.	They say that the civil society organizations have been pioneers, but have run into difficulties, resulting from the guidelines being sent from the core countries, which mean that some organizations cannot now express themselves as freely as before, with difficulties in finding funding, redirecting it to other less conflictive areas.	They identify the civil society organizations as spaces that give training and formation, where their projects are received and supported, and mention the characteristics of the civil society's participation and organization in the municipality.
Venezuela	Health sector: Importance of the civil society organizations, especially the women's organizations in the process of formulating the legal framework, which overcame the opposition of conservative and religious sectors. Youth sector: Programme proposal of the voluntary sector, with an accreditation system of the youth organizations.	They stress the need for integration of society as a whole with the government institutions, and for people to organise themselves to make demands, making it clear that this is the work that they are doing with the young people, seeing it as a responsibility shared between the social area and government. There is a recognition of the peer formation strategy, with local-based initiatives, in the youth spaces, there is some municipal autonomy that should ease new local initiatives; here the civil society organizations are called on by the local governments because they lack resources.	The lack of communication is a factor that recurs as an obstacle to being able to work with adults. They feel that adults do not want to face them, that they close themselves in their own beliefs. The young people feel an active part of their community, and think and generate actions as volunteers. They mention the space where they carry out their actions and the struggle to reach ambits reserved for adults. Like the other group, they point out that there are adults who make their task more difficult, relating them with a "*youth culture*" and dismissing them; others help them because they understand them.

Chart Nº 6: Comparing Social Actor's Discourse in the Field of Youth *(cont.)*

	Youth participation		
	According to Government Officials	**According to NGO Officials**	**According to the young people**
Brazil	Youth and adolescents are not taking an active part, but only come into view of youth leadership when the adult groups believe they should do so. Hip-hop culture is a space for young people who have no established institutional context. It is movement that will be present in the National Youth Council, because it represents many young people, mainly from the periphery of urban centres.	There is limited participation of the youth and adolescent movements with a clear political perspective. Young people do not have the same strength and organization, do not take part in the processes as subjects, and cannot enter actively in the decision-making spaces. It is necessary for the agencies to recognise them as legitimate interlocutors and validate them institutionally. The hip-hop movement groups together young people excluded from all the social scene, and has managed to provoke discussion on youth participation, and mainly the inclusion of black youth.	One group refers to an annual action plan, a task of social monitoring, in which they are seen to be deciding over public policies. Another group values the different educational courses they have been given, from a formal structure organised by adults. Voluntary work has the problem that the young people, particularly those from the outskirts need to earn money to keep themselves and help their families. They feel that young people in general are not concerned about their reproductive rights and that the work with the communications media enables them to show what has to be changed.
Mexico	There is a Youth Council, but organised young people or institutions with influence in decision-making do not take part. In Health there are juvenile brigades with youth participation. In Population: activities subject to the control of traditional authorities who want to be present when they are run. In the CARAS programme they work on the formation of peer educators. There are bilingual volunteer youth promoters who are translators and health promoters in their communities.	They say that youth and adolescents do not participate because there is no socio-cultural setting to make this possible. Adolescence as such does not exist in many tribes; the child goes on to be an adult, within the community. In San Cristóbal de las Casas, there is youth pastoral work from the diocese, with a numerous movement of young members of Antorcha.	The community is the space of belonging; it gives identity and is accepted without questioning. The social control that this community exerts over its members is strong. The adolescents speak fearfully about the future, with relation to being cast off by their families or the community if they transgress the established codes; the male parent, companion or communal authority has power over the life and future of the woman. The asymmetric relationships between the sexes have a central role from which they think of their rights. The adolescent girls stress the violence exercised by the men over them, which can even lead to their death. And the men recognise the fear the women feel towards them as the main obstacle to the women exercising their rights.
Nicaragua	The strategy of the Houses of Adolescence and Youth is a process centred on participation and on the RR. Young people occupy a central place and are handling it completely.	The organization that brings together the youth organizations is able to call them together, is recognised by the legislation, the government and society as a whole. They recognise the importance of the local space for running activities. They note that peer formation in RR is an activity that potentiates empowerment and the exercise of youth sovereignty. The NGOs are made up of the young people who see the importance of the active incorporation of youth in all the levels of decision making. They mention as an innovative initiative the TV programme of one NGO that was produced by young people and has effects in all Nicaraguan society.	They recognise the monitoring role. They give more value to the legislative actions. They do not feel part of the process at national level, but that they are exercising citizenship in their municipality. They have been empowered in the community through the Youth House, with a legal framework, the municipal by-law; with a physical space that they administer and run; with community tasks, the peer formation and sexual education in the schools; with representation and recognition from local government.

Chart Nº 6: Comparing Social Actor's Discourse in the Field of Youth *(cont.)*

	Youth participation		
	According to Government Officials	**According to NGO Officials**	**According to the young people**
Peru	Interesting experience in school municipalities. In Villa El Salvador the young people have given priority to RR and SRH subjects. It is not clear to what extent there is youth participation and decision-making, with the exception of some NGOs, despite the theoretical formulation of their inclusion.	Need for generation change-over and youth empowerment.	They have found their own space in their communities from which to make their contribution, have taken an active part not just in their municipality but also in activities outside it, as peer trainers; they talk of youth empowerment, feel themselves able and willing to take on their own spaces in the community, recognise and see themselves as part of an emblematic municipality, internationally recognised for its community organization and self-management.
Venezuela	Youth sector: Leading role of young people in the development of strategic programmes of the current government. Youth voluntary work has given an important role to the National Youth Institute, through the missions, in which young people are the main actors.	The young people are winning spaces, but stress that there are no youth organizations, they are concerned with the theme of youth, but do not belong to young people. They mention the incorporation of youth and adolescents in the formal structures at local level as a pending issue. They stress the importance of the work between peers and the voluntary work, which reduces efforts and multiplies results: youth and adolescents communicate and replicate in their daily lives, in their spaces, their relationships, with their families, their peers.	The spaces for belonging, the school, the family and the institution give identity for the adolescents as an affirmation for the young people to occupy leading policy positions. They are surprised at the attention and results arising from their role as peer trainers; they feel secure in this, are aware of their capabilities and have experienced concrete results in the workshops they give. The young people feel they are managers and leaders in a historic political process, taking part in social programmes that are emblematic of this political administration.

Chart Nº 6: Comparing Social Actor's Discourse in the Field of Youth *(cont.)*

Funding			
	According to Government Officials	**According to NGO Officials**	**According to the young people**
Brazil	Childhood and Adolescence sector of the federal government: it has international cooperation resources. Youth sector, the ProJovem has public budget. They hope the Youth Secretariat will have its own budget. There is a programme, but there are no resources for carrying it out. From local government health, even though adolescent health is a traditional field in the health sector, the challenge is to change the approach and the way of working and guarantee a specific budget.	Although there is active cooperation from the international agencies, the sectors depend on their guidelines or on some extraordinary budget item for any particular project, which hampers the working of these areas.	Their activities within the community are limited; the kids interviewed argued that their work as volunteers is clearly hampered by the need to have a paid job, to contribute to the support of the family income. They report that there is no fixed funding and stress that they need the support of business people, NGOs, people who understand that they want to change. They feel that if other young people with more resources managed it, they can manage it too.
Mexico	Lack of resources for applying youth policies in the states. UNFPA support with intersector programmes with indigenous people. Youth sector: they have a very low budget that enables few operational actions (160 million pesos, 50% is transferred to the states).	They mention on the one hand the lack of economic resources for the government programmes and on the other the difficulty to get funds for the NGOs.	They made no mention of the subject.
Nicaragua	Lack of resources for the economic and budgetary situation of the country; support from international agencies. SEJUVE has a budget for the central level. Now the municipalities can define quota for adolescence, through decentralisation with the strategic local plans and their participatory budget.	They mention their difficulties for the lack of resources when cooperation gives priority to childhood-adolescence and not to youth. The youth NGOs present the need for the institutionalisation of the organizations of young people to enable them to be subjects of cooperation and funding.	They are aware of the difficulty of obtaining resources for their activities. Volunteer activity becomes complicated as their educational and work commitments increase, so they lose hours of their community activity. The municipality supports the Municipal Adolescent House and they are planning two money-making activities: they also know that the SEJUVE has a budget but indicate that it is used only at central level.
Peru	Minimal budget for youth indicates its scant importance in the political agenda, despite the speeches. Health sector: has scant budget and has recourse to international cooperation.	In the context of decentralisation with the local strategic plans and their participatory budget, the possibility is opened up for each municipality to define a specific quota for youth and adolescence.	Lack of financial resources, they know that they exist, but the mayors do not devote them to youth. They express their opinion sceptically about this situation. Voluntary work: they value what it has meant for their training and personal growth, to decide their professions and their choices in general with more awareness, on the other hand is that dilemma presented by the need to work and study.
Venezuela	Youth sector: Resources are still insufficient, but they believe that the budget will be wider in coming years. Health sector: There is a budget and discussion about it, and most of it goes on the purchase of supplies and infrastructure. There is free contraception provision and guarantee of services available for adolescents.	In the municipality they report that the municipal government budget is very small, so they have hired NGOs with international funding. In the state context, it is reported that there is a budget in some areas and indirectly, but no specific funding for adolescence and youth.	The young people in INJ recognise the lack of resources, the limited budget for young people and the diversity of government areas dealing with the subject. They mention the hope that the political decision of the President will grant them more resources.

Chart Nº 6: Comparing Social Actor's Discourse in the Field of Youth *(cont.)*

Favourable and Constraining Factors		
According to Government Officials	**According to NGO Officials**	**According to the young people**
Brazil		
Favourable: There is a great movement linked to youth policies. Obstacles: Very fixed prejudices and very strong traditionalist resistance. Nobody acts with the initiative and firmness that the seriousness of the situation requires faced with the advance of HIV, particularly in adolescent women; there is no articulation between government areas.	Favourable: Progress in relation to youth and adolescent policies; there is interest in implementing sexual education from the ages 10 to 14. Obstacles: Concern about the pressure on the conservative sectors to support the ABC policy in relation to youth and adolescent SRH.	Favourable: the struggle for their dignity and their rights; the experience in community work, as a space for empowering oneself in one's RR; they have discovered many things in workshops they have taken part in. Obstacles: Society does not know of the existence of the different NGOs and they note that few people have access to this information, and the mass media could be very good for multiplying the efforts these bodies are making. For this reason there should be more discussion, debates, information in internet.
Mexico		
Favourable: Greater awareness of adolescent and youth rights; the youth institution makes it possible to focus on youth and adolescents; GOs and NGOs recognise the work with young people as the most effective strategy for achieving impact in various policies; the strength on the NGOs in rights; Obstacles: Youth topics are not on the national agenda; there is no youth representation in the legislature; the law considers young people as subjects of laws until they are adults; there is no specific SRH norm for adolescents.	The intercultural phenomenon is generating a niche of opportunity for positioning the subject of reproductive rights; the young people's and teachers' need for information; bit by bit the communities are accepting the subjects of sexual and reproductive health and rights. Education opens up an opportunity, but also generates expectations that cannot be met; the lack of opportunities and alternatives in the communities drives young people out; the incorporation of the young people in urban life and the lack of opportunities; the role of the young indigenous woman; the scepticism of the young people about the determinism of cultural norms; to what extent the concept of rights has meaning and value in these communities.	Favourable: They value knowledge about these topics and mention the impossibility of talking about them with adult members of their community, despite identifying their parents as reference points, and stressing expulsion from their family group as a loss - that can lead to death. Obstacles: The gender inequity, presented by the girls; they are bridging the worlds and their different world-views, through language and formal schooling, feel the cultural distance that they are placed in through access to different knowledge and identify the need for the community to value this new perspective. The Tojolobal adolescents value the information they receive outside the community, but perceive that this information contradicts values proper to their community that they have to respect.
Nicaragua		
Favourable: The legal framework is the proper tool for framing policies, programmes and actions. In municipality: mayors and municipal councillors are committed to youth agendas and open to youth participation.	In the local area, there are conditions that are favourable for actions, a good organization of the civil society and a closeness to the government which manages to directly increase immediate results. The project of opening up the SEJUVE at local level would hinder the work that the Adolescent and Youth Houses and AMUNIC are doing. Bearing in mind that the rights perspective is the fundamental part of this pilot project. There are questions about the space for participation stipulated by the law, as ineffective for decision-making; Invisibility of young people as subjects of full rights; the opposition of conservative sectors; incipient level of municipal decentralisation that does not help local governments to work with more autonomy; the different times and ideas of the civil society and the State.	Favourable: Belonging to the CMAJ, which has given them ways to broaden spaces and to be recognised by the community as strategic actors for development. This not only strengthened the initiative of the young people to create their own space but also their capacity to negotiate and to be taken into account; they learnt to conciliate positions and negotiate. The actions that the young people generate from their own diagnosis manage to support themselves over time and be successful. The young people speak of the personal change in their own lives, they value the knowledge acquired, the participation, the exercise of rights and duties, the different training courses, their own capabilities, self-esteem and the experience acquired. They are aware of their work in their municipality and of their role as social auditors, and have created an identity as social actors of the community and institutionalised it. The actions in the local area are visible to the population as a whole without need of great resources. Obstacles: lack of information; lack of resources and limits of volunteer work; relation with the family that sometimes blocks participation.

Chart Nº 6: Comparing Social Actor's Discourse in the Field of Youth *(cont.)*

	Favourable and Constraining Factors		
	According to Government Officials	**According to NGO Officials**	**According to the young people**
Peru	Favourable: The Law generated attention for Youth. Information, research and study of municipal and regional governments are placing the subject on the agenda; media have started to talk about young people more positively with ease given by communications. Obstacles: Youth invisibility means advocacy is permanently necessary; Stigmatisation of adolescence and youth as a youth problem, and delinquency; Young people still appear as objects of programmes and not as subjects with a leading role in them. Only 10% of young people are in organizations; young people have little credibility as social actors; Risk of adultisation of young people; Unfavourable socio-economic situation.	Favourable: The process has begun of forming citizen awareness and of seeing youth as an actor with a leading role in development; the existence of many youth organizations, that are working on forming leaders and generating a culture of citizenship; there is an ever-stronger network of youth organizations working on rights; a new generation of young people moving into citizen participation through volunteer work. Obstacles: In the State there are mainly conservative approaches, in opposition to the dynamic of the NGOs; public policy is confused with religious ideological interest; youth feels excluded and adults do not generate opportunities for them to participate; young people are critical and mistrustful but have difficulty in presenting an organised proposal; young people have no access to political structures; difficulty in articulation between sectors.	The changes and personal development; the opportunity for training and formation; the space they participate in, seen as their medium, where they feel valued, different from in the adult world. The economic difficulties presented by the voluntary sector point up the difficulties and the dilemma of making this work compatible with study and the need to work; the unpaid nature of voluntary work makes the continuity of adolescent and youth participation precarious; the lack of education.
Venezuela	Favourable: Education as a priority policy of the present government; the knowledge the young people have of the LOPNA. Obstacles: Lack of funding; the existence of sectors opposed to the rights approaches.	Community participation; the change in society; and the creation of an intersectoral network in the local space. Lack of a policy aimed at young people; lack of articulation and integration of the different levels, that would enable an impact to be generated in the youth and adolescents; the assumption of new authorities generates a changeover in technicians in local structures, which hampers giving continuity to policies and actions; and the political instability makes it unfeasible to make projects for the future.	Adolescents: changes in the conception of sexuality; capacity to communicate these subjects; their enthusiasm to know, to have their rights respected, to finish with the taboos that society has and to be able to build a full identity and sexuality; and the possibility of collaborating in the change. Youth: the INJ, the supports a legal framework, guarantee of the defence of sexual and reproductive health and rights; and having the Youth Ombudsman. Adolescents: lack of communication; and the taboo of sexuality, that is not thought of comprehensively but only in reference to the sexual act. Youth: little information, not all know the Youth Law; some adults are afraid they will lose their spaces; difficulties in getting work are important. Economic independence is important for exercising rights.

The socio-political process has conditioned the formulation of youth laws and policies and democratic processes have enabled legal frameworks to be built for public policies; these should remain stable within the play of political alternation, part of the health of democracies in process of consolidation. In all the countries visited, the policies and programmes were subject to the government agenda, which makes their continuity and approach dependent on political will, given that the institutions do not have the power to sustain themselves over time.

There are some reasons that are helping to transform young people into political actors for their legislation and public policies and for the exercise of their rights. Notable among these are the participation of young people in generating the legal framework and policies, the articulation processes, their being made into specific, concrete programmes, their monitoring and evaluation, the advances that are in general being put forward from the organizations of civil society and their degree of permeability in government structures. In general the specialised technical sector in Youth alternates between one field and the other – and to the extent that it is part of the cooperation agenda of international agencies, varying if these are proactive or not.

The political parties and the legislative commissions on Youth must be envisaged as areas in which to realise advocacy and awareness-raising. In only one of the countries studied was there a link with this commission, although the interview could not be made, because the legislators either forgot and/or were absent, which is also a fact to be considered. The legislative structure is an area that seems not

to be taken into consideration when involving the political branch, and in democracy it becomes necessary to gain the commitment of all the actors, including the representatives of the political parties.

Bearing in mind that the awareness and exercise of their rights by the young people and by society in general eases the processes of building citizenship and occupying spaces of power, it is worrying to see that the political parties do not encourage the incorporation of young people, in view of the inevitability of changeovers in generations. Some young people, especially those connected with the Youth field, speak in an adult way and show a sceptical attitude, disparaging these spaces, with the exception of Nicaragua, where there is a recognition of the importance of taking part in party politics, despite the fact that not all the political parties have an election quota for young people. The extremely low number of youth deputies is significant in these democratic processes. Nicaragua's experience in generating the law seems to show us significant actors in youth topics, since the youth deputies gave priority to their youth identity over their party membership.

The legal framework by itself seems to be insufficient as a guarantee of rights, since it does not ensure that the topic is included in the government's agenda. Legal frameworks have to be turned into policies and programmes, with a sufficient budget, in order for them to effectively guarantee the implementation of the law. This topic was put forward from various fields in Venezuela, Nicaragua and Mexico.

Despite the efforts, the political agenda does not seem to include youth and adolescents as a priority. In almost all the countries, the policies and programmes for youth had a low budget and their actions were not articulated with the various government spaces, and were left up to the cooperation of the community organizations and/or the international cooperation agencies. Only in Venezuela did the president call on young people to volunteer in priority programmes, although they do not seem to have been part of their planning and evaluation. They should be encouraged to take part and have a leading role in the design and development of policies and programmes, fostering the exercise of citizenship building.

Youth and adolescents lose visibility when the more conservative forces of society have influence on political power. In nearly all the countries visited, the advance of these sectors, in some cases with actors in the highest levels of government, is exercising strong pressures to disactivate the programmes related with sexual and reproductive health, a phenomenon that is set in the context of globalisation, the ruling policies, and their influence in the more dependent countries, which may work against innovative or progressive initiatives, in general led by the civil society. In Peru, the definancing of social organizations working on the topic of rights was put forward, which has meant for some a change of direction.

The fragmentation of State structures and their lack of articulation in the countries studied generate an anomie around the subject and the loss of actions that in an isolated way are generated from the different areas. From the observations collected, even in the cases where articulation was institutionalised through the youth space, it was not operational, and in none of the countries visited was there intersector articulation in the national sphere, although in some countries the intersectoral commissions were mentioned, with varying degrees of efficiency. It is necessary to put intervention strategies into effect to generate intersector articulations that take a comprehensive view of youth.

The degree to which young people participate in and are represented by youth institutions is questioned by the civil society organizations and by the young people themselves. It is worth asking if these effectively represent and what is their degree of legitimacy, and this would surely help to explain the degree of inclusion of proposals for youth in the different areas of government. In Venezuela, the only country where a strong, lively institution was seen, with youth presence and a lot of action, it has explicit support from the top level of government and the young people take part in a social programme in which they are the main actors. Although it requires a more specific analysis to see to what point these young people are consciously exercising citizenship and giving it their mark, they are undoubtedly gaining spaces and having a learning experience. In Nicaragua, through the council of civil society organizations, the active participation of young people and their particular mark are also exercising a social monitoring role.

Some youth institutions are generating important information for the design of sector policies, with a very active area of research, and with full understanding of the subject. Not all of them are working on the subject of reproductive rights from a human rights approach, rather than the risk approach. In Peru and Mexico, the technical officials have very clear concepts of rights, although in the former the CONAJU as a new institution had not developed activities around this. In Mexico, even, the area was almost inactive, after working for years installing the subject of sexuality and rights. Here again we see the dependence of these government spaces on the ideological and political definitions of whoever is in the government. The question is whether these structures should have political autonomy through a structure representing the organised civil society and young people, with the difficulties implied in the lack of organization of youth, when only a small minority take part in organization structures and this participation does not always involve an exercise of citizenship.

Only in Venezuela and Nicaragua were young people found to know about and recognise legislation. In both cases this is legislation that was developed with broad participation of the society as a whole and of young people, with consultation in youth environments. The enactment of the laws was also widely published. In both cases, the young people were called together, and gathered themselves for various activities. Spaces that the adolescents refer to are the

school and the family; in both, those who work on the human rights approach were generating changes in their own valuation of the adult world and of themselves and finding spaces for building identity and citizenship. But it should be remembered that these young people are at the same time members of another structure in which they are going through a process of personal and social learning. It is clear that these organizations – sometimes of young people and at others for young people – are fulfilling a formation role that has nothing to do with the school curriculum, but which is enabling the youth and adolescents to exercise citizenship.

Some countries with active decentralisation policies offer a niche of opportunity for activities incorporating young people to be put into effect from local level. This is the case of Villa El Salvador in Peru, where these processes have had a significant impact and, from another angle, this is also the case of the indigenous communities included in the case study in Chiapas, Mexico. Strategic alliances between local governments and civil society organizations seem to be effective. The strategy of intervention through municipal associations – as in the case of Nicaragua – has installed the subject of adolescence and youth in the local scene. This pilot experiment, about to be made general in all the municipalities in Nicaragua, could be replicated in the countries of the region, perhaps through municipal networks: healthy municipalities' networks, municipal environment network, networks of Health Secretaries, etc. The NGOs are catching on to this opportunity, since they could be very good allies of regional and local activities. Their interests are not opposed with the national space and their progressive proposals can be taken on without pressure from conservative sectors.

Not all the sectors related with youth have a rights approach, either in the government sectors or in the civil society of all the countries. Especially in sexual and reproductive health, topics related with risk and the prevention of adolescent pregnancy, STIs and HIV/AIDS appear. And the information that has been abundant in some cases, as in Peru, is not valued by the youth and adolescents, who explain the need to understand these topics from the view of affectivity and sexuality, nor based on fear. They see the difficulty that the adults have with their burden of prejudices and taboos, and how having worked on the subject of human rights, and among these the sexual and reproductive rights, has meant a personal and social change for them. Feeling that they have rights, and without fear to express themselves freely and responsibly with all their capabilities, integrating sexuality, permits them to exercise citizenship actively in the different areas of their lives. The interventions that have been generated from the rights point of view at community level seem to be effective and manage to sustain themselves over time. The young people recognise the growth and valuing of their capabilities and skills, and this presents them with a future with options. They know that they can handle themselves and act in their lives and communities, and have perceived the strength and power of transformation they have.

The civil society organizations are the driving force and support of the more progressive proposals and they are the ones that most completely include the rights approach. In all the countries, there is broad recognition from the government field of the activities and role of the civil society organizations. The momentum given to the rights approaches in sexual and reproductive health is to be noted, and this is a good condition for conjoint work, especially in the framework of the experiences that work integrating young people and giving them a leading role, as in the peer formation strategy. The civil society organizations have recognised the timeliness of placing young people in the centre stage, generating spaces where, on the one hand, the reference adults get involved in a process of communication and interchange and the youth and adolescents themselves get training and develop their skills among their peers, based on the reproductive rights approach in the context of human rights.

The peer working strategy in workshops on reproductive rights, as an exercise of citizenship, has a very significant impact. This was found in the focus groups in all the countries. This subject was raised by the young people, not the adults, what it has meant to them to be transmitters, working from youth to youth, who they feel more identified with as they have similar problems, fears, interests and needs, a framework in which they use a common language, where they not only receive recognition from their peers but also from the reference adults. In this participation process they have learnt to manage, to administer resources, to formulate programmes and proposals and defend them in order to obtain resources, etc. The young people find their own space in their communities, and in some cases, as in the Youth and Adolescent Houses in Nicaragua, they have learnt to negotiate with the adult world and to sustain their own structure. This reflects – fairly – that young people can have voice and vote, can have a leading role and not just be represented by adults. The example of the hip-hop movement in Brazil even reinforces these conclusions, in that it shows an experience of work among young people which has a strong public presence and an interesting experience of promotion.

The challenge for the adult world is to leave the space, trusting that young people can transmit their knowledge, information and experiences to other young people. The youth and adolescents taking part have perceived the strength they have, not only for what they have generated and are generating in their communities, but for their personal transformations. The youth and adolescents who work with reproductive rights exercise their rights, and not only know that they have them, but exercise them and are learning the power that this exercise gives them. Of course, this view includes the young people who were working as promoters but not those who were receiving training, and it would be interesting to evaluate this perspective. The organizations that work in this area must surely have a well-founded opinion about this, but it is worth asking how to

make young people as a whole obtain visibility in terms of public policies and of society as a whole.

The young people have also put forward the difficulties arising from the unpaid nature of the voluntary sector. The only group of young people that did not mention their voluntary work as a problem in financial terms was the Youth Institute in Venezuela. In Peru, Nicaragua and Mexico it places them in the dilemma proper to their age: work and study vs. voluntary work. The young people who started training and being active in their causes since their adolescence have years of experience in advocacy, mobilisation and peer formation. Only a few of them find paid positions and there are many who decide to abandon their organizations in order to become independent and/or help their families (or form their own family). This is subject that should be researched, since it requires attention, especially if we are talking of a rights approach.

The civil society organizations recognise the need for building youth empowerment and citizenship within the concept of generational changeover or transfer, visualising in the medium-term the incorporation of young people at decision-making levels, which implies an intergenerational interchange where adults and young people participate under equal conditions, each with their own experience, knowledge and space. In one of the countries, the young people spoke about the threat that it means for the adult world to visualise young people in such a changeover. It becomes necessary to understand the importance of the legitimate exercise of rights of this majority sector of the population, that already has or is about to have the right to vote and can decide who governs and in the medium-term a part of this sector will surely occupy decision-making spaces which will have implications for the whole of society.

A more immediatist view prevails in the government field, as a fixed age group, as if they remain as a group, or considering that the transition is so rapid that nothing can be done, even when, in most of the countries of Latin America and the Caribbean, democracies are incipient processes, slow to consolidate themselves, and the population as a whole is still learning to exercise its citizenship. For this reason the, hopefully unconscious, message that the political field installs in the society is very significant, generating scepticism, mistrust and apathy in relation to public and political affairs.

The young people speak of the adults who paradoxically want to empower them, without having them as protagonists. This implies a review on the part of the State, civil society and international cooperation, of to what extent young people participate in the development and evaluation of the programmes that involve them as actors; the incorporation of young people in the genesis of the projects, in their planning, execution and evaluation. Despite the theoretical formulation of their inclusion, the challenge seems to be to open themselves up to the young people's world-view, to put them on an equal footing and from there build proposals that can be sustained over time, and in which both are strengthened by the learning process. It is difficult to evaluate to what extent young people are taking part in and deciding on the subjects that affect them.

Young people should not be simply receivers of public policies, nor be subjects of programmes created, planned and directed by adults. They should be in the centre of the proposals, in full exercise of their rights as citizens. To exercise citizenship fully means to take part, get involved, intervene, influence, give opinions and create. This exercise implies the exercise of rights, the necessary process of learning, and negotiating with the adult world. For this reason, experiences such as that of the Adolescent and Youth House in Nicaragua become important, where in a process built up by young people and adults, the former have been winning spaces of power in the municipality, the community, in school, with their peers. To exercise citizenship it is necessary to grow in levels of autonomy, taking part in the institutional spaces and creating new ones. Some NGOs for young people understand better the inclusion of adolescents in all the aspects of the organization, and others, with a clear understanding of the subject and working proactively and effectively for adolescence and youth, do not include young people in their management positions.

The youth and adolescents spoke of the subject of spaces of young people or for young people run by adults, which tells us of the power the organizations have despite the theoretical formulation of participation and citizenship-building. They have the perception of not feeling included, of not being taken into consideration, being dismissed and used in the subjects that affect them, when the perception and the empowerment they feel when they are aware of exercising their rights makes them feel adequate and keen on putting their mark, which they know is valuable. The adult world is observed critically by the young people. The beliefs of parents, teachers, of older young people are different from theirs. They see the differences in values and feel and know that their perspectives are not taken into account when dealing with these themes.

In any case, the conclusion is that an approach and an alliance between the adult world and the youth world is possible, despite the distances and the different world-views, but this implies a process of conjoint learning, which both sides must be willing to take on, supported in the conviction that young people are strategic actors for development and not just a simple risk group.

Final Comments and Recommendations

The aim of this research was to analyse the approaches of the policies, legislation and surveys on youth in 18 countries of the region and their effectiveness in legitimating adolescent reproductive rights and in constituting young people as political actors.

The analysis enabled differences to be identified in youth legislations, some which only build a structure, like an Institute or a Secretariat, and others that establish rights for young people Even in the latter situation, the youth laws have not added anything to what is legislated for adults, in laws about AIDS and sexual and reproductive health, as they establish rights for the population over 18 years of age. As regards those under 18, since the Convention on the Rights of the Child has greater legislative hierarchy than other domestic laws, the youth laws do not add any law to those determined by the Codes of Childhood and Adolescence. The difference seems to be in the social mobilisation processes that have been generated in some countries to achieve the legislation, as in the case of Nicaragua or the Dominican Republic. In these cases and with the support of the UNFPA Offices, the consultation for the approval of the youth law enabled the young people to be constituted as political actors.

The youth surveys reviewed do not have any analysis of gender, of socio-economic inequities, of race/ethnic origin, and so determine policies for the more privileged groups, for integrated young people, leaving outside the recognition of opinions and needs of disadvantaged groups. In most of the cases they do not articulate with other population analysis instruments and even the age groups they analyse are not comparable between countries or with other surveys of the country.

Public youth policies generally lack a human rights focus, with the exception of Panama, Peru, Costa Rica and Nicaragua, which have worked well on this. But even in the cases where a human rights approach can be recognised in other aspects, in the field of sexual and reproductive health the approach can frequently be identified as one of risk, taken from the epidemiological perspective, which works in the area of reproductive rights more as a form of social control than as opening up opportunities for people. These policies have been designed without considering the generational inequities to which young people are exposed, but neither do they include proposals to diminish inequities of gender, race/ethnic origin or of socio-economic status. UNFPA's participation in some of these processes as in the case of Costa Rica, Nicaragua and Panama, made a difference by generating mechanisms for civil society participation in the design of public policy, providing an opportunity for the social construction of young people as political actors.

The case studies show that working on reproductive rights is the shortest way to building youth citizenship, since it builds them as political actors in the field of all the human rights, as sexuality links up with subjective aspects of the identity. Voluntary work activities also appear as an intervention that builds citizenship of young people, actions that are weak in their duration over time, but whose intensity has a direct impact on the identity of the young people.

These case studies also enabled a mapping of the actors present in the field of youth in the five countries studied. Four conceptual and political power fields were thus identified:

a) The field of childhood and adolescence, which is very broad, being worked by UNICEF as from the Convention on the Rights of the Child, which has a human rights approach, but is very weak in reproductive rights, explained basically by the broad participation of the pastoral work of the Churches;
b) The health field, lead by PAHO and the Health Ministries, where sexual and reproductive health is worked on mainly from the risk approach.
c) The youth field, which is interested in employment, access to housing, education, but on the subjects of the UNFPA agenda accepts uncritically the proposal of the Health Ministries, without positioning reproductive rights and almost without formation in human rights.
d) The field of women's organizations, with excellent works and projects with adolescents, based on reproductive rights, but with low coverage. These groups have not interacted conceptually with the field of childhood and adolescence and it would be a great alliance to build to promote their interaction.

In order to evaluate advances, limitations and identify possible explanations of the current situation, lessons could be learnt as from the mobilisation of other population sectors for human rights. For example, the dynamics of human rights for childhood and for women could be analysed, given the similarities that both have with youth dynamics. Thus, if the indicators related with infant morbi-mortality and with the social insertion of women are considered, it could be held that the social conditions of children and women have improved markedly in the past 30

or 40 years. This judgment cannot be sustained in relation to young people, whose social conditions are the same or worse than those recorded in the past, if we compare the indicators mentioned with those of youth unemployment and underemployment.

Although we could find various explanations, what interests us is those linked with the relevance and significance of public policies. Here we can see that the countries of the region have invested for the past fifty years in the design and implementation of public policies related with childhood, which has led to lower infant morbi-mortality levels and higher levels of schooling, among others. At the same time, the women's movements and their public mechanisms have managed in the past 20 or 30 years at least to have the gender perspective incorporated ever more clearly in the public policies.

But this has not happened in the case of public youth policies, a terrain where there are numerous obstacles to gathering lessons learnt, always starting from zero and achieving few positive impacts in terms of the improvement of the quality of life. One example is the stagnation in the educational enrolment of youth and adolescents, which apart from the notorious problems of educational quality, affects school performance, conditions the low levels of employment, legal and health insertion and the weak citizen participation of youth and adolescents, which has become an issue pending.

To analyse its determinants, it is first necessary to clear away answers from the immediate situation, as this has nothing to do with specific economic crises nor with particular styles of public management in terms of government orientation. On the contrary, it has been happening for a long time and is seen in very varied territorial and institutional contexts, so we should think rather that we are facing structural problems that are difficult to tackle from perspectives centred on the limited argument of a change based on greater quotas of political will and/or greater availability of resources.

All signs are that an explanation might be found in the weakness of the political actor, probably tied to the *transitory nature* of youth, as youth as a social status is lost with the passing of the years. Even though this also happens with the other life-stages, in youth, its transience has important connotations related with the construction of identity and autonomy. This transience means that young people are more concerned about the world that they will have to become part of, than about their own conditions of life. In general, when young people have organised themselves and fight for some kind of claim, they do not do so like the workers or women, in relation to subjects related directly with their daily lives, for example, health care services, but for broader topics such as freedom, human rights, peace, ecology, democracy; in other words, they act, not from corporative, but rather from universal approaches.

This topic is core to the analysis of public youth policies, since they require a social actor who conquers them through struggle and mobilisation, as workers' unions or the women's movement have done. This in general has not happened with the youth movements, since even though they exist and are very strong in various cases, their activities are not directed at consolidating policies and programmes to help to improve the social insertion of young people as such, but at trying to improve the world which they will have to become part of as adults, from their perspective of transience.

In the context of a recent study focusing on youth movements in 20 cities in the 10 countries of South America, made by the CELAJU with World Bank and UNESCO support (Rodríguez et al. 2005), both the young people interviewed and the experts working in the area of youth show these orientations without even questioning very much their eventual implications in the area of public youth policies, and assume quite naturally that it is necessary to start again every year with new generations of young people, as a characteristic of working with young people. This is no minor matter when defining strategies for making progress in this field.

YOUTH: SOCIAL MOVEMENT, STRATEGIC ACTOR OR SIMPLE POPULATION SECTOR?

Firstly a brief reference must be made to the collective identity of young people. The study made by CELAJU (Rodríguez et al. 2005) tended to declare that youth collectives do not constitute a social movement, while others consider that this is a case of a strategic actor and others prefer to analyse young people as simple population sector. There are even approaches that consider youth and adolescents a risk group, to be treated with preventive policies and programmes.

We speak of a social movement when the conditions exist for a collective to manage to organise a common activity in such a way that it is lasting, structured in repertoires that are able to establish political opportunities for challenging and lobbying the state and the civil society. Social movements are organised around at least two dimensions: on the one hand the identitary and symbolic, which is what structures the meaning horizon of the organizations, as for example a particular style of life, or a set of *performative* strategies which hold members together, and the other of the management of material resources, as for example having the ability to present profitable projects to finance the organizations. However, none of these dimensions is true of youth organizations, since these do not manage to fit their activity, which is disperse, temporary, mobile and varied, into the conditions necessary for thinking of constituting a youth social movement, nor do they manage material resources for this purpose.

In addition, youth organizations do not yet have political recognition from the civil society. Although progress has been made in this area in recent years, it is still made little use of and plagued with prejudices. The lack of recognition goes along with the absence of legitimacy for young people

from civil society, which shows itself indifferent to the establishment of a social, political and even cultural role for youth. As for the State, the dominant views consider young people as a risk sector, and so they define their role as supervisory, through the implementation of a policy focusing on protection. In other words, for state agencies and even for international cooperation, youth continues to be a problem to resolve, and does not include a policy focus based on guaranteeing the exercise of their human rights for those who, as young people, are the bearers of new forms of association, interpreters of deliberative manners of social acting, through effective participation in the managing of public affairs. This explains the scant importance of youth themes in the public agenda and the scant influence of young people in public management.

So, far from supposing that the limitations of the past could be overcome with the protagonism of the youth generations of the future, we should consider that we are facing different structural dynamics, difficult to reverse with the old perspectives. In the study we have mentioned (Rodríguez et al. 2005) significant coincidences were found in terms of points of view as regards the old and new youth movements. Both the young people and the youth area experts agree that there are significant differences between the youth collectives of the ´60s and the ´90s. The interviewees characterise youth participation in the ´60s as excessively ideologised and formalised, through rigid movements such as political youth groups, classical student movements, with objectives clearly defined in relation to the search for structural political and social changes in the societies. Current youth networks, however, are defined as informal, horizontal and with collective slogans more directly related with daily life, such as the relevance of reproductive rights, freedom of expression through diverse forms of cultural expression, among others.

YOUTH NETWORKS: LEGITIMACY, PERTINENCE AND EFFECTIVE IMPACTS

Various studies have shown (Rodríguez et al. 2005) the great preference of young people for taking part in informal networks, constructed for concrete, immediate purposes, rather than through formal organizations, built for achieving macrostructural changes. The interpretation of this fact varies according to the approaches with which this is made: from an adult-centred angle, this is interpreted as a reflection of the growing apathy and demobilisation of young people, in the framework of the so-called crisis of the great narratives, while from a youth point of view, the phenomenon is seen as more directly related with the search for effective changes, in the here and now, where the questioning is related with the daily life, even of those involved: it is not an attempt to change society in order to change people, but to promote changes in both spheres simultaneously.

While traditional organizations do not enjoy popularity, and even generate mistrust and fear in young people from

different social conditions, networks are widespread among them. So, youth networks must be analysed more rigorously, as new expressions of youth organization and participation, identifying their potentialities and their limits, not to disparage them, but avoiding falling into an excessive idealisation of their possible contributions.

Evaluating the impact of these networks has given rise to varied opinions. While an adult-centred perspective considers that youth networks have functions in terms of youth socialisation, but have no effective impact on the dynamics of social changes, a more youth-centred approach tends to see them as essential for processing the changes they propose.

To be able to analyse youth networks, it is necessary to differentiate between the concepts of legitimacy, pertinence and effective impact. Although the new youth networks enjoy great legitimacy among their members, who feel comfortable and value their activities and their achievements positively, this does not occur with the more traditional youth organizations that are not only not well-regarded in their respective contexts, but also face serious limitations to growing and consolidating. The legitimacy that young people give their networks is not repeated among the adults who in general either do not know about them or see the youth networks as spaces where lines of behaviour are encouraged that are not in tune with established norms.

From the point of view of pertinence, youth networks also have varying levels of recognition, especially high in the case of those that aim at limited and easily verifiable targets, and to a lower extent in the case of those with more diffuse objectives that are more difficult to evaluate. An example of the former would be the networks created for running concrete activities, such as the participation in a campaign for the eradication of marginal dwellings as in Chile, or running mobilisations in favour of student tickets as in Paraguay. Examples of the latter would be those created to influence broader processes such as the involvement in participative budget processes in Brazil and Peru or public policy social control processes in Colombia and Argentina.

From the point of view of impact, even though the networks effectively perform significant functions in terms of youth socialisation, as their members through their participation obtain the support necessary for building their identity and exercising citizenship, they are also constructed as political actors. However, the impact of these networks in social and political dynamics is very limited, and they should thus not be overestimated when designing programmes and projects.

Likewise, we should use pertinence criteria to analyse the legitimacy and effectiveness of the youth councils, whether local, regional or national. The results of these political mechanisms have been varied, but in all cases limited, despite having been the target of important efforts and expectations about their possible contribution to collaboration between organizations and youth movements, and to promoting youth participation in human

development. The conclusions are not homogeneous, as there are marked differences in the national processes of these councils. While in some cases the attempts to build a youth council have been frustrated, in other contexts their existence is merely formal as they lack the minimum supports to be able to run their most essential activities. In other cases, the councils are stronger, but seem excessively tied in with the governments and so lack the autonomy necessary for representing the civil society. This happens at national or federal level, but is also seen in the state or provincial and municipal plane, where, however, some very dynamic experiences can be identified. The internal dynamics of the youth councils shows up the need to rethink the logic under which these have been operating, and also to consider that they need greater support, as well as the development of good practices, since they can become mechanisms for collaboration between youth networks, and between these and other public and private bodies.

We could ask then, where should these processes be promoted from? from the young people themselves, from public institutional structures, or in both ways and combined? Just as in the case of the topics analysed before, there is no one recommendation, and the most significant experiences are closely related with the political processes of each country, and the more progressive orientation of both national and local governments, promoting civil society participation for the exercise of a participatory democracy. Bearing in mind the electoral processes in the region, a significant advance in youth participation mechanisms might be expected in the future, alongside more progressive political postures. If these tendencies are consolidated and greater social participation is promoted, a greater number of experiences can be expected in which adult-centred approaches give way to real political participation by young people, and transform the dominant paradigms from risk and social control approaches to the human rights approach.

PUBLIC YOUTH POLICES BASED ON HUMAN RIGHTS

It is crucial to review the public youth policies to adapt them to the paradigm changes we are proposing, since it is highly desirable for the Comprehensive or National Youth Plans to fit in with the human rights approach, which sees young people as strategic actors for development.

Some policies require intensive work to improve their approaches and/or implementation models, but each one has to be looked at specifically as there are a variety of experiences in the region. For example, in the case of Colombia, there is a Comprehensive Youth Plan Proposal 2005-2015 formulated in a highly rigorous way with modern approaches, while in Ecuador there is just a Plan formulated in a more limited way, with an exaggerated protagonism of youth. In the case of Peru, there is a quite rigorously designed policy, as there is also in El Salvador, Mexico and Nicaragua, while in other cases we have more restricted

national plans, as in Chile, conceived more as an articulation of sector programmes; or there are simply no plans of this kind as happens in Argentina, Guatemala, Honduras, Paraguay, Uruguay and Venezuela.

The main differences between the comprehensive approaches, as in those of Colombia, Mexico and Peru, and the more reductionist approaches, especially in Ecuador, lie in the scope of the measures they propose and in the actors responsible for putting them into practice. Thus, while in the first case we are dealing with a formulation that tries to incorporate a generational perspective in the public policies as a whole, incorporating all the significant actors in its design and effective implementation, in the more limited approach we are dealing with a formulation driven and put into effect exclusively among young people, with a result that is also limited, in that it exclusively proposes measures to ensure the protagonism of young people in the running of the National Youth Directorate and in implementing some specific activities. From all we have said, it seems clear that an adult-centred approach is just as negative as the proposals that put forward youth participation in a manner isolated from other age groups, which could be considered as *juvenilism*.

"Adultcentrism" is structured around paternalistic and assistentialist approaches in the processes of social integration of young people, which reinforce the exclusion affecting them, in that this is presented as inevitable and almost natural, given the deprivation in which the members of poor families are born and grow up. In this framework, it is no use attempting to change things, since failure is unavoidable. When the police consider that every poor youth is a potential delinquent, simply for their clothes, tattoos, rings or haircut, they dramatically stigmatise these young people, and when the same young people are imprisoned for some crime, the self-fulfilling prophecy reinforces the model of discrimination. The same is seen when health personnel attending adolescents who consult for pregnancies, drug consumption or STIs, blame the patients, making them responsible for their problems, something much more common than is generally supposed. It is also found among teaching staff who structure a schooling relationship with no links with youth cultures: while the latter are horizontal, informal, subject to changing rules agreed between their members, the former is vertical, authoritarian and subject to norms that can only be changed by the authority. From this angle, school failure can be explained as much by structural problems such as teacher training, student stratification, the conditions of the environment, as by this *abyss* between school culture and youth culture, which must be dealt with among the solutions.

One direct consequence of these analyses is the need to work intensively with the adult stereotypes about youth and adolescents, in order to generate a form of working collectively, since public policies should not be considered merely as a matter that is the exclusive responsibility of young people. Even though the approach that accentuates

youth participation isolated from adults has broad acceptance among the members of youth movements, who use it as an argument for widening their quota of power in these areas, it turns out to be highly limiting and simplistic. These approaches have been seen in the calls from young people for adults to be excluded from the public youth policy processes, demanding that those responsible for these in government circles should not be over 25 or 30, or when they demand that government youth officials should be chosen by the young people themselves through their movements and organizations. This argument, despite being original, could in fact be dangerous, and when taken to extremes, even be labelled anti-democratic, as it ignores the legitimacy of the appointment of officials by the democratically elected government authorities.

Criticism of these isolationist approaches could give rise to confusion with the civil society participation approaches that we are proposing. If we consider that young people are strategic actors for development, why could they not take charge of the public youth policies? But it is essential not to get trapped in this supposed contradiction, since what we are arguing for is that the protagonism of young people should be expressed in all the dynamics of society, including most importantly the decision-making spaces, and that, in turn, isolationist approaches should not be practiced in the domain of youth policies, excluding adults simply for their age, since this hurts more than it helps. So there is still much work to be done, articulating the efforts of young people and adults around strategic approaches that ensure the development of comprehensive initiatives, that can give young people the tools for processing in the best possible way their autonomous social integration and the full exercise of their citizen's rights.

LESSONS LEARNED IN CHILDREN'S AND WOMEN'S POLICIES

The paradigm change towards comprehensive policies has also been occurring in other areas. If we compare with the policies of gender equality and equity, we can see the progress that has been made from the approaches centred on the promotion of women, towards the building of approaches centred on the incorporation of the gender equity perspective in all the public policies, including their budget allocations. However, these processes have not yet happened in the domain of youth policies, and the difference between the strategic and methodological approaches has little to do with the lack of political will and/or the lack of financial resources.

The reasons for this difference include in first place the prevailing approaches. While in the case of young people, the work has always been directed at opening up their own specific spaces, such as Youth Houses, Youth Participation Programmes, Youth Ministries, Youth Card, the women have been working on the logic of equality of opportunities for men and women, and promoting changes in all the public

policies and in the collective awareness. In second place, the actors who have pushed for women's policies and those who have pushed for youth policies also differ. While in the latter case, work has been done on generating support within the administrative structures of the State themselves, in the political parties and only exceptionally in some structures of the private domain, in the case of women the programmes have been decisively based on the women's movement, that has worked politically with a clearly corporative orientation, in advocacy activities aimed at transforming ways of thinking and social stereotypes, through the construction of alliances and inter-party agreement, starting with women leaders. In contrast, youth leaders have given priority generally to competition that has often been savage for reduced spaces that everyone wants to occupy, rather than the formation of alliances. A third difference can be seen in the management style used in each case. While in the case of young people, programmes have generally been structured that are in fact nothing more than sets of particular activities and interconnected initiatives, in the case of women, long-term policies and programmes have been structured articulating their various components on the basis of rigorous diagnoses of the problems that they are intended to face. Women have managed to articulate dimensions of everyday life, such as domestic violence, for example, with other social dimensions such as insertion into employment. In the case of young people, the efforts have remained generally in the more public topics and they have not managed to incorporate more specific dimensions of everyday life, such as youth cultures, for example, and have ignored spheres that are a priority from the logic of youth itself.

The same can be said when comparing youth promotion strategies and the promotion of children. In the first place, in the promotion of children, even though the strategies are centred on this population group, work with adult reference points is not neglected. Activities with fathers, mothers and other relatives, as well as the community environments and with the staff in charge of programmes and policies directed to childhood, both in the government area and in civil society, have always had a very important place, aiming at strengthening the capabilities of those who have obligations. The promotion of children's rights has also always tried to influence the circles of power, working systematically through advocacy campaigns with the decision-makers at all levels. Likewise, work has always been done in the area of raising the awareness of public opinion, through running publicity campaigns and communications strategies supported mainly on mass communications media. Finally, children's promotion strategies have tried to generate public policies in at least four core dimensions: (i) on the one hand, through designing National Action Plans, in the framework of the commitments made by the different countries in the World Summit for Children and in the International Convention on the Rights of the Child, that aim to dynamically articulate the different social policies from a

framework of human rights; (ii) secondly, through training of capabilities for working with children; (iii) thirdly, through systematic action in the institutional field, trying to provide state apparatus and civil society organizations with areas of work specifically centred on these domains; and (iv) lastly, through obtaining stable budget items for running the different programmes and projects. None of this has happened in the field of public youth policies.

This comparative analysis is not intended to idealise the work of women or childhood, since we are aware that the situation of children's as well as women's rights is still facing problems and limitations of considerable importance and that the public policies in both groups still have a long way to go. But it is no less true that in both spheres where notable advances can be seen, lessons can be learned for the area of youth policies to be able to advance in the future going beyond the limitations of its environment, however hostile this may seem.

A GENERATIONAL PERSPECTIVE IN PUBLIC POLICIES

Based on what we have just said, it would be necessary to go beyond strategic approaches centred on building specific spaces for youth participation, and move decisively into establishing a generational perspective in each and every public policy, and make a special effort to involve all the relevant institutional actors in the dynamics of public youth policies.

This alternative approach requires aiming at developing technical and operational capabilities in order to build, based on the human rights approach, population analyses that dynamically articulate people's different life-cycle phases - childhood, youth, adulthood, old age – in order to orientate social policies in an integrated way as is seen in the commitments made in the Millennium Summit. Statistical indicators are needed for this that will make it possible to analyse the situation of the different population groups, differentiating their particular characteristics throughout the life-cycle. Although there are data available that enable programme responses to be structured for early childhood, for those under one year old, this does not happen with young people, and in their case, as well as the absence of a breakdown of data, it is impossible to identify specific problems and even less monitor access to rights, taking into account the socio-economic, gender, and race/ethnic inequities.

Secondly it is a matter of rigorously analysing the approaches of all the public policies that affect the lives of young people, to integrate them into the human rights approaches. From this angle, middle and high school education should be seen not only as ambits for learning, but also as privileged environments for youth socialisation. Similarly, obligatory military service or the prison policies are not only public policies related with domestic or foreign security, but are also public youth policies and should be

implemented taking account of this dimension as a core element.

Thirdly, it is crucial to promote the idea that youth citizenship and their right to participate should become an articulatory axis of the efforts, avoiding the risk paradigm, which only serves to reinforce social control from adult-centred positions. The main challenge is thus to manage to incorporate young people into existing areas of citizen participation, especially in those that are related to local development, with the allocation of resources through a participatory budget, and with the social control of public policies through citizen oversight or audits.

Another proposal linked with this paradigm change is the need to have a position in the great national debates from the youth perspective. Among many examples that could be mentioned are those connected with territorial integration, migrations, labour reforms and social security, considering that these are processes that impact strongly in the living conditions of young people and in society as a whole, and so they need to incorporate the generational perspective, even when this might generate confrontations with some corporative actors such as the formal workers' unions.

It is also paradoxical that practically all the diagnoses on poverty in Latin America and the Caribbean show that this is particularly high in childhood and adolescence and that this fact is not used to throw a corresponding light on the design and implementation of the social programmes for fighting poverty. The same happens with subjects connected with public security, an area in which young people have high priority in their quality as victims or perpetrators of violence, and nevertheless the programme designed and implemented only exceptionally take into account the generational approach.

The practical implications of the generational perspective in public policies are important in several respects. One of these is the coherence necessary in social policies, to ensure equal opportunities for different population groups. As an example, we can point to the school nutrition programmes run for elementary schools that abruptly disappear for middle schooling, limiting the access of adolescents to the education and the nutrients necessary for maintaining their quality of education.

The development of strategies linked with the new paradigm will have to face complex difficulties, but at the same time it can provide public policies with a rigour and systematisation that they do not possess up to the present.

PUBLIC YOUTH POLICIES AS SHARED RESPONSIBILITY

Public youth policies should be considered as a common responsibility, including young people and adults, the State and the civil society, the legislative, executive and judicial branches, and national or federal, regional or state and municipal government agencies. The danger of this collective approach is the dilution of responsibility, as has often

happened when a public policy, considered as everyone's responsibility, ends up as the responsibility of nobody in particular. It is essential, for this reason, to design a precise distribution of roles and functions, in order to clearly establish who does what, in the framework of building effective and efficient institutional systems.

At central level, the Youth Offices – Youth Institutes, Directorates or Ministries – should devote their efforts to monitoring the ways in which the exercise of the human rights of young people is guaranteed in public policies. For this, these Offices have to fulfil a decisive role as facilitators of the articulation of the plans and programmes of the various government organizations and of civil society. They should also work on strengthening the capabilities of the human resources working with young people through reflecting on approaches and strategies, in order to contribute to the social insertion of this group. Studies, research, monitoring and evaluation of public policies are necessary for this, and these are areas in which the Youth Offices could form alliances with universities and research centres. In any case, the key would be to promote, support, supervise, evaluate, but not to run substantive programmes, since these are the responsibility of the other sectors.

At municipal level, the Youth Offices should get involved in the execution of social insertion programmes and projects, avoiding competition with other executive agencies such as the Directorates of Education or Health, with whom it is better to have coordination mechanisms to facilitate the broadest possible cooperation. They must also articulate their work with national agencies, at which level the different sectors such as Health, Education, Employment, Justice and Culture would be in charge of running sector policies, with specialised technical teams on Youth subjects, able to incorporate participatory strategies in comprehensive approaches.

But, in order to bring ourselves to a modern style of management, guided by the paradigms of participatory democracy, we should be able to incorporate young people as political actors in their management. For this it is necessary to devote efforts to generating mechanisms similar to those seen in the childhood and adolescence policies, where a wide range of movements and NGOs build up inter-institutional networks that are both heterogeneous and dynamic, running very varied lobbying, promotion and development activities. Here the Brazilian proposal seems very interesting, that of generating mechanisms for articulation between the women's movement, the human rights movement and the youth networks, so that young people are potentiated as political actors, taking advantage of the lessons learned by these other social movements. Such an experience has already been put into effect most successfully in Mexico by women's organizations such as Elige, which are devoted to lobbying on public youth policies and it is now being put forward by the Secretariat for Racial Equality in Brazil as a strategy to be followed.

If these social movements managed to overcome their limitations, it would be possible to achieve substantial progress in the area of youth development. In the case of the women's movements, it is clear that in most cases they bring together adult women, and even though the discourse refers to all women, girls and younger and older adult women have very limited or merely symbolic spaces of effective attention. In the case of young women, it is enlightening to note their lack of active presence either in the youth movements, run overwhelmingly by young men, or in the women's movements.

In the case of human rights organizations, it is vital for them to work more systematically from broader and more comprehensive holistic approaches, trying resolutely to overcome reductionisms. From this angle, it would be very profitable to have more systematic and deliberate efforts in these contexts, centred on the perverse link between young people and violence, bringing the subject of youth gangs into their own working dynamics. Likewise, it would be very useful to have more decided contributions from these organizations to the formation of the new generations of children, youth and adolescents in human rights.

Most important would be the approach to be developed which, together with the legitimation of the struggles focusing on gender, race-ethnic, and social class inequalities, could develop activities based on the generational approach, with a core questioning of the *adultcentrism* of our societies, recognising that their functioning includes generational conflicts that have to be accepted and processed in the best way possible, a topic which the youth organizations almost never go into decisively, preferring to give priority to succession and not to confrontation with older people.

SUPPORT TO THE AUTONOMY OF YOUTH NETWORKS

In this framework, a priority should be the strengthening of youth networks, focusing action on developing networks that tend towards the political protagonism of young people at local, regional and national levels, networks that operate in the cultural and communicational dynamics of young people, and in others that work specifically on reproductive rights and the prevention of HIV-AIDS in the framework of human rights.

But the support to these networks should be made starting from certain fundamental criteria, the first of which is total and absolute respect for the autonomy of the networks themselves, i.e., the capacity of their members to take their own decisions, without interference or influence of any kind. This is important especially as regards the naming of authorities, the design of plans and programmes and the use of resources, but should also include all the range of spheres of action, guaranteeing the absolute freedom of the networks to express their opinions, formulate proposals and get involved in campaigns or initiatives of their interest. To do this, past practices must be eradicated by which the state tried to regulate the functioning of the

networks by sanctioning youth laws that limited the networks' spaces of action, regulating their functioning in an exaggerated way, with a view to giving them legal recognition and financial support. It is also necessary to be more realistic about the demands that are often imposed for defining support to the networks. One criterion that is both subjective and complex to apply is that which calls for youth networks to be representative in order to receive institutional, technical or financial support.

It is clear that there are no representative networks in the traditional sense, and they are unlikely to exist in the future, since the networks appear and disappear depending on specific objectives, and transform themselves dynamically, so that their representativeness is always open to question. Really, what should be proposed is that the youth networks and organizations should fulfil informal roles of *representation* of partial and changing interests, without demanding *representativeness*. This, which may seem like simple wordplay, is basic when outlining strategic support activities for these youth organizations, and operating practices should be based on a recognition of reality, without trying to make that reality more similar to our own postulates.

Likewise, work should be done on constituting and strengthening local, regional and national youth councils as points of articulation and concertation between the different existing youth movements and organizations, including all the networks that operate in these domains, even though their dynamics do not allow or ease their assimilation with the concept of youth organizations or movements. In this case, the criterion should be used of requiring and fostering *representation* rather than *representativeness*.

This is important, in that representativeness is nothing more than a chimera, and this is true not only of youth organizations, but is also applicable to nearly all the subject areas which require men and women to group together with the idea of pushing for actions in common, in function of shared interests or ideals. It is sufficient to think about how representative the political parties, the business and union organizations, or the women's, or indigenous, or Afro-descendant movements are, to mention only few examples, in order to realise how exaggeratedly demanding we are with young people.

One particularly important topic here is that related with the criteria on the basis of which the youth councils will be constituted. If we bear in mind the accrued experience, there are no solid foundations for promoting their formation on the basis of the individual participation of young people from one city or one country. Really, despite appearing to be a broadly democratic mechanism, the approach hides an obvious ignorance of the existing youth movements and organizations which, apart from their evident limitations, have mechanisms of representation that are much more legitimate than those that can be given by any direct election of youth councillors and leaders.

Another topic to be discussed is the mechanism to be used in taking decisions. In this sense, starting from the respect for the full autonomy of these networks, young people tend to imitate adults and get stuck in ever more complex decision-making processes, with the sole consequence of excluding the other. For this reason it would be advisable to foster consensus at all levels as the main tool for working collectively. In this framework, only those initiatives could be put into practice that have the majority support, without any veto, of the members organised in these networks. Consensus would inhibit the ways of imposing particular interests on the group as a whole and avoid the constant ruptures and recompositions.

And for all of this to function effectively, the youth councils should have the institutional, programme and financial support without having more demands than that of fulfilling the roles of representation mentioned earlier. This implies substantial changes in the national and local government agencies, which up to now have been following excessively traditional guidelines, and the same could be said of a large part of international cooperation.

YOUNG PEOPLE IN THE INTERNATIONAL AGENDA

A brief reflection is necessary on the way in which international cooperation could support these efforts of adolescent and youth development. The point of departure could be in the Ten-year Review of the World Programme of Action for Youth (1995-2005) that was made this year within the United Nations (WPAY+10) with its analysis included in two Special Sessions of the General Assembly. Here it is worth remembering that these subjects received a great push forward as from the celebration of the International Youth Year (in 1985), but symptomatically, this year work is being done exclusively on analysing the fulfilment of the Programme of Action approved in 1995, without any reference to the twentieth anniversary of that important celebration.

Its agenda included various notable activities: (i) celebration of International Youth Day (August 12) on the theme Making Commitments Matter, (ii) a photo exhibition: Youth Faces of the MDGs (in the framework of the 60th Session of the General Assembly in New York), (iii) discussion and high-level roundtable (October 5th) and (iv) Plenary Session of the General Assembly (WPAY+10) on October 6th. In substantive terms, the debates started off with a report from the General Secretary on World Youth 2005 (UNO 2004) considering, of course, the Programme of Action itself (UNO 1996), and the resolutions connected with its follow-up (especially resolution 58/133 on youth-related policies and programmes, passed on January 26th, 2004).

The Programme of Action, written in 1995, defined ten priority areas: education, employment, hunger and poverty, health, environment, drug abuse, juvenile delinquency, leisure time activities, girls and young women, and finally,

the full and effective participation of youth in the life of society and in decision-making. The 2005 Report incorporates items from the subsequent ten years, and groups these ten priorities in three sets: (i) youth in the world economy: poverty, education and employment; (ii) young people in the civil society: environment, leisure activities and participation; and (iii) young people in risk situations: health, drugs, juvenile delinquency and girls and young women. It also mentions five new issues of interest that have arisen since the passing of the World Programme of Action: globalisation, increase in the use of new information and communication technologies, spread of HIV-AIDS, increase in the participation of young people in armed conflicts, and the growing importance of intergenerational relations in aging societies.

One element that may be thought anecdotic but which is highly relevant is the scant interest awakened by this report in the Member States of the United Nations, visible in the fact that only 11 countries sent reports to feed into the preparation of the 2005 Report, among which is only Mexico in Latin America.

The situation is in marked contrast with the dynamics of other similar initiatives, for example, in relation to childhood and adolescence. It is sufficient to remember the mobilisation that took place around the evaluation of the 10 years of the passing the International Convention on the Rights of the Child, recorded in the document A World Fit for Children (UNO, 2001), in which nearly all the countries of the world took an active part, to measure the difference in these matters. In Latin America and the Caribbean, in particular, as well as all the governments, nearly 600 NGOs on childhood and adolescence took part from 14 countries in the region, and had a crucial influence on decision-making (see Freyre and Podestá 2002).

But there are more up-to-date data that should be noted. It is highly significant that the writing of the *Secretary-General of the United Nations' Study on Violence against Children* has stimulated replies from nearly all the world's countries to a specially distributed questionnaire asking for detailed information on the subject, among which are 13 Latin American and Caribbean governments, plus the Regional Consultations, the Expert Seminars and many other such measures, normal in this kind of process. In addition, the ILO put special emphasis in the agenda of the International Labour Conference this year on the subject of youth employment, while the World Bank decided to devote its World Development Report 2007 to the subject of youth, which will be presented in public in September 2006.

Another fact to bear in mind is the little importance given to these subjects in the Millennium Development Goals. Even though many of these are related with youth, only one makes a general reference to youth employment, without setting monitoring and evaluation indicators as most of the others do. It is remarkable that at a time when it has been decided to analyse the connection between youth and MDGs, it is done from the angle of the young people's

opinions and not from the logic of the substantive analysis of the goals. The best demonstration of this was the call for the Youth Leadership Summit of Latin America and the Caribbean (Belo Horizonte, May 2005), devoted to analysing the MDGs. The Final Declaration reflects only the opinion of the young people about the MDGs, but says nothing about the place of young people in that framework. This is a clear confirmation of our analyses about the universal, unspecific approaches of youth.

It is also suggestive that the United Nations website focusing on youth should be an exclusively juvenile site and not a site about and for youth. The language and the images used clearly reflect that this is not a page for adults who work with youth and this is another limitation that we have noted in previous pages. This does not happen in the UNICEF website, for example, as there are sites there for children and adolescents, but also for adult technicians, officials and decision-makers working with these population sectors.

Taking these perspectives into consideration, it cannot be expected that the assessment of the 1995-2005 Programme of Action will produce significant impacts in these dynamics. It is clear that many aspects of the international youth agenda seem to run alongside the countries' agendas, and so many of the arguments already presented are valid too for the international plane.

So the analysis must be that in the youth field there is no political actor who can lead and give dynamics to these processes, as happens with childhood or in relation to women and so the little that happens is going to be more formal than real, at national as well as at international level. It is surprising that reproductive rights are found in the World Youth Report 2005 within the category of risk situations, with the consequent limitations and ideological connotations that this perspective brings. It is also limiting that consultation on the subject of youth is almost exclusively with young people, while the governments hardly put together speeches in the General Assembly and the experts are absent, apart from in the roundtable.

With these perspectives, it is not only the young people who lose, but our societies too, and so it is fundamental that these tendencies should change radically in the future. Here we have argued in favour of the need to articulate efforts between adults and young people, between governments and the civil society, between experts and political operators, involving the women's and human rights movements centrally, together with the NGOs operating in the areas of childhood and adolescence. These recommendations for the national level should be echoed at international level, trying to overcome excessively sectoral views.

So there is a need to reinforce the articulation of policy and transversalise the strategies with youth from one of the United Nations agencies. At one time, this articulating role was performed by UNESCO, which pushed for the celebration of the International Youth Year, in a world political context noticeably different from that today, but since then there has been no other agency which has had these functions. On

the regional plane, a similar role was carried out in the past by the ECLAC. UNFPA has been the agency in the Latin America and the Caribbean region, and especially in Nicaragua, Costa Rica, Panama, Paraguay, Honduras and the Dominican Republic, which has supported the development of youth legislation and policies, based on civil society participation. It could therefore be considered the young people's agency, to the extent that it considers all the spectrum of youth development and the exercise of their human rights, integrating sexual and reproductive health with a comprehensive view of health, education, work, culture and justice. In this sense it would be well positioned to situate the exercise of reproductive rights in the framework more broadly related with public youth policies. The long and fruitful experience of UNFPA in relation of gender and human rights issues, well in tune with government and non-governmental networks working in these areas, would give an excellent framework to this initiative to develop it effectively and would significantly feed into these particular dynamics.

A ROAD-MAP FOR WORKING ON YOUTH POLICIES AND REPRODUCTIVE RIGHTS.

The study we have made has enabled us to see a wide range of gaps and limitations in the field of youth policies, but at the same time has made it possible to face up to the challenges with a certain optimism, to the extent that it identifies concrete experiences on which to advance through innovative strategies.

The most noticeable gaps are connected with the scant importance given to reproductive rights and the human rights framework within the conceptual approaches guiding the work of public and private institutions, the evident disparity in the legislative realm between minors and adults, the weakness of these approaches for the design and implementation of youth programmes and plans, and their unimportance in the evaluation of plans and programmes. Among the encouraging signals, in turn, it is possible to stress the greater awareness of institutional actors about the importance of human rights and especially reproductive rights for the exercise of adolescent and youth citizenship, and for building them up as political actors, and also experiences of participation at local level focusing on excluded young people, and on specific cultural topics, which could serve as model experiences for social inclusion and for constructing environments fit for development.

The horizon of the coming decade, starting from the commitment of the international community to the Millennium Development Goals, could be an excellent framework for taking a leap forward in the living conditions of young people, with their impact on the social, political and economic development of the region. A basic condition for this is to bring about the effective participation of young people in their character as *strategic actors for development,* to the extent that they are more and better prepared than

adults to deal with the two main characteristics of the 21st century: the *permanence of change* and the *centrality of knowledge*. The answers that we give in the youth field can thus turn out to be key to human development itself in all the countries of the region. So UNFPA should be interested in:

- Promoting conjoint programming in the youth field within the United Nations system, with UNFPA showing its commitment to youth human rights from a comprehensive perspective, including health, education, employment, poverty reduction, culture sports and justice.
- Mapping the actors in the youth field, their discourses, their interests and alliances, so that once they are recognised, interaction can be fostered between the groups defending human rights in order to potentiate young people as political actors, in the process of legitimising their human rights and their reproductive rights.
- Fostering advocacy activities with the other agencies of the United Nations system, governments and civil society, to share the rights approach and the experience of working on sexual and reproductive health in the framework of human rights. The available communications tools (Internet, mass media, among others) as well as the training of human resources could be used for this purpose.
- Generating mechanisms for articulation of the various youth networks and those that work with young people, with the women's movement, the human rights movement, the indigenous movement and that of Afro-descendants, in order to potentiate their political impact and to monitor the inequities that condition the social exclusion of young people.
- To support articulation strategies between the institutional actors: official youth agencies, sector Ministries, especially those of Health, Education, Labour, Social Development, youth organizations, civil society networks, through supporting conjoint projects.
- Strengthening the generation of permanent participation mechanisms of civil society in the implementation and evaluation of public policies.
- Supporting National Youth Surveys, giving more precise guidance to the countries so that the analyses enable the generational, gender, race/ethnic origin and socio-economic inequities to be identified, on which public policies can be built in these spheres. For this it would be a good idea to support the interaction of the Youth Offices with academic circles in order to promote an analysis of the gaps and articulate them with other censuses and surveys made in the country, both in their methodological aspects, as well in then taking advantage of the social development policies and plans.
- Systematising and evaluating existing strategies that enable the design of National Youth Programmes which from the start have concrete mechanisms for monitoring and participative evaluation of the human rights of young people in the context of development and social inclusion.

- Building alliances with the Ibero-American Youth Organization (OIJ) on the government plane, with the FLAJ at the level of youth networks and with the CELAJU, as the network of youth researchers, also bringing in human rights and women's networks, without neglecting many other local and national bodies that are not part of these regional networks and that are fundamental when it comes to promoting the renewal of these approaches.

- Promoting occasions for the interchange of experiences and lessons learned in the youth field at regional level, that can socialise relevant experiences, legitimise shared approaches and define collectively constructed priorities for action in these domains.

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WEBSITES VISITED

INTERNATIONAL NETWORKS AND AGENCIES

Latin American and Caribbean Alliance of Young Men's Christian Associations. Created in 2003, the ALCACJ unites the YMCAs of 29 countries in the region, and is found widespread in more than 100 localities, where it runs promotional projects with children and young people in very varied areas. Enter through www.laca-alcacj.org

Virtual Library on adolescent health. Created in the framework of the BIREME programme in Brazil, the network has national sub-sites in several countries in the region and brings together a wide range of very useful information in the area of adolescent and youth health (diagnoses, programmes, evaluations, etc.). Enter through www.adolec.org

Latin American centre on youth. Created in 1986 in the framework of the celebration of International Youth Year, the CELAJU works based on networks of institutional governmental and non-governmental actors, supporting promotional work run in the various countries. Enter through www.celaju.org

European youth forum. This is a very active youth platform that articulates and drives programmes and projects in all the member countries, fostering interchange within Europe and of Europe with other regions of the world, including Latin America. Enter through www.youthforum.org

Latin American youth forum. This is the non-governmental network that is most representative of the youth organizations and movements of Latin America in the non-governmental field. It brings together National Youth Councils and international youth networks present in Latin America. Enter through www.flaj.org

International youth foundation. Based in the USA, the IYF promotes and supports an active network of NGOs specialising in youth in Latin America (as well as other similar networks in other regions of the world). It also offers concrete support to youth promotion. Enter through www.iyfnet.org

Youth for development. This is the youth space of the world development gateway, sponsored by a broad, heavyweight range of international agencies including the World Bank, and has broad international information. Enter through http://topics.developmentgateway.org/youth

Youth – Resources: This is site specially set up to provide information about sources of resources for programmes and projects of and for youth. Structured with the support of the INFOYOUTH/INFOJEUNESSE/INFOJUVE network, the site offers a great variety of options. Enter through www.youth-resources.net

Ibero-American youth organization. The only inter-governmental network in the world on youth, the OIJ brings together the government youth agencies of the region, whatever their titles (Ministries, Vice-ministries, General directorates, National institutes, etc.). Enter through www.oij.org

European youth portal. This is a specialist site of the European Union with information and documentation on and for young people, especially as regards international exchanges, job opportunities, study grants, etc. Enter through http://europa.eu/youth/

Youth, training and employment programme. Structured in the framework of the activities of the Inter-American Centre for Research and Training in Professional Formation (CINTERFOR) of the ILO, the site offers widely varied information on education and work topics, related with youth dynamics. Enter through www.cinterfor.org.uy

United Nations youth programme. Dependent on the Social Policy and Development Division of the UNO, the programme articulates work related with youth in all the specialised agencies of the United Nations and has great amounts of information. Enter through http://www.un.org/esa/socdev/unyin/spanish/index.html

Youth Pulse Programme of the Inter-American Development Bank Known as the IDB youth programme, the website offers a broad range of information on international cooperation and support from the Bank for the Youth Network which it has been encouraging since 1995, and which grows year on year. Enter through www.iadb.org/bidjuventud

Adolescent Health Programme – Pan-American Health Organization (PAHO). Within the official PAHO page, this site affords varied and systematic information on the dynamics of the adolescent-centred programme that has been being run for some years. Enter through: www.paho.org/Spanish/AD/FCH/CA/adolhome.htm

GTZ youth projects. GTZ, the German Technical Cooperation Agency, works intensively in the area of youth promotion throughout the world. In Latin America it supports regional and national programmes and projects in various countries and also institutional strengthening activities. Enter through www.gtz.de/youth/espanol

Global Youth Action Network. This is an open space for meeting and collaboration between various youth organizations of all the world, to encourage youth participation in decision making at world level, and thus foster intergenerational dialogue. Enter through http://www.youthlink.org/rgaj/home.html

Latin American Rural Youth Network. This is a dynamic virtual network of services for rural youth, which has thousands of members in all the region. Supported by the Inter-American Institute for Cooperation on Agriculture (IICA), the RELAJUR promotes highly varied activities. Enter through http://www.iica.org.uy/redlac

Latin American Adolescent Health Network. The ADOLEC site offers a quantity of information on health care services and networks working in these areas, organising the data by countries and by topics. It works supported by the Pan-American Health Organization (PAHO). Enter through www.adolec.org

Youth information network INFOYOUTH. Promoted by UNESCO, coordinated at world level by the National Institute for Youth and Community Education (INJEP) of France, and run in Latin America by the CELAJU, the network offers a broad range of information and of effective support. Enter through www.infoyouth.org

World Bank youth site. This gives regular information about Bank activities related with youth and about the queries regularly made by youth leaders worldwide, as well as on the studies and programmes that it runs regularly. Enter through: http://youthink.worldbank.org/

UNICEF Adolescence. Official UNICEF site concentrating on adolescents. This provides a wide range of information and documents related with the subject, as well as interactive spaces for adolescents themselves to take part in debates and exchanges. Enter through http://www.unicef.org/adolescence/index.html

Youth Action Net. Created and run by youth leaders of all the world, this site is sponsored by the International Youth Foundation (IYF) based in the USA and by Nokia. It has information about youth initiatives throughout the world. Enter through http://www.youthactionnet.org/

Youth Work: Link and Ideas. This portal has a wide range of links to many specialised websites, organised by topics, countries and other entry routes. It is very useful for young people, youth movements and those who work with young people. Enter through http://www.youthwork.com/

WEBSITES OF GOVERNMENT YOUTH AGENCIES

Bogotá Youth. This is the youth programme of the Bogotá Mayor's Office, which has been operating very dynamically in recent years, and now works in the framework of the public youth policy, recently passed after rigorous academic study and broad consultation with young people. Enter through: www.bogotajoven.gov.co

Colombia Youth Presidential Programme. Depending directly on the Presidency of the Republic, Colombia Joven is the official agency of the country on youth topics. Although it was created just a few years ago, it brings the accumulated experience of the previous Vice Ministry for Youth. Enter through www.colombiajoven.gov.co

Mexican Youth Institute. Created at the end of 1998 and depending on the Secretariat for Education, the IMJ is the agency responsible for designing and articulating youth plans and programmes in the Mexican government. Enter through www.imjuventud.gov.mx

Ministry of Youth, Women, Childhood and Family of Panama. This is an interesting experience of articulation within a single ministry of the different public population policies, and works in articulation with a wide range of public and private institutions. Enter through www.minjumnfa.gob.pa

National Youth Council of Guatemala. Depending on the Presidency of the Republic and even though its name is a bit misleading (it is not a

network of youth movements) this is the official government agency responsible for youth matters in the country. Enter through www.conjuve.gob.gt

National Youth Council of Peru. Created a short time ago, the CONAJU is the official youth agency in the country with ministerial rank. It is made up of two central bodies: the National Youth Commission (government) and the Youth Participation Council (network of young people). Enter through www.conaju.gob.pe

National Youth Department of Argentina Depending on the Ministry of Social Development, the DINAJU is the official youth agency of the country, and has been working in these areas for over 15 years, articulating efforts with a wide set of public and private institutions. Enter through www.juventud.gov.ar

National Youth Institute of Chile. Depending on the Ministry of Planning and Cooperation (MIDEPLAN), INJUV is the agency responsible for designing and articulating plans and programmes for youth in the Chilean government. Created at the beginning of the 90s, it is a significant reference point in the region. Enter through www.injuv.gob.cl

National Youth Institute of Uruguay. Created in 1990, the INJU originally depended on the Ministry of Education and Culture, but since 2000 is has been part of the specially created Ministry of Sports and Youth. It runs a Network of Municipal Youth Offices in the interior of the country. Enter through www.inju.gob.uy

National Youth Institute of Venezuela. Recently created within the orbit of the Ministry of Education, the Institute has functions related with youth mobilisation at all levels (for example, in the National Literacy Campaign carried out in 2003). Enter through www.mes.gov.ve

National Youth Secretariat of El Salvador. Depending on the Presidency of the Republic, this is the most recently created official agency in the region, but has been working intensively, focused on fulfilling roles of inter-institutional articulation. Enter through www.jovenes.gob.sv

Portuguese Youth Institute. Seen as another fruitful experience of promotional work with youth in Europe, and also closely linked with Latin America, the Portuguese Youth Institute is another significant point of reference for those working in these areas. Enter through www.juventude.gov.pt

Secretariat of State for Youth of the Dominican Republic. Created in 2000, this is the highest ranking official youth agency in all the region. Enter through www.juventudom.gob.do

Youth Congress. This is a youth space of the Bolivian Congress, which has information about political participation, democratic attitudes and other related topics. It also has a wide range of websites on and for young people in Bolivia. Enter through http://www.congreso.gov.bo/8jovenes/index.html

Youth Institute of Spain. Depending on the Ministry of Work and Social Affairs (MTAS) and characterised for its fruitful experience of work in the area of cooperation with Latin America, the Spanish INJUVE is an obligatory reference point for all those working on these topics in our region. Enter through www.mtas.es/injuve

YOUTH NETWORKS AND SPECIALISED NATIONAL NGOS

Achupallas Population Research and Dissemination Centre. Despite its slightly odd name, CIDPA is an NGO with a recognised history in the domain of youth promotion in Chile and Latin America. It is located in Viña del Mar, and has great experience working in these matters. Enter through www.cidpa.cl

Interjoven Project. This works in Chile, based on an agreement between the National Youth Institute, the Social Investment Fund and the German Technical Cooperation Agency GTZ, and operates particularly in the domain of municipal youth policies with a wide range of public and private institutions. Enter through www.interjoven.cl

Paisajoven Corporation. Made up of a broad range of public and private institutions, and sponsored by the German Technical Cooperation Agency GTZ, it runs various initiatives related with youth promotion, especially connected with education and employment. Enter through www.paisajoven.org.co

Youth Council of Spain. Set up as an autonomous agency uniting Spanish youth organizations and movements, the CJE maintains close

cooperation links with its counterparts in Latin America, at regional level (with the FLAJ) and at national level (with Youth Councils and Platforms). Enter through www.cje.org

Youth Forum. Created in 1981 (among the first regionally) this NGO has a wide and fruitful history in the area of youth, working especially on the design and implementation of specific projects, the animation of networks and lobbying on public youth policies. Enter through www.forojuvenil.org.uy

Youth Network Paraguay. This brings together a wide range of youth organizations and movements, and functions as one of the interlocutors of the government and non-governmental agencies in Paraguay. Enter through www.redjuventudpy.org

Youth Project of Brazil. Run by the Instituto Cidadanía (created and directed until recently by the current President Luis Ignacio Lula da Silva) the Projeto Juventude has been behind a wide range of activities aimed at designing a proposal for public youth policies in Brazil. Enter through www.projetojuventude.org.br

Youth Project. The Youth Social and Economic Integration Project is run by the German Technical Cooperation Agency GTZ and the government of El Salvador, and operates in a series of selected municipalities. Enter through www.juventud.org.sv

HEALTH MINISTRY WEBSITES

Argentina. Health and Environment Ministry: www.msal.gov.ar
Bolivia. Health and Sports Ministry: www.sns.gob.bo
Brazil. Health Ministry: www.portal.saude.gob.br/saude
Chile. Health Ministry: www.minsal.cl
Costa Rica: Health Ministry www.netsalud.sa.cr/ms
Dominican Republic. Public Health Ministry: www.saludpublica.gov.do
Ecuador. Public Health Ministry: www.msp.gov.ec
El Salvador. Public Health and Social Assistance Ministry: www.mspas.gob.sv
Guatemala. Public Health Ministry: www.mspas.gob.gt/cms
Honduras. Health Secretariat: www.secsalud.hn
Mexico. Health Secretariat: www.salud.gob.mx
Nicaragua. Health Ministry: www.minsa.gob.ni
Peru. Health Ministry: www.minsa.gob.pe/index2.asp
Uruguay. Public Health Ministry: www.msp.gub.uy
Venezuela. Health and Social Development Ministry: www.msds.gov.ve/msds

UNFPA WEBSITES

UNFPA Bolivia: http://www.unfpa.org.bo/
UNFPA Brazil: http://www.fnuap.org.br/
UNFPA Colombia: http://colombia.unfpa.org/index.html
UNFPA Costa Rica: http://www.nu.or.cr/unfpa/
UNFPA Dominican Republic: http://portal.onu.org.do/interfaz/main.asp?Ag=7
UNFPA Ecuador: http://ecuador.unfpa.org/
UNFPA GLOBAL WEB: www.unfpa.org
UNFPA Haiti: http://www.unfpahaiti.org/
UNFPA Honduras - http://www.unfpa.un.hn/
UNFPA Jamaica (under construction): http://jamaica.unfpa.org/
UNFPA Mexico: http://www.unfpa.org.mx/
UNFPA Paraguay: http://www.unfpa.org.py
UNFPA Peru: http://www.unfpa.org.pe/
UNFPA Venezuela: http://venezuela.unfpa.org/
UNFPA, Country Support Team for Latin America and the Caribbean: http://cst.mexicocity.unfpa.org/
UNFPA, Human Rights site: http://www.unfpa.org/derechos/index_eng.htm

OTHER SITES OF INTEREST

Campaign for approving an Inter-American Convention on Reproductive Rights: www.convencion.org.uy
National Council of Population and Development of Brazil: www.cnpd.org.br
National Population Council of Mexico: www.conapo.gob.mx