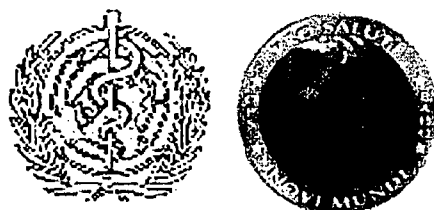




Health and Development of Adolescents and Youth in the Americas

Tenth Conference of Spouses of Heads of State and Government of the Americas

Executive Summary



Pan-American Health Organization



Health and Development of Adolescents and Youth in the Americas

The health of adolescents (10-19 years old) and youth (15-24 years old) is a key element for the social, economic and political progress of all the countries and territories in the Americas. Far too often, however, adolescent needs and rights are absent from public policies or from the agenda of the health sector, except when adolescents behave in troubling ways. One contributing factor is that, compared to very young children and the elderly, adolescents suffer from few life-threatening conditions. Furthermore, most of the unhealthy habits learned during adolescence do not produce morbidity or mortality during the period of adolescence itself.

Why Invest in Adolescent and Youth Health and Development?

- Today's youth are the leaders for the new millennium! Investments made in youth will contribute to the overall health, education and social conditions of future generations.
- Adolescent Health is a human rights issue addressed in several international agreements.
- Young people (ages 10-24) represent 30% of the total population in the Region and the highest percentage is concentrated in the poorer countries.
- Several countries are experiencing a transition in age distribution, which is considered a "demographic gift". If governments invest now in universal secondary education for its young people, when the youth cohort enters the work force, their productivity would contribute to significant increases in GDP levels.
- Education has a direct impact on the health of young people. It is estimated that one year of education can reduce adolescent fertility by 5-10%.
- Many causes of disease burden mortality have roots in the adolescent period. WHO estimates that 70% of the causes of premature deaths among adults are largely due to behavior initiated during adolescence.

Current Situation of Adolescents and Youth

Poverty: One-third of youth live in poverty and manifestations of poverty such as stunted growth, morbidity and mortality due to inadequate nutrition, tuberculosis (TB), and acute respiratory infections are still evident in the adolescent years.



Education: Fifty percent of youth are out of the formal school system by age 15, yet education is a key defining variable for almost all negative health outcomes, as well as for positive development outcomes, such as small family size and late-age marriage.

Employment: Youth make up 40% - 50% of the economically active population; but the conditions for youth are not optimal: an estimated 10 million children under 14 years work illegally, mostly in the informal sector; they are paid low wages and work under hazardous conditions.

Family: In several countries, up to 25% of youth are growing up in single parent households, headed by women, which are frequently characterized as poor.

Health Conditions

Sexual and Reproductive Health

- On average, 38 percent of women become pregnant before age 20 and in many countries, between 15 to 25 percent of all babies are born to adolescents.
- In the Southern Cone, the median age of AIDS cases has dropped to less than 27 years old, making this a critical issue for youth in the Region.
- Each year 15% of Latin American adolescents between 15 and 19 acquire an STI—and, knowledge about how to avoid STIs is low.
- In certain countries, use of contraception is extremely low -- only 1 in 10 single yet sexually active adolescents use contraception -- even when knowledge is high.
- Maternal mortality remains one of the leading causes of death for adolescents—mostly related to illegal and unsafe abortion. Estimates suggest that on average 4 in 10 pregnancies end in abortion, many of which are young women.

Violence

- Homicides, suicides, accidents and injuries are the leading causes of death among adolescents aged 10-19.
- The problem of gang violence is increasing in many countries of the Region.
- Violence during adolescents encompasses sexual abuse, neglect, emotional and verbal abuse, threats, sexual assault and other forms of psychological abuse. By age 18, one in five young people in select Caribbean countries reported being physically abused.



Substance Abuse

- Drug and alcohol abuse does not appear to discriminate by class.
- Street children and preadolescents in Brazil and Guatemala use inhalants.
- Alcohol abuse is linked to the increased incidence of motor vehicle accidents (particularly among males) in many well-developed countries.
- Up to 50% of adolescents in several countries in the Region smoke.

Problem-Focused Programs vs. Holistic Programs

Adolescent health programs in LAC have usually addressed specific negative behaviors and problem-oriented approaches that focused on single issues such as early childbearing, substance abuse or juvenile delinquency. Such approaches focus on the individual and do not take into account families, environments and the overall context in which behaviors occur. The interventions are curative and promotion and prevention is relatively scarce. Furthermore, such interventions are not coordinated, causing costly duplication of efforts, as numerous studies have shown that several problem behaviors have common origins and are interrelated. Based on these findings, PAHO proposes a new conceptual framework that focuses on human development and health promotion within the context of family and social, political and economic development.

Challenges for the New Millenium

Improve Access to Health Services: Countries with health care reform should ensure equitable access to a minimum package of services that include promotion and prevention. Countries should assure the legal protection of confidential and private care focused on adolescents' needs and includes their participation in the design and delivery of services.

Improve Adolescent Environments: Strengthen, support and preserve families and communities through establishing policies and legislation that improve the social and economic conditions of families.

Promote Positive Adolescent Health: Create adolescent-positive societal norms, community participation and commitment to health issues and seek support from the media.

Increase the Role of Schools in Improving Adolescent Health: Promote educational policies that encourage success for students and strongly encourage the involvement of parents, family and communities and include health as part of core curriculum.

Improve Adolescent Transition to Adulthood: Enhance life options by providing adolescents with meaningful pathways to health education and employment, so that adolescents may actively participate in their communities.



In order for youth and adolescents to play an important role in our societies, we must assume the responsibility to support to them. It is time to end the political and cultural silence regarding adolescent health and promote their development by preventing problems before they occur.

PAHO's Plan of Action

PAHO's program works to promote health and development in the Region by developing and strengthening human resources, policy development, plans, programs, and services at the national and local level, with gender perspective, and youth and community participation. PAHO partners with national level ministries of education, labor and justice, national legal bodies, mass media institutions, NGOs, schools health services and universities. PAHO currently has projects in the areas of comprehensive adolescent health and development, adolescent sexual and reproductive health and violence prevention through partnerships with W.K. Kellogg Foundation, UNFPA, SIDA, and GTZ.



Population Policies for Adolescents: Diagnosis of the Situation and Sexual and Reproductive Health Policies

Tenth Conference of Spouses of Heads of State and Government of the Americas

Executive Summary



United Nations Population Fund

Population Policies for Adolescents: Diagnosis of the Situation and Sexual and Reproductive Health Policies

Executive Summary

**José Miguel Guzmán
Martha Falconier de Moyano
UNFPA Country Support Team for Latin America and the Caribbean
Mexico, June 2000**

Introduction

This document presents an analysis of the current situation of adolescent reproductive health. Progress and pending challenges are also analyzed in so far as policies, programmes and actions directed at this population are concerned, specifically in the areas of sexual education and integral sexual and reproductive health. This study is based on socioeconomic conditions, ethnic origins, cultural patterns and life expectancy which all bear influence on the meaning and experiences of adolescents of the various social groups and communities.

The situation of sexual and reproductive health of adolescents

Adolescent Fertility

Sexual and reproductive health acquires clearly differentiated dimensions for each sex. For example, adolescent fertility is greater in the case of women than in the case of men, in spite of the fact that men commence their sexual life at a younger age. Hence, in countries like Peru the incidence of adolescent maternity arises in one of every ten women whilst for men the rate is barely one in every fifty.

In Latin America and the Caribbean there is not one sole pattern of adolescent pregnancy, on the contrary there is much heterogeneity between countries as within the countries themselves. If one takes the adolescent fertility rate as an indicator of early pregnancy one may observe a first group of countries where these rates are substantially high (above 100 births for each thousand women between the ages of 15 and 19 years of age); this group of countries is basically made up of the Central American countries with the exception of Costa Rica, The Dominican Republic, Jamaica and Belize. The high rate of early pregnancies in these countries is part of a traditional pattern of unions and sexual relations initiated at an early age. In these countries, in fact, between 3 and 6 per cent of women have their children before the age of 15 years, figure which reaches close to 10 per cent in women with no education, thus exposing themselves and their

children to a much higher risk of death. A second group of countries with rates between 75 and 100 per every thousand: Bolivia, Paraguay, Ecuador, Panama, Colombia, Costa Rica, Brazil, Venezuela, Haiti, Mexico and Peru. Finally, countries with rates below 75 per every thousand are: Cuba, Trinidad and Tobago, Barbados, Guyana and Suriname, and those of South America whose transition from a high fertility rate to a low fertility rate commenced very early on during the past century.

Within the countries there appear to be very different patterns of early childbearing. In a generalized fashion, women with no education or very little education, or those from the poorest groups, clearly have much higher fertility rates. This rate of incidence drops significantly in all countries where adolescents reach higher education or belong to wealthier levels of income. An extremely high risk pregnancy group is made up by un-educated adolescents living in extreme poverty.

It cannot be stated that there is a generalized tendency of excessive increases in adolescent pregnancy. During the 90s however, one may see a moderate increase in some countries (Brazil, Colombia, The Dominican Republic, Argentina, Uruguay) or a certain stabilization (Ecuador, Panama, Jamaica, Chile, Honduras and Peru).

Incidence of induced abortion

The scarce estimates available indicate that in various countries of the region (Brazil, The Dominican Republic, Colombia and Peru), close to three or four adolescent pregnancies terminate in abortion; in Cuba, close to two thirds of adolescent pregnancies end up in this way. Even though this incidence (with the exception of Cuba and Colombia) does not appear to be greater in adolescent women than in women of other ages, the conditions in which an adolescent abortion occurs may be more adverse and result in longer term negative effects on the life of women.

Reproductive Preferences of Adolescents

In general, a high proportion of adolescent mothers in the region declare that the children they had were wanted, which would imply that early pregnancies are not looked upon in a negative way. This situation however, requires of some precise observations. Firstly, in several countries a significant proportion of youths (around 30% in various countries) declare that they would have wanted a later pregnancy and not at the time it occurred. Secondly, on inquiring about present pregnancy (conception is closer to the moment of interview) a high proportion of nonconformity may be observed. Finally, if one considers that abortions are the result of unwanted pregnancies, a significant proportion of adolescent pregnancies may be considered as unwanted. Using this approach, in Colombia, Dominican Republic, Brazil and Peru, between 30 and 40 % of the total number of pregnancies in adolescent women were unwanted, the majority ending up in abortion.

The perception of adolescent pregnancy as a problem, is considered differently within the different countries. For example, in Jamaica, the percentage of wanted children is very low; in Haiti there is strong social censorship on adolescent pregnancy and Brazil comes close to the "modern", pattern where adolescent maternity is perceived as an interruption of one's life project. However, in countries like Guatemala, Honduras and Nicaragua, where the majority of births given by adolescents occurs within a union, maternity, even adolescent maternity, is considered positively.

Effects of Adolescent Pregnancy

Early pregnancy in adolescence has clear implications on health and social and economic circumstances. In terms of physiological consequences, early pregnancy does in fact present an intrinsic risk in women's health, but only when it occurs before 17 years of age. After this age, both in relation to infant and maternal mortality, risks are not much greater than in the other age groups.

There is a significant relationship between early pregnancy and school desertion. This does not imply that the early childbearing is necessarily the most important factor in abandoning school. This is due to the fact that in the majority of cases, pregnancy occurs when the adolescent has already left school. It is estimated, however that in the countries analyzed, (Bolivia, Brazil, Colombia, Nicaragua, Peru and the Dominican Republic) early pregnancies may be responsible for between 15 and 20 % of school desertion. If early marriages are added, one finds that between 20 and 30 % of women between the ages of 15 and 24 years of age, abandoned school because of a pregnancy or a marriage. However, given the prevailing educational situation in the region, effects on average schooling in most countries are relatively low.

With respect to the economic implications of adolescent pregnancy, one of the few studies found of the region showed that the situation of women who had had children during adolescence was significantly more precarious than the rest.

The effects on stability and the types of unions have showed that unions of adolescent mothers are less stable. The greatest instability in unions of adolescent mothers generally gives way to a pattern of multiple marriages. On the other hand, a single mother who had her first child during adolescence has better perspectives of remaining married ten years longer than a single mother who had her first child after the age of 21 years.

In terms of the demographic effects, it was found that the growth rates are greater in countries where a great proportion of women have their first child before the age of 20. It was also observed that adolescent mothers tend to have more children during their childbearing years than the rest. Data from Nicaragua suggests that if all adolescent births were delayed until the age of 20 years, the Global Fertility Rate could be reduced to up to 0.5 children per woman. It was also confirmed that daughters of adolescent mothers were also more prone to become adolescent mothers themselves.

Knowledge on Aspects of sexual and reproductive health and contraceptive use

The basic knowledge of the existence of contraceptives and AIDS is generalized amongst adolescents, with little variation relating to their social or economic situation, with the exception of Guatemala and, in lesser proportion, Bolivia (due to the tremendous lack of information which characterizes the indigenous communities of those countries). There is however, little or practically no knowledge at all on the various available methods, of their source, of the period of fertility, of the use of condoms as a method of prevention of diseases, and of specific aspects on AIDS and mainly STDs. This shows that there still remains much to be done to improve knowledge and eliminate myths and erroneous ideas on sexuality and reproduction.

With respect to the use of contraceptives, these are little used by adolescents, including those who are married. In general, both with women and mainly men, the use is greater amongst those who are single and sexually active than in those who are married, which show an even greater prevalence of contraceptives. This fact demystifies, in some way, the belief that single adolescents who have an active sexual life do not protect themselves against pregnancy. It has also been seen that the use of condoms continues to be low mainly amongst adolescent married women, in unfavourable socioeconomic situations. The use of contraceptives is greater in males than in females and like them, those who take more care are those who are single and are sexually active. Additionally, in Brazil and Peru approximately 3 of every 4 sexually active adolescent males use some form of contraceptive method.

Sexuality and marriage in adolescents

Based on information from eight countries of the region, it was found that approximately three of every ten adolescent women have had sexual intercourse at some point, the great majority of them being married. In rural areas and with less education, this proportion increases. With males, the opposite occurs, half of them have already had intercourse (the majority of them when single).

In the majority of countries, the age at which the first sexual intercourse occurs is stable or has increased. Only Brazil, and to a lesser extent Colombia, show a decrease. An average of 17% of adolescents in the countries analyzed are married, this proportion being greater for Venezuela, Ecuador, Trinidad and Tobago, Guatemala, Salvador, The Dominican Republic, Honduras, Belize and Nicaragua. Here, the age at first intercourse is close to the age of first union, so that pre marital sexual relations are less. Within unions, the majority of these are by consensus. Union is a phenomenon seldom seen amongst male adolescents: approximately 4% are married. The average age of the first union is around the age of 20 years for women and 24 years for men, although in Central America and the Caribbean this is less and has not shown any recent or significant change.

Of the total number of single women adolescents, only an average of 13% have had a sexual experience and 4% are sexually active (the highest percentages were found in Brazil and Colombia). In males the percentages are much higher. In the groups of adolescents of low education and rural areas, sexual activity outside union is

limited. Persistence of virginity as a sociocultural value remains, given that currently an important percentage of women marry without having previously had a sexual experience, although in Brazil and Colombia there is a clear decrease in this indicator. With the exception of Brazil and Colombia, and, possibly the Dominican Republic, it appears that in the rest of the countries premarital sexual relations have not increased. Finally, there is no sign of an increase in premarital births not even in these countries, there may even be a decrease mainly in Bolivia, Nicaragua and Haiti.

STDs/AIDS in adolescents

The total cases of adolescents with AIDS are few, however it has been possible to establish that, at least in two countries (Brazil and Honduras), a significant part of the individuals diagnosed with AIDS were infected during their adolescence (around 30 % in men and 15 % in women). There could even be a tendency to increase, as the medium age for the diagnosis of AIDS in South America decreased from 32 to 27 years. In general, the greater incidence of AIDS in men occurs at a later age than in the case of women. In the majority of countries 5 cases of AIDS in males are reported for every 1 in females, however in the case of adolescents this proportion is three to one. In the case of STDs, the information is very scarce, however, it was found that males in three countries that were analyzed (Brazil, Haiti and The Dominican Republic) have greater risk of infection in adolescence. Finally, it was found that adolescents underestimate their individual risks for becoming infected with HIV.

Violence

Based on data from Colombia and Nicaragua, it was found that violence is present for married women from very early ages. Additionally, independently of the time exposed to this risk, women who are married at younger ages become the most vulnerable groups. The great majority of women do not wish and do not believe they deserve to be battered; amongst adolescents, it was found that half of them declared that their partner had battered them because of jealousy, which is different for women of older ages. The socioeconomic level is an important determining factor in the existence of this problem. With respect to sexual violence, it was seen that the majority of women victims of some attack suffered this before the age of 20 years.

Policies and Programmes

During the last years there has been important progress both in legal and programmatic aspects in so far as the subject of reproductive health and sexual education of adolescents is concerned. The Convention on the Rights of the Child¹, which became an internationally binding law in September 1990 following its approval by the General Assembly of the United Nations. This Convention establishes that States must take appropriate legal, administrative and educational measures to protect children from mistreatment, exploitation and sexual abuse. States should also promote the development of preventive measures in health and preparation of boys and girls for a responsible life in a free society, with tolerance, peace and equity between the sexes.

The Convention on Population and Development held in Cairo in 1994 (ICPD) solidly reinforces the need to place reproductive health as central component of health in general, and of the lives of people during their entire vital life cycle. Within this perspective, adolescents emerge as subjects with rights requiring specific policies according to their own needs, their condition of being a group at risk and because it is during this stage that many aspects will be defined which will influence sexual and reproductive conduct which will affect individuals throughout their lives. These viewpoints are ratified and broadened during the evaluation of this conference held 5 years later (Cairo +5) where the need to promote access by adolescents to "... enjoyment the highest attainable standards of health, provide appropriate, specific, user-friendly and accessible services to address effectively their reproductive and sexual health needs, including reproductive health education, information, counselling and health promotion strategies. These services should safeguard the rights of adolescents to privacy, confidentiality and informed consent, respecting their cultural values and religious beliefs and in conformity with relevant existing international agreements and conventions".

In this framework, countries of the region have made important progress, although not yet sufficient, towards the achievement of these goals, by means of legislation, policies and programmes directed at the adolescent population. In spite of this progress, in many countries changes in relation to legislation and the establishment of specific policies for adolescents have not yet materialised in specific sexual and reproductive health programmes. But, at the same time, there are countries such as Cuba, that are progressing in education and adolescent health without yet having a developed legal framework for that end, but with explicit policies that have been expressed in national plans. In terms of sexual education, from the curricular point of view, the case of Brazil is outstanding and from the perspective of pedagogic strategy the cases of Colombia, Peru and Cuba.

In general, both in relation to legal and programmatic aspects, there has been greater progress in relation to programmes and actions focussed on sexual education than on the development of sexual and reproductive health services for adolescents. In spite of this, it is in the area of sexual education where there are

¹ Boy or girl is considered between the ages of 0 to 18 years of age, which includes a part of the group referred to as adolescents (10-19 years of age).

the greatest difficulties in implementation at country level. In spite of international agreements and country commitments, its development has met with a series of barriers, many of them related to the lack of understanding of its importance in adolescent formation and to actions of certain groups which exercise pressure in some countries hindering many initiatives promoting a limited approach of valid options only for these sectors but not necessarily for society on the whole.

Recently, health services for adolescents have been made available but they are quite limited due to the fact that the health systems are not adequately prepared, neither in logistic terms or in trained personnel for the provision of services for adolescents with a focus on gender. Additionally, in so far as an integrated approach for adolescent attention, there are several countries that show considerable improvement, as in the case of Costa Rica, Cuba, Panama, Brazil and Colombia. According to available information, which is possibly incomplete, even in these countries (with the exception of Cuba) programmes are far from covering the total population requiring these services.

There are still several challenges pending in order to guarantee better options for adolescents in so far as their sexual and reproductive health is concerned. Many have already been mentioned at numerous meetings and conferences on the subject². Amongst these, the following may be considered:

1. Countries must more directly support efforts for the prevention of early unwanted pregnancies as well as STDs and HIV/AIDS, improving access to a sexual education that may promote healthy behaviour guidelines for adolescents. These efforts must be conceived within the framework of an integral approach which encompasses all the life cycle taking into account biological, psychological, social, cultural and economic aspects.
2. In order to guarantee rights and promote sexual and reproductive health for adolescents it is necessary to construct social and political consensus on the most adequate strategies, by means of active youth participation, participation by their families and organisations at local level. It has been proven that direct and creative participation of adolescents in the formulation and implementation of sexual and reproductive health policies renders positive effects.
3. Promote intersectoriality of actions through greater collaboration between education and health sectors, so that the latter may generate an informed demand by adolescents and they might know where to obtain sexual and reproductive health services; and the health sector should additionally become a source of information on the subject through services which guarantee quality and warmth of service and by which empowerment in responsible decision taking and development of abilities for life are promoted. According to the available information (with the exception of Peru, Cuba and Costa Rica) there are no signed inter-institutional agreements by the relative ministries which would provide an effective integral service for adolescents.

² See for example the results of the Regional Meeting on Sexual and Reproductive Health of Adolescents in Latin America: A Commitment for the Future, held in San Jose Costa Rica, December 1997

4. Promote greater coordination amongst the different sectors working with adolescents, both public and private sectors as well as NGOs, with the aim of avoiding duplication of efforts and having greater impact. Similarly, promote that the social programmes for adolescents be well articulated with sexual and reproductive health programmes in order to promote synergy.
5. In relation to health services, care must be integrated providing counselling and appropriate contraceptive methods. To this end, greater efforts are required in training of health care personnel to address this specific demand.
6. With reference to sexual education, it is necessary to: 1) combine experiences of the formal and non formal sectors, 2) include adequate components on sexual education in education programmes from childhood and 3) Incorporate in educational programmes for docents (parents, adolescents, teachers and the community); promote more dynamic methodologies of education which may strengthen self and mutual learning.



Population Policies for Adolescents: Diagnosis of the Situation and Sexual and Reproductive Health Policies

Tenth Conference of Spouses of Heads of State and Government of the Americas

Report for the Technical Meeting



United Nations Population Fund

Population Policies for Adolescents: Diagnosis of the Situation and Sexual and Reproductive Health Policies¹

José Miguel Guzmán
Martha Falconier de Moyano
Ralph Hakkert

Juan Manuel Contreras
UNFPA Country Support Team for Latin America and the Caribbean
Mexico, June 2000

jmguzman@eat.org.mx;
martha.moyano@eat.org.mx
ralph.hakkert@eat.org.mx
juan.manuel.comtreras@eat.org.mx

Introduction

The International Conference on Population and Development held in Cairo, Egypt in 1994 (ICPD), strongly upholds the need to give reproductive health prime importance as a central component of health in general and of people's lives during their entire life cycle. Within this perspective, adolescents emerge as important subjects for policies due to their specific needs in so far as reproductive health is concerned, due to their condition of being a group at risk and due to the fact that it is undoubtedly during this stage that many aspects influencing sexual and reproductive behaviour are defined, and will affect individuals throughout their life.

In spite of the recognized concern to address the increasing reproductive health needs of adolescents, there is insufficient capacity in countries of Latin America to implement effective programmes due to, amongst other reasons, the scarcity of information and analysis to precisely identify the social, cultural, economic and demographic context surrounding sexual and reproductive health of adolescents and the most significant determining factors.

This document presents an analysis of the current situation of adolescent reproductive health. In particular, the situation and recent tendencies of the most important aspect of reproductive health are described, such as: fertility, abortion, sexual aspects and matrimonial characteristics, knowledge and use of contraceptives, psychological and biological effects of pregnancy, reproductive preferences, STDs and HIV/AIDS, and sexual and domestic violence. This

¹ The chapter I of this document is based on Guzmán, Hakkert, Moyano and Contreras (2000).

analysis is based mainly on surveys carried out within the project of Demographic Health Surveys (DHS) and those Reproductive Health Surveys supported by the Centers for Disease Control and Prevention (CDC), as well as by specific surveys carried out in each country (See bibliography).

Progress and pending challenges are also analyzed in so far as policies, programmes and actions directed at this population are concerned, specifically in the areas of sexual education and integral sexual and reproductive health. This study is based on socioeconomic conditions, ethnic origins, cultural patterns and life expectancy which all bear influence on the meaning and experiences of adolescents of the various social groups and communities.

I. The situation of sexual and reproductive health of adolescents

Adolescent Fertility

Sexual and reproductive health acquires clearly differentiated dimensions for each sex. For example, adolescent fertility is greater in the case of women than in the case of men, in spite of the fact that men commence their sexual life at a younger age. Hence, in countries like Peru the incidence of adolescent childbearing arises in one of every ten women whilst for men the rate is barely one in every fifty. (Table 1). In the case of countries such as Honduras and Nicaragua, more than 20 per cent of adolescent women are already mothers whilst less than 4 per cent of adolescent men are fathers.

Table 1

Percentage of adolescents (15-19) with children ever born, by sex .
Latin America and Caribbean, 1995-1998.

Country	Percentage of adolescents with children ever born	
	Women	Men
Bolivia (1998)	11.5	3.0
Brazil (1996)	14.3	3.1
Haiti (1995)	10.8	0.3
Honduras (1996)	22.3	3.7
Nicaragua (1998)	22.1	2.9
Peru (1996)	10.9	2.0
Dominican Rep. (1996)	18.3	1.2

Source: DHS surveys

In Latin America and the Caribbean there is not one sole pattern of adolescent pregnancy, on the contrary there is much heterogeneity between countries as within the countries themselves (See Figure 1 and tables 1, 2 and 3, Annex). If one takes the adolescent fertility rate as an indicator of early pregnancy one may observe a first group of countries where these rates are substantially high (above 100 births for each thousand women between the ages of 15 and 19 years of age); this group of countries is basically made up of the Central American countries (with the exception of Costa Rica), the Dominican Republic, Jamaica and Belize (Figure 1). The high rate of early pregnancies in these countries is part of a traditional pattern of unions and sexual relations initiated at an early age. In these countries, in fact, between 3 and 6 per cent of women have their children before the age of 15 years, figure which reaches close to 10 per cent in women with no education, thus exposing themselves and their children to a much higher risk of death (Table 4, Annex). A second group of countries with rates between 75 and 100 per every thousand: Bolivia, Paraguay, Ecuador, Panama, Colombia, Costa Rica, Brazil, Venezuela, Haiti, Mexico and Peru. Finally, countries with rates below 75 per every thousand are: Cuba, Trinidad and Tobago, Barbados, Guyana and Suriname, and those of South America whose transition from a high fertility rate to a low fertility rate commenced very early on during the past century.

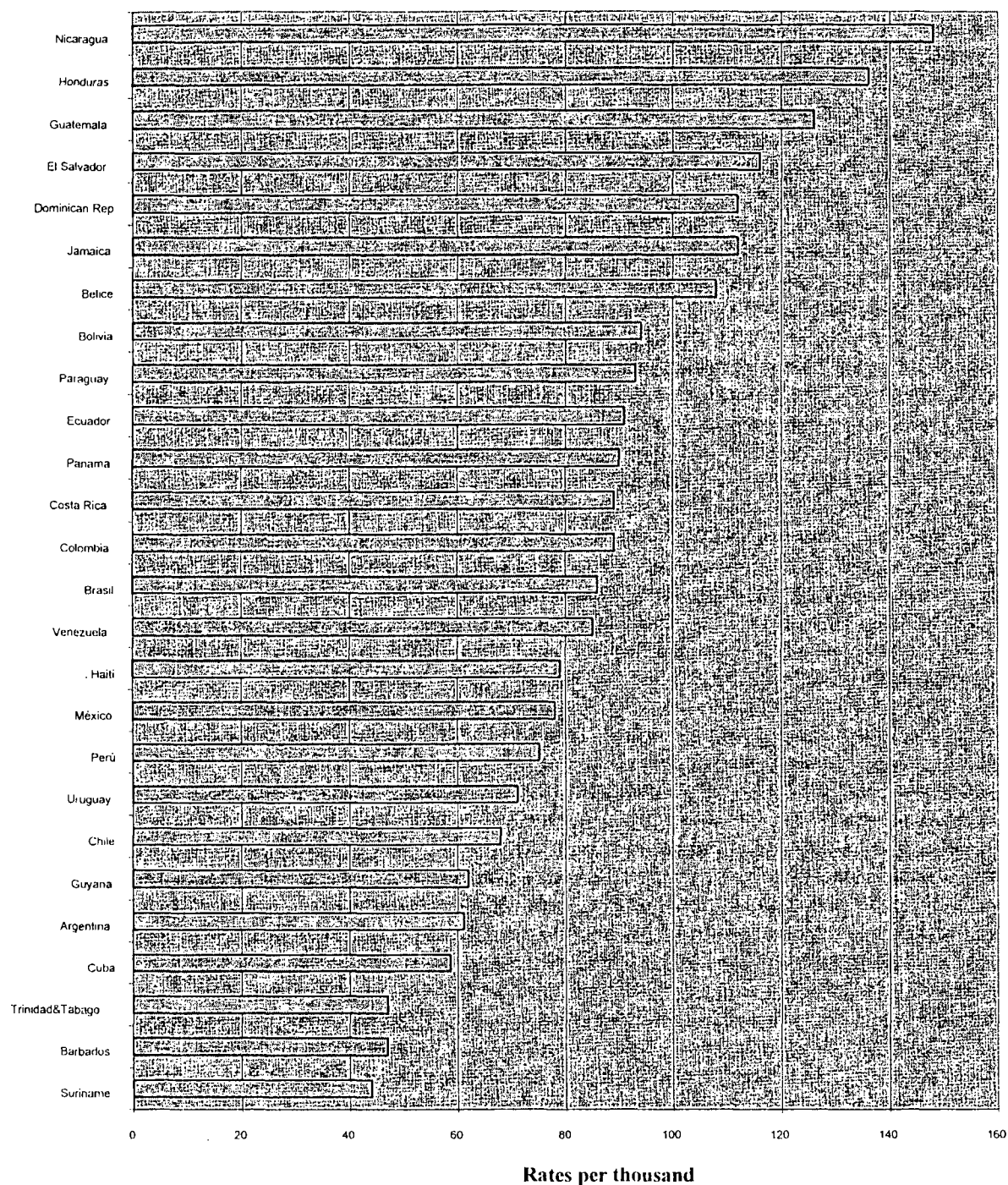
Within the countries there are very different patterns of early childbearing. In a generalized fashion, women with no education or very little education, or those from the poorest groups, clearly have much higher fertility rates (Figure 2 and tables 2 and 3, Annex). This rate of incidence drops significantly in all countries where adolescents reach higher education or belong to wealthier levels of income. An extremely high risk pregnancy group is made up by un-educated adolescents living in extreme poverty.

These studies show that poverty is, in fact, a significant factor of risk and that the socioeconomic context in which a family lives is a determining factor not only with relation to early adolescent fertility but also in relation to the attainment of adequate educational levels.

On the other hand, there are countries where there is a significant concentration of indigenous population². The adolescent fertility rate for the indigenous groups in Bolivia, Guatemala and Peru are 131, 157 y 139 per thousand, respectively. In all cases these rates are far above the rates for the total number of adolescents in these countries.

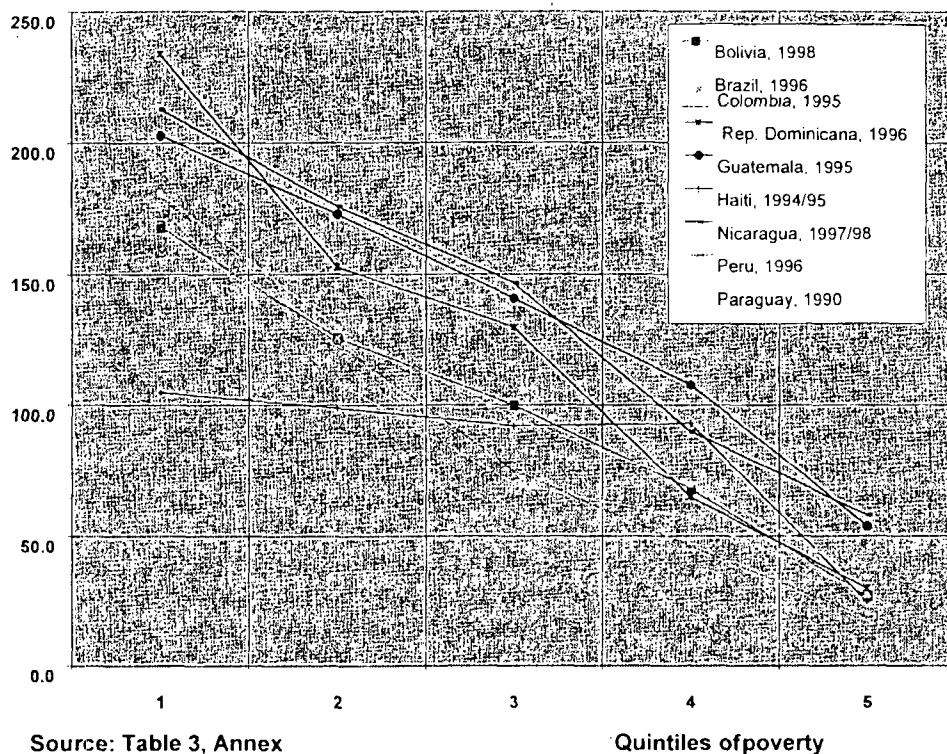
² The three countries where it was possible to obtain this information thanks to the DHS surveys are: Bolivia, Guatemala and Peru. The representation of the indigenous groups is obtained in the mother tongue of the individual interviewed. In Bolivia and Peru the indigenous group is conformed by women who replied that their mother tongue was mainly Quechua, Aymara or Guaraní; amongst adolescents they represent 15% in Bolivia and 7% in Peru. In the case of Guatemala the group is conformed by those who said their mother tongue was of Mayan origin and represented 26%.

Figure 1: Adolescent Fertility Rates (15-19) in Latin America and the Caribbean, 1995



Source: Table 1, Annex

Figure 2: Adolescent Fertility Rates by quintiles of poverty.
Selected Countries of Latin America



Source: Table 3, Annex

The change in adolescent fertility has very particular characteristics. The decrease in the total fertility rate experience by many countries of the region especially from the 70s was not expressed as a similar decrease in adolescent fertility. The situation changes with effect from 1990 (see Table 2). Four groups of countries can be identified according to adolescent fertility before 1990 and after this date: A first group show continued decrease in adolescent fertility during the entire period reviewed (Cuba, Trinidad & Tobago, Suriname, Guyana, Barbados, Mexico, Belize, Salvador, Costa Rica and Guatemala).

Mexico is amongst this group, a country with population policies that are considered successful and Cuba, where abortion is legal and makes up the main adolescent mechanism for fertility control. Also the English Speaking Caribbean, whose rates were originally high at the beginning of the period, but with very significant decreases. These are countries of low total fertility (in Barbados and Trinidad and Tobago, under the replacement rate of 2.1 children per woman). Other countries of this group are Costa Rica, Belize, Salvador and Guatemala. In these last three countries, the rate of adolescent pregnancy is still very high, its decrease prior to the 90s was limited and consequently they still have a long way to go in relation to their goals to decrease early pregnancy.

Table 2

Pattern of change of adolescent fertility before and after 1990
in Latin American and Caribbean Countries.

Changes between 1970 and 1990	Changes after 1990	
	Decline	Stabilization or increase
Decline	Group I Cuba, Trinidad & Tobago, Suriname, Guyana, Barbados, Mexico, Belize. El Salvador, Costa Rica, Guatemala	Group III Ecuador, Panama, Jamaica, Dominican Rep. ³ , Chile, Honduras y Peru
Stabilization or increase	Group II Venezuela, Bolivia, Nicaragua, Paraguay y Haiti	Group IV Argentina, Uruguay, Brazil y Colombia

A second group is made up by countries that lowered their fertility with effect from 1990, in spite of having experienced stable or increasing rates before this date (Venezuela, Bolivia, Paraguay, Nicaragua and Haiti). In the case of Paraguay and especially Bolivia, the decrease in rates is a more recent phenomenon, shown by data contained in surveys carried out in 1998. Venezuela and Nicaragua do not show any apparent change between the 70s and 90s. This last mentioned country is characterized by having the highest adolescent fertility of the region. The case of Haiti is singular, as many different surveys show a general increase in fertility at the beginning of the 80s. The apparent decrease observed recently is due precisely to the increase observed in the 80s. Currently, the rates in this country are even higher than those estimated for 1970.

In a third group of countries the fertility decreased before 1990, but it stabilizes or increases with effect from that date, interrupting the tendency seen up until 1990. Attention is drawn by the Dominican Republic, country that shows an important increase in adolescent fertility since 1990, in spite of having shown a strong decrease prior to this date, possibly (as can be seen further on) as a result of the spectacular increase in the age of first union. In the rest of the countries one can only refer to stagnation rather than an effective increase in adolescent fertility, until such time as there is more information available for the entire decade of the 90s.

A fourth group of countries show relatively stable or increasing rates prior to and after 1990. In this group there are two countries with early fertility transition (Argentina and Uruguay). These countries do not show a significant change in fertility for other ages either. In Argentina, the rates are, in fact, decreasing slowly since the end of the 70s, but show a certain amount of stability, or even an increase, with effect from about 1993. In Uruguay, on the other hand, there is a

³ In the case of the Dominican Republic, the increase during the 90s could be exaggerated by an underestimation of the rates of adolescent fertility in the DHS-91 and probably an underestimation in the DHS-96.

certain decrease until the mid 80s, followed by a slight increase until the mid 90s. In both countries adolescent fertility is based on values which, comparatively, are not as low as could be expected in relation to the low fertility observed for other ages. The cases of Brazil and Colombia are quite different. Brazil shows a clear increase in adolescent fertility since 1970 (prior to 1970 adolescent fertility followed the strong decrease of fertility in general), but it becomes generally stagnated at the national level as well as within the country. In Colombia, adolescent fertility could have decreased between 1970 and 1985, but then it stabilizes or even increases.

In conclusion, it cannot be stated that there is a generalized tendency of excessive increases in adolescent pregnancy. During the 90s however, one may see a moderate increase in some countries (Brazil, Colombia, The Dominican Republic, Argentina, Uruguay) or a certain stabilization (Ecuador, Panama, Jamaica, Chile, Honduras and Peru). In general, adolescent fertility, both between 1970 and 1990 as well from that date, is not directly related to the stage of demographic transition of the countries or to changes observed in fertility of other ages. The relatively high adolescent fertility that still remain in many countries is originated by the socio-cultural determining factors which are specific to adolescent fertility, linked mainly to the early initiation of childbearing, which in the region continues being a priority value, which is different to the fertility in other age groups, whose determining factors are more related to the size of descendants' family.

Incidence of induced abortion

In Latin America the task of measuring the incidence of abortion is difficult, particularly for adolescent, due to the fact that in the majority of the countries this is an illegal practice and in the demographic surveys the number of declared induced abortions is not realistic due to its clandestinity. An available approximation which is considered reliable is that produced by the Alan Guttmacher Institute (Singh, 1998) for five countries of Latin America (Brazil, The Dominican Republic, Colombia, Mexico and Peru). These are indirect estimates based on hospitalization due to abortion. These estimations indicate that in four countries of the region (Brazil, The Dominican Republic, Colombia and Peru), close to three or four adolescent pregnancies terminate in abortion; in Cuba, close to two thirds of adolescent pregnancies end up in this way. The lowest rates were for Mexico, country where 13 % of adolescent pregnancies terminate in abortion. For Colombia more precise figures are available following a survey carried out in 1992 in urban areas of the country (Zamudio, et al., 1999); this showed rates slightly higher than those for the total obtained for the entire country.

In the case of Cuba and Guyana, where abortion is legal, information is directly obtained from health services. In the case of Cuba, two of every three adolescent pregnancies end up in abortion. According to various studies, adolescents mainly resort to the procedure of menstrual regulation.⁴ Our attention is drawn to the fact

⁴ It has been estimated that between 1989 and 1996 the decrease in adolescent fertility was greater than that observed in the rate of pregnancies. This means that, even though adolescent women have had less pregnancies, at the same time, they tend to interrupt their pregnancies in a greater proportion, especially through the method

that in Cuba, in spite of being the country with the lowest adolescent fertility rate in Latin America, it is one of the countries where the number of adolescent pregnancies is the highest. This fact emphasizes the limitations of the fertility rate as an indicator of adolescent pregnancy when the number of abortions is high. In Guyana, in spite of the fact that abortion is not penalized, the rate of abortion per 1000 women is less than in Cuba, possibly due to greater use of contraceptives and social and institutional restrictions of abortion, particularly adolescent abortions.

Even though the incidence of abortion in five of seven countries analyzed (with the exception of Cuba and Colombia) does not appear to be greater in adolescent women than in women of other ages, the conditions in which an adolescent abortion occurs may be more adverse and result in longer term negative effects on the life of women. The evidence has always pointed to unsafe abortion as a problem affecting married women with children; however, it has been found that, at least in Cuba, and the urban areas of Colombia, the risk of abortion tends to be greater in adolescents, this could indicate a new tendency at least for urban areas.

Table 3

Estimates of the incidence of abortion in adolescents women in 7 countries of Latin America (circa 1995).

Country	Estimate of the number of abortions in adolescents	Abortion rates (per 1000 women 15-19)	Pregnancy rate (per 1000 women 15-19)	Abortion ratio (per 100 pregnancies of women 15-19)	Abortion ratio in women 15-49 (per 100 pregnancies of women 15-49)
Dominican Rep.	14 075	36	124	29	28
Brazil	255 069	32	106	30	30
Peru	30047	23	97	24	30
Colombia	46754	26	115	23	26
Colombia (Urban)	32350	23	85	27	24
Mexico	61522	13	99	13	17
Cuba	34119	101	157	64	59
Guyana	1007	26	88	29	..

Cuba: Women 12-19 years of age. Own calculations based on 1998 data presented by UNFPA (Cuba) where the number of abortions a woman could have had through the menstrual regulation method is taken into account. Figures and Socio-demographic and RH indicators on adolescents in Cuba. Havana, April 1999 (mimeo).

Guyana: Own calculations based on information for 1996 from the Guyana Ministry of Health presented by UNFPA, Jamaica(1998).

of "menstrual regulation". Consequently, recurrence to abortion has supported the spectacular decrease in fertility observed in this country (Own calculations based on official data collected by the Cuba UNFPA Office). Figures and Socio-demographic and SRH indicators on adolescents in Cuba. Havana, April 1999 (mimeo).

Colombia: Rates for the period 1987-1992, based on the National Urban Survey on Induced Abortion, 1992 (Zamudio et al., 1999).

Rest of the countries: Singh (1998) In the case of Peru the rate of pregnancy and estimated abortions by Singh (1998) were corrected taking into account the new estimates of fertility rate given by the DHS-96 Survey.

Taken from Henshaw et al. (1999). The dates of countries are the following: Brazil:1991; Peru: 1989; The Dominican Rep. 1990; Colombia: 1989; Mexico: 1990.

Reproductive Preferences of Adolescents

When one refers to adolescent pregnancy and policies are proposed for its reduction, it is assumed that the total or great majority of these were unwanted or unplanned pregnancies. Following is an analysis of the extent to which this supposition is valid. Given that adolescent births are mostly first births, and given the high value deposited by the majority of societies to children and childbearing, it is to be expected that the majority of women declare that they did want this son or daughter (Singh (1998: 131).

In fact, in most countries, a high proportion of adolescent mothers declare that the children they had were wanted, which would imply that early pregnancies are not looked upon in a negative way. This situation however, requires of some precise observations. Firstly, in several countries a significant proportion of youths (around 30% in various countries) declare that they would have wanted a later pregnancy and not at the time it occurred. Secondly, on inquiring about present pregnancy (conception is closer to the moment of interview) a high proportion of nonconformity may be observed. Finally, if one considers that abortions are the result of unwanted pregnancies, a significant increase of unwanted pregnancies is observed. Using this approach, in Colombia, Dominican Republic, Brazil and Peru, between 30 and 40 % of the total number of pregnancies in adolescent women were unwanted, the majority ending up in abortion.

For Peru, the data of the DHS-96 survey shows that first children are more wanted by women when they are born in union than when mothers are single. In any case, the perception of adolescent pregnancy as a problem, is considered differently within the different countries. For example, in Jamaica, the percentage of wanted children is very low; in Haiti there is strong social censorship on adolescent pregnancy and Brazil comes close to the "modern", pattern where adolescent maternity is perceived as an interruption of one's life project. However, in countries like Guatemala, Honduras and Nicaragua, where the majority of births given by adolescents occurs within a union, maternity, even adolescent maternity, is considered positively. In the last instance the wish or acceptance of an early pregnancy depends on alternatives and on the perception of the adolescent in so far as its costs and benefits. In this sense, socio-cultural factors and gender roles play a fundamental part in valuing pregnancy.

Effects of adolescent pregnancy

Early pregnancy in adolescence has clear implications on health and social and economic circumstances. Traditionally, the literature dealing with the physiological consequences of adolescent pregnancy takes up several health problems resulting from the immaturity of the woman's body, such as the cephalic/pelvic disproportion and greater prevalence of toxemia, eclampsia and other causes. Senderowitz (1995), for example, indicates that adolescent pregnancy between the ages of 15-19 is associated to an additional risk of maternal mortality in the rate of 20-200%, aside from greater risks in premature birth and low birth weight, amongst other complications. In terms of physiological consequences, early pregnancy does in fact present an intrinsic risk in women's health, but only when it occurs before 16 years of age. After this age, both in relation to infant and maternal mortality, risks are not much greater than in the other age groups.

Many of the major risks observed in adolescents are due to the socio-economic disadvantages of adolescent mothers and to their poor access to good quality medical services. In countries where the health conditions are satisfactory, pregnancy in a 16 year old adolescent does not necessarily represent a particular physiological threat. However, in countries where anemia and malnutrition are common, even in women between the ages of 18-19 pregnancy can represent a disproportionate risk. (see example, Makinson, 1985; Scholl, Hediger & Belsky, 1994).

Regarding the relationship between early pregnancy and school desertion, it is observed that the early childbearing is not necessarily the most important factor in abandoning school. This is due to the fact that in the majority of cases, pregnancy occurs when the adolescent has already left school, which indicates that both phenomena may be the result of the same originating factor: social exclusion which generates greater vulnerability in youths of poor social sectors. It is estimated, however that in some countries (Bolivia, Brazil, Colombia, Nicaragua, Peru and the Dominican Republic) early pregnancies may be responsible for between 15 and 20 % of school desertion (table 5, Annex). If early marriages are added, one finds that between 20 and 30 % of women between the ages of 15 and 24 years of age, abandoned school because of a pregnancy or a marriage. As seen in Table 5 of the Annex, economic factors (family needs help, cannot pay for studies, needs to earn money) are normally the most important, causing from 28% of school desertion in Nicaragua and up to 47% in Bolivia. The weight of economic factors (already graduated, already studied enough, did not pass the exams, did not want to study) vary very much from country to country, causing from 12% of school desertion in Bolivia and up to 31 % in Colombia.

Given the prevailing educational situation in the region, effects on average schooling in most countries are relatively low. Based on the intensity and reasons for school desertion by women currently below the age of 25 years, the increase in average schooling was calculated (in years of completed study) supposing that unwanted pregnancies or all pregnancies which led to this could be avoided. (Table 4). Results show that in no country of the region would the delay of all adolescent pregnancies until after the age of 20 years increase female schooling by more than one year. The reason for this low impact is the presence of many other

factors which could lead to school desertion, mainly during the years prior to those when early pregnancy could constitute a real threat.

This same exercise has been made by levels of poverty for Brazil and Peru and it has been found that the effects of pregnancy on school desertion are less at the poorer and at the richer levels: at the richer levels because pregnancy is less common, at the poorer levels because relatively few women reach the level of schooling where pregnancy could constitute a reason for school desertion.

With respect to the economic implications of adolescent pregnancy, one of the few studies on the region showed that the situation of women who had had children during adolescence was significantly more precarious than the rest (Buvinic, 1998).

The effects on stability and the types of unions have showed that unions of adolescent mothers are less stable. Goldman (1981) did just this in a comparative study of dissolution of marriages in Colombia, Panama and Peru. Additionally she differentiated between formal marriages and agreed unions. Her conclusion is that the probability of dissolution of the first marriage following 10 years in Panama and Peru is slightly greater in the case of women who married before the age of 20, with a more significant difference in the case of Colombia. The greatest instability in unions of adolescent mothers generally gives way to a pattern of multiple marriages. On the other hand, a single mother who had her first child during adolescence has better perspectives of remaining married ten years longer than a single mother who had her first child after the age of 21 years.

Table 4

Mean number of education per women lost as a result of school desertion and percentage of school desertion caused by pregnancies

Country and survey year	Years of education lost by:		Percentage of school desertion by:	
	Unwanted pregnancies	All pregnancies	Unwanted pregnancies	All pregnancies
Bolivia, 1998	0.45	0.88	9.80%	17.20%
Brazil, 1996	0.39	0.69	10.60%	17.50%
Colombia, 1995	0.32	0.51	8.10%	12.30%
Guatemala, 1995	0.16	0.27	3.30%	5.70%
Nicaragua, 1998	0.29	0.67	7.30%	16.10%
Peru, 1996	0.39	0.65	11.40%	18.90%
Dominican Rep., 1996	0.42	0.80	9.40%	17.00%

Source: Obtained using data from DHS III.

In terms of the demographic effects, it was found that the growth rates are greater in countries where a great proportion of women have their first child before the age of 20 years. It was also observed that adolescent mothers tend to have more children during their childbearing years than the rest. Data from Nicaragua suggests that if all adolescent births were postponed until the age of 20 years, the total fertility rate could be reduced to up to 0.5 children per women. It is also confirmed that daughters of adolescent mothers are more prone to become adolescent mothers themselves.

Knowledge of Sexual and Reproductive Health and use of Contraceptives

The basic knowledge of the existence of contraceptives and AIDS is generalized amongst adolescents, with little variation relating to their social or economic situation, with the exception of Guatemala and, in lesser proportion, Bolivia and Peru (due to the tremendous lack of information which characterizes the indigenous communities of those countries). There is however, little or practically no knowledge at all on the various available methods, on their source, on the fertile period of fertility, on the use of condoms as a method of prevention of diseases, and on specific aspects on AIDS and mainly STIs. This shows that there still remains much to be done to improve knowledge and eliminate myths and erroneous ideas on sexuality and reproduction.

An example of the lack of knowledge amongst adolescents is the fact that in the majority of the countries analyzed, over 30% declared knowing of at least one method, but are unaware of the source of supply. Women adolescents are less informed on this aspect than the rest of women. Another example of the scarcity of knowledge, is that in countries such as Bolivia and Guatemala, having heard people speak about the condom is not enough to know that this is efficient prevention against STDs/AIDS. In general, on analyzing the knowledge, taking into account more specific aspects, it was seen that differences per area of residence, education and poverty levels are greater. The aforementioned may be seen in the very low percentage of adolescents who know when the fertile period occur (Table 5).

Some of the unsupported beliefs frequently found amongst adolescents are: a woman cannot get pregnant during her first intercourse, birth control pills cause definite infertility, once the male has become excited, it is detrimental to his health if he does not continue until ejaculation is reached. There is no doubt that no/scarce or incorrect knowledge is an important risk factor which puts adolescents in a position of complete vulnerability.

With respect to the use of contraceptives, these are little used by adolescents, including those who are married. In general, both with women and mainly men, the use is greater amongst those who are single and sexually active than in those who are married, which show an even greater prevalence of contraceptives. This fact demystifies, in some way, the belief that single adolescents who have an active sexual life do not protect themselves against pregnancy. It has also been seen that the use of condoms continues to be low mainly amongst adolescent married women in unfavourable socioeconomic situations. The use of contraceptives is greater in males than in females and like them, those who take more care are those who are single and are sexually active. Additionally, in Brazil and Peru approximately 3 of every 4 sexually active adolescent males use some form of contraceptive method. Additionally, it was found that the use of condoms is very low during the first sexual experience due to the fact that adolescents did not anticipate intercourse at that moment. In terms of methods used amongst adolescents, the use of birth control pills is most widespread in the majority of the countries; however in Guatemala and Peru the injectable contraceptives are most utilized whilst in Haiti and Jamaica the condom is mostly used; and in Bolivia periodic abstinence.

Table 5

Percentage of adolescent women (15-19) who know when the fertile period occur by area of residence, education and poverty quintiles .
Selected countries of Latin America, 1990-1998.

Country and survey year	Total	Residence		Education				Poverty quintiles				
		Urban	Rural	No education	Primary	Secondary	Higher	1	2	3	4	5
Bolivia (1998)	33.1	38.5	16.5	3.3	11.3	37.0	67.0	12.0	25.1	33.7	38.0	42.4
Brazil (1996)	24.1	26.9	12.1	..	4.7	30.0	78.3	6.7	16.3	25.2	33.2	38.0
Colombia (1995)	37.7	44.1	18.7	..	11.1	47.7	79.7	13.1	25.8	38.2	47.1	53.5
Guatemala (1995)	7.7	12.3	4.1	1.4	3.0	17.2	37.9	1.6	1.2	4.5	8.8	17.1
Haiti (1995)	5.5	7.9	3.4	3.6	2.5	13.0	..	1.3	0.9	5.0	6.0	9.9
Nicaragua (1998)	8.2	10.1	4.8	2.3	4.0	11.8	24.1	2.4	4.0	8.5	10.8	12.5
Paraguay (1990)	21.2	24.3	18.0	21.4	15.7	28.3	37.5	..	..	..	..	..
Peru (1996)	25.7	28.6	17.3	11.6	9.5	27.6	44.1	12.0	22.0	26.4	29.9	31.8
Rep. Dom. (1996)	14.5	16.7	10.5	7.8	7.7	21.7	63.6	7.9	9.4	13.6	13.3	25.1

Source: DHS Surveys.

In general there is great acceptance by adolescents of family planning and few are those who declare that they have no intention of using contraceptives in the future; however there is an important percentage of adolescents with the unsatisfied need for family planning (around 30% of married adolescents) mainly for fertility spacing.

Sexuality and marriage amongst adolescents

It has been mentioned that gender identities motivate a gender specific sexual experience in adolescents (Mones 2000). In women there is a very strong association between the initiation of sexual life and life in a couple, which means that sexuality in women is regulated by cultural patterns where there is rejection towards sexual relations outside of wedlock. Whilst for men, sexuality is a pleasurable activity, free from any association with procreation

Based on information from eight countries of the region, it was found that approximately three of every ten adolescent women have eve had sexual intercourse, the great majority of them being married. In rural areas and with less education, this proportion increases. With males, the opposite occurs, half of them have already had intercourse (the majority of them when single).

Based on information from 13 countries of the region (Table 6), it was calculated that on average the mean age for the first sexual intercourse for women is at 18.7 years of age and for males is 16.7. The difference by sex is greater in Brazil, Nicaragua, The Dominican Republic and Honduras, and to a lesser extent in Haiti. The results of this indicator confirm that initiation of sexual activity is not as early as mentioned in many instances.

Table 6

Median age at the first intercourse (based on women 15-49).
Selected Latin American and Caribbean Countries, 1990-1998

Country and survey year	Age at the first intercourse		
	Men	Women	Difference
Bolivia, 1998	17.5	18.9	1.4
Brazil, 1996	16.7	19.5	2.8
Colombia, 1995	..	19.6	..
Ecuador, 1994	..	19.8	..
El Salvador, 1993	..	18.5	..
Guatemala, 1999	..	18.3	..
Haiti, 1995	18.5	19.0	0.5
Honduras, 1996	15.9	18.3	2.4
Jamaica, 1997	..	17.3	..
Nicaragua, 1998	15.6	18.2	2.6
Peru, 1996	16.8	18.9	2.1
Dominican Rep., 1996	16.1	18.7	2.6
Venezuela, 1998	..	18.1	..

Source: DHS surveys

With respect to the initiation of sexual relations and whether this is commencing earlier or not, it has been confirmed that, from eight countries analyzed, Brazil shows a clear tendency towards a decrease in the mean age at first sexual experience which changed from approximately 20.5 years in the group of women born in 1950 to close to 18.5 years in women born at the beginning of the 70s. Another country that shows a slight decrease in age is Haiti, but given that there is only one survey, these results must be handled with caution. A second group of countries are those showing a certain amount of stability with respect to this indicator, they are: Guatemala, Bolivia, and Nicaragua. Finally, in Peru, The Dominican Republic and Colombia there was a tendency to delay the initiation of sexual relations amongst the groups born between 1940 and close to 1960. However, in these last two countries in the youngest groups there is stability with respect to the moment of initiation of sexual relations. In Colombia with effect from groups born in 1968 there is a certain decrease in this indicator.

In the youngest groups, the mean age at first sexual relation is 18.5 years in Brazil, around 19 years in Bolivia, Guatemala, Nicaragua, Colombia and The Dominican Republic. Extremes may be seen in Peru, with 19.5 years and slightly less than 20

in Haiti. This variation between countries is less than that observed for the groups of women born in the 40s and 50s; that is to say, there is a certain tendency towards homogenization of this pattern amongst the different countries.

An average of 17% of adolescents in the countries analyzed are married, this proportion being greater for Venezuela, Ecuador, Trinidad and Tobago, Guatemala, Salvador, Dominican Republic, Honduras, Belize and Nicaragua. In some countries (Dominican Republic, El Salvador, Guatemala, Honduras and Nicaragua) sexual activity behaviour is closely related to the childbearing, hence the lower incidence of premarital sex. Most unions are consensual unions. Union is not a common phenomenon amongst male adolescents: only approximately 4% are married. The average age of the first union is around the age of 20 years for women and 24 years for men, although in Central America and the Caribbean this is less and has not shown any recent or significant change. The majority of married males to adolescents are between 20 and 24 years of age, although there is an important percentage older than 25. On the whole the age of males in rural areas is slightly higher than in urban zones.

Analyzed by cohort, it can be said that in the majority of countries the age of first union does not present significant changes. During the last years it has been stable and has even increased slightly in: Bolivia, Brazil, Peru and the Dominican Republic; and slightly decreased in Colombia and Nicaragua. On the other hand, the tendency of adolescents to marry has remained stable in the majority of countries; only in the Dominican Republic has it increased whilst in Mexico and Jamaica it has decreased.

Of the total number of single women adolescents, only an average of 13% have had a sexual experience and 4% are sexually active (the highest percentages were found in Brazil and Colombia). In males the percentages are much higher. In the groups of adolescents of low education and rural areas, sexual activity outside union is limited. Persistence of virginity as a sociocultural value remains, given that currently an important percentage of women marry without having previously had a sexual experience, although in Brazil and Colombia there is a clear decrease in this indicator.

Finally, in Brazil and Colombia one can see a clear increase in the gap of time established between the time of first union and the first sexual relation. In the rest of the countries, changes are minimal, in some there is even a decrease as is the case of Guatemala and Nicaragua where the age of the first sexual intercourse is the same as for the first union. However, this behavior has not resulted in a change in the number of premarital births, not even in Brazil and Colombia where there was an increase in premarital sexual relations; in fact, even a decrease may be seen mainly in Bolivia, Nicaragua and Haiti.

The incidence of this percentage varies according to each country. It may be classified in three groups. In the first of high incidence, one finds Bolivia where approximately 4 of every 10 women had their first birth before the age of 20 and pregnancy prior to union. In the second group of medium incidence one finds Brazil, Colombia, Haiti and Peru. Lastly, in the group of lowest incidence one finds Guatemala, Nicaragua and the Dominican Republic, countries where this situation is evident given the close relationship between sexuality and union

(Table 7). It should be mentioned that in all cases premarital pregnancy is greater in women who had their first pregnancy before 20 years of age in comparison with those who had it after, which means that there is greater probability for an adolescent to have a premarital pregnancy, than the rest.

STI/AIDS in adolescents

In some countries of the region (Bahamas, Chile, Ecuador, Guatemala, Guyana, Nicaragua, Panama, Paraguay and Uruguay) a large percentage of the reported cases of AIDS arose between the ages of 20 and 30 years. The total cases of adolescents with AIDS are few. Moreover, if one considers that the mean time between infection and diagnosis could be around 10 years, this means that many young people and adults were infected during their adolescence. In effect, it has been possible to establish that, at least in two countries (Brazil and Honduras), a significant part of the individuals diagnosed with AIDS were infected during their adolescence (around 30 % in men and 15 % in women). There could even be a tendency to increase, as the medium age for the diagnosis of AIDS in South America decreased from 32 to 27 years. In general, the greater incidence of AIDS in men occurs at a later age than in the case of women. In the majority of countries 5 cases of AIDS in males are reported for every 1 in females, however in the case of adolescents this proportion is three to one.

Table 7

Percent distribution of adolescents births (15-19) by marital status at the time of birth.
Selected Latin American countries, 1995-1998

Country	Births			Total
	Conception and birth before union	Conception before union and birth after union	Conception after union	
Bolivia, 1998	26.0	17.8	56.2	100.0
Brazil, 1996	8.0	22.7	69.3	100.0
Colombia, 1995	20.5	18.5	61.1	100.0
Guatemala, 1995	12.3	11.0	76.7	100.0
Haiti, 1995	4.7	22.2	73.1	100.0
Nicaragua, 1998	6.4	4.1	89.5	100.0
Peru, 1996	20.7	16.0	63.3	100.0
Dominican Rep., 1996	5.3	9.0	85.6	100.0

Source: DHS surveys

Regarding STIs, the information is very scarce. However, it was found, using data from DHS surveys, that males in three countries (Brazil, Haiti and The Dominican Republic) have greater risk of infection in adolescence, possibly as a consequence of greater risks ran by men as they initiate their sexual activity (Table 8). In Cuba, both in men and women, the highest incidence of syphilis and gonorrhea occurs in adolescents and youths.

Table 8

Percentage of men who have had a STI during last twelve months before survey by age group.
(As a percentage of the total number of men who have ever had sexual relationships).

Age group	Dominican Rep. (1996)	Brazil (1996)	Haiti (1994/95)
15-19	3.1	6.5	5.5
20-24	2.4	7.2	4.0
25 y +	0.6	3.4	4.5
Total	1.2	4.4	4.5

Source: DHS surveys

Finally, it was found that adolescents underestimate their individual risks for becoming infected with HIV. With the exception of Bolivia, in the rest of the countries examined, over half of the adolescents who have had sexual relationships express that they are not afraid of possible infection. Curiously, those who have never used a condom declare, in greater proportion, not being at risk. With the exception of Haiti, it was found that the perception of the risk of becoming infected by AIDS is more perceived by men than by women.

Violence

Based on data from Colombia and Nicaragua, it was found that violence is present for married women from very early ages. Additionally, independently of the time exposed to this risk, women who are married at younger ages become the most vulnerable groups. The great majority of women do not wish and do not believe they deserve to be battered; amongst adolescents, it was found that half of them declared that their partner had battered them because of jealousy, which is different for women of older ages. The socioeconomic level is an important determining factor in the existence of this problem.

With respect to the type of violence carried out, it was found in Nicaragua that the most frequent act is when the male pushes or shakes his partner, followed by blows or arm twisting and further blows with the fists. Among the adolescent women with children who have been battered, a 35% express that at least on one occasion violence occurred during their pregnancy. With respect to sexual violence, it was seen that in this country the majority of women victims of some attack suffered this before the age of 20 years. In total, 12% of married adolescents declared having suffered sexual violence at some point. A similar situation is observed in Colombia.

II. Policies and Programmes

During the last years there has been important progress both in legal and programmatic aspects in so far as the subject of reproductive health and sexual education of adolescents is concerned. The Convention on the Rights of the Child⁵, which became an internationally binding law in September 1990 following its approval by the General Assembly of the United Nations. This Convention establishes that States must take appropriate legal, administrative and educational measures to protect children from mistreatment, exploitation and sexual abuse. States should also promote the development of preventive measures in health and preparation of boys and girls for a responsible life in a free society, with tolerance, peace and equity between the sexes.

The Convention on Population and Development held in Cairo in 1994 (ICPD) solidly reinforces the need to place reproductive health as central component of health in general, and of the lives of people during their entire vital life cycle. Within this perspective, adolescents emerge as subjects with rights requiring specific policies according to their own needs, their condition of being a group at risk and because it is during this stage that many aspects will be defined which will influence sexual and reproductive conduct which will affect individuals throughout their lives. These viewpoints are ratified and broadened during the evaluation of this conference held 5 years later (Cairo +5) where the need to promote access by adolescents to "... enjoyment the highest attainable standards of health, provide appropriate, specific, user-friendly and accessible services to address effectively their reproductive and sexual health needs, including reproductive health education, information, counseling and health promotion strategies. These services should safeguard the rights of adolescents to privacy, confidentiality and informed consent, respecting their cultural values and religious beliefs and in conformity with relevant existing international agreements and conventions".

In this framework, as it is shown in Table 7, Annex, countries of the region have made important progress, although not yet sufficient, towards the achievement of these goals, by means of legislation, policies and programmes directed at the adolescent population. In spite of this progress, in many countries changes in relation to legislation and the establishment of specific policies for adolescents have not yet materialized in specific sexual and reproductive health programmes. But, at the same time, there are countries such as Cuba, that are progressing in education and adolescent health without yet having a developed legal framework for that end, but with explicit policies that have been expressed in national plans. In terms of sexual education, from the curricular point of view, the case of Brazil is outstanding and from the perspective of pedagogic strategy the cases of Colombia, Peru and Cuba.

In general, both in relation to legal and programmatic aspects, there has been greater progress in relation to programmes and actions focussed on sexual education than on the development of sexual and reproductive health services for adolescents. In spite of this, it is in the area of sexual education where there are

⁵ Boy or girl is considered between the ages of 0 to 18 years of age, which includes a part of the group referred to as adolescents (10-19 years of age).

the greatest difficulties in implementation at country level. In spite of international agreements and country commitments, its development has met with a series of barriers, many of them related to the lack of understanding of its importance in adolescent formation and to actions of certain groups which exercise pressure in some countries hindering many initiatives promoting a limited approach of valid options only for these sectors but not necessarily for society on the whole.

Recently, health services for adolescents have been made available but they are quite limited due to the fact that the health systems are not adequately prepared, neither in logistic terms or in trained personnel for the provision of services for adolescents with a focus on gender. Additionally, in so far as an integrated approach for adolescent attention, there are several countries that show considerable improvement, as in the case of Costa Rica, Cuba, Panama, Brazil and Colombia. According to available information, which is possibly incomplete, even in these countries (with the exception of Cuba) programmes are far from covering the total population requiring these services.

There are still several challenges pending in order to guarantee better options for adolescents in so far as their sexual and reproductive health is concerned. Many have already been mentioned at numerous meetings and conferences on the subject⁶. Amongst these, the following may be considered:

Countries must more directly support efforts for the prevention of early unwanted pregnancies as well as STDs and HIV/AIDS, improving access to a sexual education that may promote healthy behaviour guidelines for adolescents. These efforts must be conceived within the framework of an integral approach which encompasses all the life cycle taking into account biological, psychological, social, cultural and economic aspects.

In order to guarantee rights and promote sexual and reproductive health for adolescents it is necessary to construct social and political consensus on the most adequate strategies, by means of active youth participation, participation by their families and organizations at local level. It has been proven that direct and creative participation of adolescents in the formulation and implementation of sexual and reproductive health policies renders positive effects.

Promote intersectoriality of actions through greater collaboration between education and health sectors, so that the latter may generate an informed demand by adolescents and they might know where to obtain sexual and reproductive health services; and the health sector should additionally become a source of information on the subject through services which guarantee quality and warmth of service and by which empowerment in responsible decision taking and development of abilities for life are promoted. According to the available information (with the exception of Peru, Cuba and Costa Rica) there are no signed inter-institutional agreements by the relative ministries which would provide an effective integral service for adolescents.

⁶ See for example the results of the Regional Meeting on Sexual and Reproductive Health of Adolescents in Latin America: A Commitment for the Future, held in San Jose Costa Rica, December 1997

Promote greater coordination amongst the different sectors working with adolescents, both public and private sectors as well as NGOs, with the aim of avoiding duplication of efforts and having greater impact. Similarly, promote that the social programmes for adolescents be well articulated with sexual and reproductive health programmes in order to promote synergy.

In relation to health services, care must be integrated providing counseling and appropriate contraceptive methods. To this end, greater efforts are required in training of health care personnel to address this specific demand.

With reference to sexual education, it is necessary to: 1) combine experiences of the formal and non formal sectors, 2) include adequate components on sexual education in education programmes from childhood and 3) Incorporate in educational programmes for docents (parents, adolescents, teachers and the community); promote more dynamic methodologies of education which may strengthen self and mutual learning.

Bibliography

Achío, Mayra; Henny de Vries; Cathalina García; Miguel Gómez; Socorro Gross; Wietze Lindeboom & Luis Rosero. 1994. *Fecundidad y formación de la familia. Encuesta Nacional de Salud Reproductiva de 1993*. San José, CCSS/Depto. de Medicina Preventiva/CDC.

Asociación Demográfica Salvadoreña e Institute for Resource Development / Westinghouse. FESAL-85. *EL SALVADOR: Encuesta Nacional de Salud Familiar, FESAL-85*. Columbia, MD, USA.

Asociación Demográfica Salvadoreña y Centers for Disease Control and Prevention. 1988. *El Salvador: Encuesta Nacional de Salud Familiar FESAL, 1988*. El Salvador.

Asociación Demográfica Salvadoreña y Centers for Disease Control and Prevention. 1993. *El Salvador: Encuesta Nacional de Salud Familiar, National Family Health Survey, FESAL 1993*. El Salvador.

Asociación Demográfica Salvadoreña y Centers for Disease Control and Prevention. 1998. *El Salvador: Encuesta Nacional de Salud Familiar, Informe Preliminar, FESAL 1998*. El Salvador.

Asociación Hondureña de Planificación Familiar (ASHONPLAFA) y Centros para el Control y Prevención de Enfermedades. 1997. *Honduras: Encuesta Nacional de Epidemiología y Salud Familiar, 1996. Informe Final*. Honduras.

Asociación Hondureña de Planificación Familiar (ASHONPLAFA) y Centros para el Control y Prevención de Enfermedades. 1998. *Honduras: Encuesta Nacional de Salud Masculina, 1996. Informe Final*. Honduras.

Asociación Pro-Bienestar de la Familia Colombiana e Institute for Resource Development / Macro International (PROFAMILIA y MI). 1990. *Colombia: Encuesta de Prevalencia Demografía y Salud, 1990. (Demographic and Health Survey)* Columbia, MD, USA.

Asociación Pro-Bienestar de la Familia Colombiana e Institute for Resource Development/Macro International. 1995. *Colombia: Encuesta Nacional de Demografía y Salud, 1995. (Demographic and Health Survey)* Calverton, MD, USA.

Bernhard, Erika.; José Miguel Guzmán & Alberto Palloni. 1998. *Conocimientos, actitudes y prácticas de la población relacionadas con el VIH-SIDA. Encuesta CAP-SIDA, San Pedro Sula, Honduras, 1997*. San Pedro Sula, UNFPA/DIEM.

Buvinic, Mayra. 1998. "The cost of adolescent childbearing: evidence from Chile, Barbados, Guatemala, and Mexico". *Studies in Family Planning* 29 (2): 201-209.

Caja Costarricense de Seguro Social, Departamento de Medicina Preventiva. *Comportamiento Sexual de los Costarricenses Menores de 25 años. Julio, 1992. Encuesta Nacional de Salud Reproductiva de Adultos Jóvenes.* San José, Costa Rica.

Caja Costarricense de Seguro Social y Centers for Disease Control and Prevention. 1994. *Costa Rica: Fecundidad y Formación de la Familia, 1994.* San José, Costa Rica.

Central Statistical Office y Centers for Disease Control. 1992. *Belice: 1991 Belize Family Health Survey, Final Report, 1992.* Atlanta, Georgia, USA.

Centro de Estudios de Población y Paternidad Responsable y Centers for Disease Control and Prevention. 1994. *Ecuador: Encuesta Demográfica y de Salud Materna e Infantil, Informe General, 1994. (Demographic and Health Survey)* Quito, Ecuador.

Centro de Estudios Sociales y Demográficos (CESDEM), Asociación Dominicana Pro Bienestar de la Familia (PROFAMILIA) y Oficina Nacional de Planificación (ONAPLAN). 1996. *República Dominicana: Encuesta Demográfica y de Salud, 1996. (Demographic and Health Survey)* Calverton, MD, USA.

Centro de Estudios de Población y Paternidad Responsable, Ministerio de Salud Pública y Centers for Disease Control. 1989. *Ecuador: Encuesta demográfica y de salud materna e infantil, 1989.* Endemain, Ecuador.

Centro de Estudios de Población y Paternidad Responsable, Instituto Nacional de Investigaciones Nutricionales y Médico Sociales e Institute for Resource Development / Westinghouse. 1988. *Ecuador: Encuesta Demográfica y de Salud Familiar, 1987. (Demographic and Health Survey)* Quito, Ecuador

Centro Latinoamericano de Demografía, Fondo de Población de las Naciones Unidas y Organización Panamericana de la Salud. 1994. *Mujer y fecundidad en Uruguay. Factores determinantes directos de la fecundidad y sus implicaciones en salud. Estudio de las mujeres en edad fértil, 1994.* Uruguay.

Centro Paraguayo de Estudios de Población e Institute for Resource Development / Macro Systems, Inc. 1990. *Paraguay: Encuesta Nacional de Demografía y Salud, 1990. (Demographic and Health Survey)* Columbia, MD, USA.

Centro Paraguayo de Estudios de Población y Centers for Disease Control and Prevention. *Paraguay: Encuesta Nacional de Salud Materno Infantil, 1998. Informe Preliminar.* Paraguay.

Centro Paraguayo de Estudios de Población y Centers for Disease Control and Prevention. *Paraguay: Encuesta Nacional de Demografía y Salud Reproductiva, 1995-1996.* Paraguay.

CEPAL. 1997. *Dinámica de población y desarrollo en el Caribe.* CEPAL, Santiago de Chile.

Consejo Nacional de Población y Familia e Institute for Resource Development / Westinghouse. 1987. *República Dominicana: Encuesta Demográfica y de Salud DHS, 1986. (Demographic and Health Survey)* Santo Domingo, República Dominicana.

Consejo Nacional de Población. *Encuesta Nacional de Planificación Familiar, 1995. Síntesis de Resultados.* México DF.

Contraloría General de la República. *Tasas de Fecundidad en la República, según edad de los Padres: Años 1993-97. Nacimientos Vivos en la República y Ciudad de Panamá y Colón, por Edad del Padre, según Edad de la Madre: Año 1993-97.* Panamá.

Corporación Centro Regional de Población, Ministerio de Salud de Colombia e Institute for Resource Development / Westinghouse (CCRP). 1986. *Colombia: Tercera Encuesta Nacional de Prevalencia del Uso de Anticonceptivos y Primera de Demografía y Salud. 1986. (Demographic and Health Survey)* Columbia, MD, USA.

David, H. & Susan Pick de Weiss. 1992. "Abortions in the Americas". En: Abdel R. Omran *et al.* (eds.). *Reproductive Health in the Americas.* PAHO, Washington DC.

Demographic and Health Surveys / Akinrinola Bankole and Charles F. Westoff. *Childbearing Attitudes and Intentions. Comparative Studies No. 17. December 1995.* Calverton, MD, USA.

Demographic and Health Surveys / Alex C. Ezech, Michka Scroussi and Hendrik Raggars. *Men's Fertility, Contraceptive Use and Reproductive Preferences. Comparative Studies No. 18. March 1996.* Calverton, MD, USA.

Demographic and Health Surveys / Siân L. Curtis and Katherine Neitzel. *Contraceptive Knowledge, Use, and Sources. Comparative Studies No. 19. March 1996.* Calverton, MD, USA.

- Demographic and Health Surveys / Sunita Kishor and Katherine Neitzel. *The Status of Women: Indicators for Twenty-Five Countries. Comparative Studies No. 21. December 1996.* Calverton, MD, USA.
- Demographic and Health Surveys / Macro International Inc. *Comparative Studies 13. Socioeconomic Differentials in Fertility. May 1994.* Columbia, Maryland, USA.
- Demographic and Health Surveys / Macro International Inc. *Newsletter Vol. 5 No. 2, 1993.*
- Demographic and Health Surveys / Macro International Inc. *Newsletter Vol. 6 No. 2, 1994.*
- Demographic and Health Surveys / Macro International Inc. *Newsletter Vol. 7 No. 1, 1995.*
- Demographic and Health Surveys / Macro International Inc. *Newsletter Vol. 8 No. 2, 1997.*
- Demographic and Health Surveys / Macro International Inc. *Newsletter Vol. 8 No. 2, 1997.* ECLAC / CDCC Demographic Unit. *Digest of Selected Demographic & Social Indicators 1960-1994, For CDCC Member Countries*
- Economic Commission for Latin America and the Caribbean. *Regional Digest of Selected Demographic & Social Indicators 1960-1990.* Port of Spain, 1991.
- Family Planning Association of Trinidad and Tobago and Institute for Resource Development/Westinghouse. 1987. *Trinidad and Tobago: Demographic and Health Survey, 1987.* Columbia, MD, USA.
- Farnot, U. 1985. Maternal mortality in Cuba. Trabajo preparado para la Reunión Interregional sobre la Prevención de la Mortalidad Materna, OMS, Ginebra.
- Fondo de Población de las Naciones Unidas, Dra. Nafis Sadik, Directora Ejecutiva. 1995. *Estado de la Población Mundial 1995. Decisiones para el desarrollo: La mujer, la potenciación y la salud genésica.*
- Fondo de Población de las Naciones Unidas, Dra. Nafis Sadik, Directora Ejecutiva, 1997 *Estado de la Población Mundial 1997. Las nuevas generaciones.*
- Fondo de Población de las Naciones Unidas, Dra. Nafis Sadik, Directora Ejecutiva, 1998. *Estado de la Población Mundial 1998. Las nuevas generaciones.*
- Fondo de Población de las Naciones Unidas, Dra. Nafis Sadik, Directora Ejecutiva. 1999. *Estado de la Población Mundial 1999, 6 mil millones: Es hora de optar.*
- Fondo de Población de las Naciones Unidas/INIM. 1999. *¿Qué más podía hacer sino tener un hijo? Bases socioculturales del embarazo de las adolescentes en Nicaragua.* Managua, FNUAP / Instituto Nicaragüense de la Mujer.
- Goldman, Noreen. 1981. "Dissolution of first unions in Colombia, Panama, and Peru". *Demography* 18 (4): 659-679.
- Gupta, N. & Iúri da Costa Leite. 1999. "Adolescent fertility behavior: trends and determinants in the Northeast of Brazil". *International Family Planning Perspectives* 25 (3): 125-131.
- Guzman, J.M, Hakkert, R., Moyano, M., Contreras, J.M. (2000). Diagnóstico de Salud Reproductiva de Adolescentes en América Latina. Equipo de Apoyo Técnico del UNFPA, México, D.F. (Borrador).
- Instituto de Estudios de Población y Desarrollo, Denise Paicwonsky. *Determinantes Sociales y Consecuencias del Aborto Inducido en la República Dominicana. Marzo, 1995.* Santo Domingo, República Dominicana
- Instituto de Estudios de Población y Desarrollo IEPD/PROFAMILIA. *Madres Adolescentes en República Dominicana. 1996. Informe General.* Santo Domingo, República Dominicana.
- Instituto de Estudios de Población y Desarrollo, PROFAMILIA, Oficina Nacional de Planificación e IRD/Macro International. 1991. *República Dominicana: Encuesta Demográfica y de Salud, 1991. (Demographic and Health Survey)* Columbia, MD, USA.
- Instituto de Estudios de Población y Desarrollo IEPD, entidad de PROFAMILIA y Centers for Disease Control and Prevention. *República Dominicana: Encuesta Nacional de Jóvenes, 1992. Informe Final.* República Dominicana.
- Instituto de Nutrición de Centro América y Panamá e Institute for Resource Development / Westinghouse. 1987. *Guatemala: Encuesta Nacional de Salud Materno Infantil, 1987. Ministerio de Salud Pública y Asistencia Social. (Demographic and Health Survey)* Columbia, MD, USA.
- Institute for Resource Development / Macro Systems, Inc. 1989. *Bolivia: Maternal and Child Health in Bolivia, 1989: Report on the In-depth Demographic and Health Survey in Bolivia.* Columbia, Maryland USA.

- Institut Haïtien de l'Enfance y Johns Hopkins University. 1989. *Haiti: Survie et Sante de l'Enfant en Haiti, Résultats de l'Enquete Mortalité, Morbidité, et Utilisation des Services, 1987*. Port-au-Prince, Haiti.
- Institut Haïtien de l'Enfance y Macro International. 1994/95. *Haiti: Enquête Mortalité, Morbidité et Utilisation des Services EMMUS-II, 1994/95. (Demographic and Health Survey)* Calverton, MD, USA.
- Institut Haïtien de l'Enfance y Centers for Disease Control. 1991. *Haiti: Enquête Nationale Haïtienne sur la Contraception, 1989. Rapport Final*. Atlanta, Georgia, USA.
- Instituto Nacional de Estadística. 1986. *Perú: Encuesta Demográfica y de Salud Familiar, Informe General, 1986. (Demographic and Health Survey)* Lima, Perú.
- Instituto Nacional de Estadística y el Institute for Resource Development/Macro Systems. 1989. *Bolivia Encuesta Nacional de Demografía y Salud, 1989: Resumen Ejecutivo. (Demographic and Health Survey)*
- Instituto Nacional de Estadística / Macro International Inc. 1994. *Bolivia: Encuesta Nacional de Demografía y Salud, 1994. (Demographic and Health Survey)* Calverton, Maryland USA.
- Instituto Nacional de Estadística / Macro International Inc. 1998. *Bolivia: Encuestas Nacional de Demografía y Salud, 1998. (Demographic and Health Survey)* Calverton, MD, USA.
- Instituto Nacional de Estadística y Macro International Inc. 1995. *Guatemala: Encuesta Nacional de Salud Materno Infantil, 1995. (Demographic and Health Survey)* Calverton, MD, USA.
- Instituto Nacional de Estadísticas, Departamento Servicio al Usuario y Difusión. *Tasas de Fecundidad por grupos de edad de la madre, 1995, 1996 y 1997. Diciembre, 1999*. Santiago de Chile.
- Instituto Nacional de Estadísticas y Censos y Macro International. 1998. *Nicaragua: Encuesta Nicaragüense de Demografía y Salud, 1998. (Demographic and Health Survey)* Calverton, MD, USA.
- Instituto Nacional de Estadística e Informática, Asociación Benéfica PRISMA y Macro International. 1991/1992. *Perú: Encuesta Demográfica y de Salud Familiar, 1991/1992. (Demographic and Health Survey)* Columbia, MD, USA.
- Instituto Nacional de Estadística e Informática y Macro International (INEI y MI). 1996. *Perú: Encuesta Demográfica y de Salud Familiar, 1996 : Informe Principal. (Demographic and Health Survey)* Calverton, MD: INEI e MI.
- Instituto Nacional de Estadística, Geografía e Informática. 1992. *México: Encuesta Nacional de la Dinámica Demográfica, 1992. Metodología y Tabulados*. México.
- Instituto Nacional de Estadística, Geografía e Informática. 1997. *México: Encuesta Nacional de la Dinámica Demográfica, 1997. Metodología y Tabulados*. México
- International Planned Parenthood Federation / Western Hemisphere Region, Tirbani P. Jagdeo. 1993. *Suriname: Contraceptive Prevalence Survey, 1992*. Suriname.
- Makinson, Carolyn. 1985. "The health consequences of teenage fertility". *Family Planning Perspectives* 17 (3): 132-139.
- Ministerio de Economía y Obras y Servicios Públicos. *Infancia y Condiciones de Vida, Encuesta especial para el diagnóstico y la evaluación de las metas sociales*. Buenos Aires, Argentina.
- Ministerio de Salud y Acción Social. *Programa Nacional de Estadísticas de Salud. Indicadores de Salud y Condiciones de Vida para el Grupo de Población de 10-24 años - 1970, 1980 y 1985. Abril 1989. Serie 8. Análisis de Datos, Número 7*. Buenos Aires, Ministerio de Salud y Acción Social.
- Ministerio de Salud y Acción Social. *Encuesta a Población: Módulo de Utilización y Gasto en Servicios de Salud Aglomerado Gran Buenos Aires, Situación Sanitaria de la Población de 13 a 19 años (adolescentes) - Cifras definitivas, Septiembre 1993. Serie 10, Número 8*. Buenos Aires, Ministerio de Salud y Acción Social.
- Ministerio de Salud y Acción Social. *Programa Nacional de Estadísticas de Salud, Estadísticas Vitales. Información Básica, 1995. Serie 5, Número 38*. Buenos Aires, Ministerio de Salud y Acción Social.
- Ministerio de Salud y Acción Social. *Boletín del Programa Nacional de Estadísticas de Salud: Indicadores de Natalidad y Mortalidad, Años 1980-1993. Número 71. Junio 1995*. Buenos Aires, Ministerio de Salud y Acción Social.
- Ministerio de Salud y Acción Social. *Programa Nacional de Estadísticas de Salud, Información Básica - 1994. Serie 5, Número 38*. Buenos Aires, Argentina.

Ministerio de Salud y Acción Social. *Programa Nacional de Estadísticas de Salud, Estadísticas Vitales. Información Básica 1996. Serie 5, Número 40.* Buenos Aires, Ministerio de Salud y Acción Social.

Ministerio de Salud y Acción Social. *Programa Nacional de Estadísticas de Salud, Estadísticas Vitales. Información Básica 1997. Serie 5, Número 41.* Buenos Aires, Ministerio de Salud y Acción Social.

Ministerio de Salud Pública. 1999. *La salud Pública en Cuba. Hechos y Cifras.* La Habana, Dirección Nacional de Estadística, Ministerio de Salud Pública.

Misago, C. & W. Fonseca. 1999. "Determinants and medical characteristics of induced abortion among poor urban women in North-East Brazil". In: Axel Mundigo & Cynthia Indriso (eds.). *Abortion in the developing world.* WHO. New Delhi, Vistaar Publications.

Mones, Belkys. 2000. *Las relaciones de género y sus implicaciones en la salud sexual y reproductiva de los adolescentes* (mimeo).

Morris, Leo; Valerie Sedivy; Jay S. Friedman & Carmen P. McFarlane. 1995. *Jamaica Contraceptive Prevalence Survey 1993. Vol. IV: Sexual behaviour and contraceptive use among young adults.* Kingston, National Family Planning Board / Centers for Disease Control.

National Family Planning Board y Centers for Disease Control and Prevention. 1994. *Jamaica: Contraceptive Prevalence Survey, Volume III Sexual Experience, Contraceptive Practice and Fertility, 1993.* Atlanta, Georgia, USA.

National Family Planning Board y Centers for Disease Control and Prevention. 1994. *Jamaica: Contraceptive Prevalence Survey, Volume I Administrative Report, 1993.* Kingston, Jamaica.

National Family Planning Board y Centers for Disease Control and Prevention. 1994. *Jamaica: Contraceptive Prevalence Survey, Volume II Knowledge and Attitudes Towards Family, Contraception and Aids, 1993.* Kingston, Jamaica.

National Family Planning Board y Centers for Disease Control and Prevention. 1995. *Jamaica: Contraceptive Prevalence Survey, Volume IV Sexual Behaviour and Contraceptive Use Among Young Adults, 1993.* Atlanta, Georgia, USA.

National Family Planning Board y Centers for Disease Control and Prevention. 1994. *Jamaica: Contraceptive Prevalence Survey, Volume V Summary of Results by Health Region, 1993.* Atlanta, Georgia, USA.

National Family Planning Board y Centers for Disease Control and Prevention. 1999. *Jamaica: Reproductive Health Survey, 1997. Final Report.* Atlanta, Georgia, USA.

Oficina Nacional de Estadísticas, Centro de Estudios de Población y Desarrollo. *Anuario Demográfico de Cuba. 1998.* La Habana, ONE.

Oficina Nacional de Estadísticas. *Perfil Estadístico de la Mujer Cubana en el Umbral del Siglo XXI. Febrero 1999.* La Habana, ONE.

ONUSIDA. *Informes por países. 2000* (www.unaids.org).

Organización Panamericana de la Salud. *Perfil de la fecundidad en la edad de la adolescencia en Venezuela. Informe. Agosto de 1998.* Caracas, Venezuela.

Pan American Health Organization. *Caribbean Adolescent Health Survey: Antigua, Dominica, Grenada, Jamaica, 1998.* Minneapolis MN, USA.

Pan American Health Organization. *Health conditions of adolescents and youth in the Americas, 1998.* Minneapolis MN, USA.

PROFAMILIA y Centers for Disease Control and Prevention. 93. *Nicaragua: Encuesta sobre Salud Familiar Nicaragua 92-93. Informe Final.* Nicaragua.

Scholl, T. O.; M. L. Hediger & D. H. Belsky. 1994. "Prenatal care and maternal health during adolescent pregnancy". *Journal of Adolescent Health* 15: 444-456.

Secretaría de Salud e Institute for Resource Development / Macro System. 1987. *México: Encuesta Nacional sobre Fecundidad y Salud, 1987. (Demographic and Health Survey)* Columbia, MD, USA.

Senderowitz, Judith. 1995. *Adolescent health: reassessing the passage to adulthood.* Washington DC, World Bank Discussion Paper 272.

Singh, Susheela. 1998. "Adolescent childbearing in developing countries: a global review". *Studies in Family Planning* 29 (2): 117-136.

Sociedade Civil Bem-Estar Familiar no Brasil, BEMFAM y Programa de Pesquisas de Demografia e Saúde (DHS) Macro International. 1996. *Brasil: Pesquisa Nacional sobre Demografia e Saúde, 1996. (Demographic and Health Survey)* Calverton, MD 20705, USA.

Sociedade Civil Bem-Estar Familiar no Brasil e Instituto para Desenvolvimento de Recursos BEMFAM e IRD. 1987. *Brasil: Pesquisa Nacional sobre Saúde Materno-Infantil e Planejamento Familiar, PNSMIPF, Brasil, 1996. (Demographic and Health Survey)* Rio de Janeiro, Brasil.

Sullivan, Jeremiah M.; Shea O. Rutstein & G. T. Bicego. 1994. "Infant and child mortality". *Demographic and Health Surveys Comparative Studies* 15, Calverton MD, Macro International.

Teen Pregnancy Prevention Program and Centers for Disease Control and Prevention. *Trying to maximize the odds: using what we know to prevent teen pregnancy. December 1995.* Atlanta GA, Teen Pregnancy Prevention Program / CDC.

United Nations Population Fund. *UNFPA and Adolescents 1997.*

United Nations Population Fund / Hope Enterprises Ltd. 1997. *Biomedical and other background data relevant to the establishment of adolescent sexual and reproductive centers in specific sites in Jamaica.* Kingston, Jamaica, UNFPA/Hope.

United Nations Population Fund, Jamaica. 1998. *Biomedical and Socio-cultural Data Relevant for the Establishment of Adolescent Sexual and Reproductive Centres in Selected Sites in Guyana (draft).*

United Nations. 1994. *Informe de la Conferencia Internacional sobre la Población y el Desarrollo A/Conf 171/13.* New York, United Nations.

United Nations. 1999. *Examen y evaluación generales de la ejecución del Programa de Acción de la Conferencia Internacional sobre la Población y el Desarrollo.* New York, United Nations, A/S-21/5/Add.1.

Universidad de la República Oriental del Uruguay, Ma. del Carmen Varela Petito. *La Fecundidad Adolescente: una expresión de cambio del comportamiento reproductivo en el Uruguay.* Montevideo, Uruguay.

Zamudio, L.; N. Rubiano & L. Wartenberg. 1999. *El aborto inducido en Colombia.* Bogotá, Centro de Investigaciones sobre Dinámica Social, Universidad del Externado, Cuadros del CIDS 1 (3).

ANNEX:

Tables and figures

Table 1

Adolescent fertility rates. Latin America and the Caribbean, 1990-1997

Country	Fertility Rates			Years of estimates	Sources
	1990	1995	1997		
Argentina	67	61	67	90,95,97	Vital Statistics
Barbados	61	47		90,95	CDCC-ECLAC, projections
Belize	122	108		90,95	Projections
Bolivia	94	94	84	87,92,97	DHS-89; DHS94; DHS98
Brazil	84	86		90,94	DHS86; DHS96
Chile	69	68	70	90,95,97	Vital Statistics
Colombia	85	89		90,93	Projections, DHS-95
Costa Rica	95	89	86	90,95,97	Vital Statistics
Cuba	76	59	58	90,95,97	Vital Statistics
Ecuador	89	91	91	90,92,97	ENDEMAIN I, II y 99
El Salvador	124	116		90,95	CDC-93 y CDC-98
Guatemala	130	126	117	90,94, 97	DHS-87, DHS-95, DHS-99
Guyana	69	62		90,95	Projections
Haiti	92	79		88,93	DHS-94/95
Honduras	132	136		90,94	ENESF-96, ENESF-91-92
Jamaica	108	112		90,96	CPS-93, RHS-97
Mexico	81	78	74	90,95,96	ENADID-92, ENADID-97
Nicaragua	158	148		90,95	CDC-92-93; DHS-98
Panama	98	90	94	90,95,96-97	Vital Statistics, Projections
Paraguay	97	94	87	89,95,97	DHS-90, CDC-95 y CDC-98
Peru	74	75		90,95	DHS-91-92, DHS-96
Dominican Rep.	88	112		90,95	DHS-91, DHS-96
Suriname	60	44		90,95	CPS-92, Projections
Trinidad & Tobago	60	47		90,95	CDCC-ECLAC, Projections
Uruguay	64	71	..	90,96	Vital Statistics
Venezuela	105	85		90,95	ENPOFAM-98

CDC Centers for Disease Control
DHS Demographic and Health Surveys
CPS Contraceptive Prevalence Surveys

Table 2

Adolescent fertility rates by area of residence and education. Selected countries of Latin America and the Caribbean.

Country and survey year	Total	Area of residence		Education			
		Urban	Rural	No Education	Primary	Secondary	Higher
Belize (1991)	137	117	174	..	193	74	..
Bolivia (1998)	84	68	135	203	163	66	11
Brazil (1996)	86	78	122	299	143	67	..
Colombia (1995)	89	74	137	176	166	62	13
Costa Rica (1993)	82	69	113	156	127	46	..
Ecuador (1999)	91	79	111	203	135	80	12
El Salvador (1998)	116	87	150	231	174	105	32
Guatemala (1999)	117	86	139	210	141	43	..
Haiti (1994-95)	76	58	92	145	83	32	..
Honduras (1996)	136	113	161	205	170	66	..
Jamaica (1996)	112	96	133	..	..	..	..
Mexico (1997)	74	62	95	214	136	88	27
Nicaragua (1998)	130	109	167	253	181	75	23
Paraguay (1995)	107	48	135	214	139	41	29
Peru (1996)	75	55	139	185	164	63	15
Dominican Rep. (1996)	112	87	160	274	172	47	16
Trinidad y Tobago (1987)	82	82	83	304	134	70	56
Venezuela (1998)	80	77	93	..	144	66	53
Non weighted mean	..	80	131	220	150	68	26

Table 3

Adolescent fertility rates by poverty situation. Selected countries of Latin America and the Caribbean.

Country and survey year	Quintiles of poverty					Total
	Lowest	Second	Middle	Fourth	Highest	
Bolivia, 1998	168	126	100	68	27	84
Brazil, 1996	176	109	70	57	28	86
Colombia, 1995	180	126	93	65	24	89
Dominican Rep., 1996	234	153	130	65	30	112
Guatemala, 1995	203	173	141	108	54	126
Haiti, 1994/95	105	99	92	93	25	76
Nicaragua, 1997/98	213	176	147	90	58	130
Peru, 1996	170	124	75	46	19	75
Paraguay, 1990	181	130	95	70	34	97

Quintiles of Poverty 1: 20 % poorest; 5: 20 % richest.

Table 4

Percentage of women 20-49 who give birth before 15 by area of residence and poverty quintiles. Selected countries of Latin America and the Caribbean, 1995-1998

Country	Total	Residence		Education				Quintiles of poverty				
		Urban	Rural	No education	Primary	Secondary	Higher	1 ^o	2 ^o	3 ^o	4 ^o	5 ^o
Bolivia (1998)	2.1	1.4	3.8	4.6	3.3	1.1	0.2	4.5	3.4	1.7	1.1	0.8
Brazil (1996)	1.4	1.2	2.1	5.8	1.8	0.8	0.1	3.1	1.7	1.4	0.6	0.5
Colombia (1995)	2.6	1.7	3.4	7.4	3.6	1.0	0.1	5.2	2.8	2.0	1.2	1.0
Costa Rica (1993)	1.2	-	-	-	-	-	-	-	-	-	-	-
Ecuador (1994)	2.3	-	-	-	-	-	-	-	-	-	-	-
El Salvador (1993)	3.2	-	-	-	-	-	-	-	-	-	-	-
Guatemala (1995)	4.1	2.3	5.5	8.2	3.1	0.3	0.0	7.0	7.4	4.1	3.0	0.8
Haiti (1995)	2.6	2.4	2.9	4.1	2.3	0.4	0.0	2.9	3.7	3.1	2.8	1.1
Honduras (1996)	3.7	-	-	-	-	-	-	-	-	-	-	-
Jamaica (1997)	3.8	-	-	-	-	-	-	-	-	-	-	-
Nicaragua (1998)	5.8	4.6	8.2	13.6	7.1	1.5	0.0	11.3	7.8	5.6	3.8	3.0
Paraguay (1996)	2.1	-	-	-	-	-	-	-	-	-	-	-
Peru (1996)	2.0	1.3	3.9	6.9	3.4	1.0	0.3	4.9	2.8	1.4	1.5	0.5
Dom. Rep. (1996)	4.0	3.0	5.9	12.9	5.7	.5	.5	8.6	4.6	5.0	2.8	1.0
Trinidad & Tobago (1987)	1.4	-	-	-	-	-	-	-	-	-	-	-

Table 5

Reasons declared by women 15-24 as the causes of school desertion

Reason	Bolivia	Brazil	Colombia	Guatemala
Currently going to school	52.5 %	47.7 %	40.4 %	27.0 %
Became pregnant	3.8	4.9	4.7	0.8
Got married or in union	5.9	6.0	5.1	3.2
To take care of children	2.1	2.2	1.0	1.9
Family was needing help	11.6	2.5	1.2	11.5
Could not pay the school	1.7	2.8	16.6	5.6
Need to get money	9.1	9.9	6.8	7.8
End of education	2.5	2.9	1.6	3.9
Degree not approved	0.5	0.8	1.4	1.7
Did not want to study	2.9	8.1	15.2	23.6
School is far away	2.6	6.6	1.8	2.9
Parents did not want	-	-	0.7	-
Medical reasons	-	1.1	1.2	-
Other reason	2.5	3.7	2.4	5.2
Don't know/don't answer	0.5	0.6	-	3.2

	Nicaragua	Peru	Dominican Rep.
Currently going to school	40.9 %	44.8 %	32.6%
Became pregnant	5.4	6.6	3.4
Got married or in union	10.5	4.3	17.1
To take care of children	2.2	2.2	1.9
Family was needing help	1.8	4.4	1.4
Could not pay the school	9.9	10.7	5.1
Need to get money	5.0	9.1	8.3
End of education	0.7	3.4	0.1
Degree not approved	-	0.8	-
Did not want to study	13.3	5.3	15.7
School is far away	3.0	1.1	4.2
Parents did not want	-	-	-
Medical reasons	-	-	-
Other reason	2.8	6.0	9.3
Don't know/don't answer	1.1	1.2	0.8

Source: DHS-III.

Table 6

Percentage of adolescents (15-19) who have ever had sexual relationships.
Select countries of Latin America, 1995-1998.

Females

Country	Total	Residence		Education			
		Urban	Rural	No education	Primary	Secondary	Higher
Bolivia (1998)	19.6	17.0	27.6	60.0	37.9	14.1	9.7
Brazil (1996)	32.5	32.2	33.5	58.8	40.4	29.4	41.7
Colombia (1995)	29.6	27.7	35.5	59.1	42.8	23.8	25.4
Guatemala (1995)	25.0	17.3	31.0	44.8	30.0	8.5	-
Haiti (1995)	29.0	33.1	25.2	30.8	29.0	27.7	-
Nicaragua (1998)	36.1	31.5	44.3	65.1	48.7	21.6	17.1
Peru (1996)	20.2	16.2	32.2	57.4	39.2	15.9	8.5
Dom. Rep. (1996)	32.6	28.9	39.6	74.0	40.6	19.8	8.9

Males

Country	Total	Residence		Education			
		Urban	Rural	No education	Primary	Secondary	Higher
Bolivia (1998)	41.3	41.9	39.2	...	41.4	39.5	58.3
Brazil (1996)	62.2	66.4	48.9	58.8	61.1	62.3	76.9
Honduras (1996)	49.6	59.6	39.5	...	...	...	...
Haiti (1995)	47.1	61.7	38.2	27.1	43.8	63.4	...
Nicaragua (1998)	58.7	61.1	51.9	52.9	56.2	59.0	...
Peru (1996)	45.3	46.1	43.9	...	34.3	44.1	65.5
Dom. Rep. (1996)	49.0	56.0	41.0	44.0	46.8	54.3	...

Source: DHS Surveys

Table 6 (In Preparation)

Laws, Policies and Programs related to the Integral Attention to Adolescents⁷
(Including Sexual and Reproductive Health and Sexual and Reproductive Rights)

Countries	Laws/Constitution	Policies	Programs	Remarks
Argentina	Federal Law on Education, 1993	Integral National Health Plan for Adolescents, 1995.	Basic contents for general basic education, secondary school and training of the teaching body 1995, which includes sexual education.	Given the autonomy level within the Provinces (States), the application of the curricula is not generalized. There are experiences taking place in the official schools of Buenos Aires and Mendoza
Bolivia	Education Law No. 1565 of July 7, 1994.	..	National Plan for the integral development of teenagers and adolescents 1997-2002. Educative Reform, 1996 incorporates sexual education.	Application of the Educative Reform programs from levels 1 to 4 of primary school. Application of new programs within the Informal Education of young and adults. Demonstrative experiences in the secondary school, supported by ONGs, UNFPA and others.
Brazil	Guaranteed constitution, protection of teenagers' health Estatuto da criança e do Adolescentes, 1990.	..	National curricular parameters approved in 1996 which include Sexual Education. Rules for integral medical care of adolescents, 1993. Integral Care Program to the adolescent health (PROSAD), 1994. Rules for the integral health care of adolescents.	The federal States are using the new programs with tendency to the generalization of the Sexual Education all over the country. Realization of demonstrative experiences in the Northeast States with UNFPA support. Adolescents reproductive health services include prenatal and childbirth care, family planning, Gynecological problems treatment and STD/HIV/AIDS.
Caribbean Countries	..	..	..	Barbados, Dominica and Granada don't have standardized curricula, but FLE has been incorporated in primary education, however Dominican Republic does not include subjects such as reproduction and contraception, the same thing happens in St. Lucia. In Jamaica these subjects are being incorporated as formal part of the curricula.

⁷ Given that the concept of Integral Care includes Education, Health, Work and Recreation, here there have only been considered the components of Education and Health as part of an Integral Care in Sexual and Reproductive Health. The Sexual Education, in some countries called Education in Population, is been considered one of the sexual rights of the adolescents, included in the right to the information and to the integral education of their personality.

Countries	Laws/Constitution	Policies	Programs	Remarks
Chile	..	Sexual Education Policy (intersectorial), approved in 1993. Adolescent Health Policy, 1995.	..	The decentralization process in education leave freedom to Regions and Districts for the application of the curricula, the sexual education is not generalized in the country. The experiences of the JOCAS have activated the treatment of this subject.
Colombia	Country Constitution acknowledges health rights for the Adolescent. Education Law No. 115 of 8 February, 1994. And Resolution No. 03353 of 2 July, 1993. Youth Law, 1994.	..	National Program on Sexual Education	A big impulse was given by the National Project of Sexual Education and for the resolution obliging to develop pedagogical projects in all the schools of the country.
Costa Rica	Decree-law for the total attention of adolescents health and sexual education and responsible fatherhood, 1990. General Law to protect the adolescent mother. Interinstitutional council for adolescent mother care. Code for Childhood and Adolescence. (1998)	Policy for adolescents Care. 1995	Intersectorial and interinstitutional programs "Young Love" and "Building Opportunities" from the First Lady Office. Program on Adolescents Integral Care of the Costa Rica Social Security Fund.	..
Cuba	..	Sexual Education National Program. Agreement among Education and Health Ministries. Approved curricula (1997). Ministerial Resolution No. 90/98	..	The experience started with the support of UNFPA in 1996, is being generalized in the country, based on the Ministerial Resolution 90/98 which establishes the application in all the educative centers of the program "Formal Education for a Responsible Sexual Behavior". The Law Regulations on Public Health of 1988 establish that the family planning services, STD and contraceptives should have a reasonable price for the young.
Dominican Republic	Code for the protection of the Child and Adolescent (1994)	National Policy on Adolescence and Youth 1998-2003, in the part related to Education Policies, establishes "the development of STD, HIV/AIDS, prevention programs and adolescent pregnancy. In the chapter of Health Policies indicates "implement sexual education journeys for young, parents and teachers"	..	..

Countries	Laws/Constitution	Policies	Programs	Remarks
Ecuador	Republic's Constitution 1998. Juvenile Law actualized by law 1998. Education Law on Sexuality and Love, 1998. Legislation about integral care for children and adolescents	..	National Education Plan on Sexuality and Love, 1999	Demonstrative experiences supported since 1993 by UNESCO-UNFPA, ONGs have taken place in provinces of the Mountain and the Coast, and these will be used as examples for the generalization that is expected to start in 2000.
Guatemala	Childhood and Youth Law, 1998 Juvenile Law, 96	Intersectorial Agreement on Education in Population, 1992 and Legislative Congress Agreement of the Republic, 1995	..	Incorporation to the curricula of the Educative Reform and limited application to schools in which teachers have been trained through UNFPA support.
Haiti	..	National Education Plan	..	Demonstrative experience initiated in 1998 in 39 schools of three departments, readjustment of the fundamental teaching curricula, social science and experimental science areas.
Honduras	Childhood and Adolescence Law. Law for the creation of the Child and Family Institute of Honduras (IHNAF), 1998. Special law on AIDS prevention which establishes the obligatory nature of sexual education.	..	..	..
Mexico	..	National Population Program 1995-2000	Services for adolescents of the National Program on Reproductive Health and Family Planning 1995-2000. Programs and scholar texts for primary and secondary school.	The policy of free text guarantees the generalization of sexual education.
Nicaragua	Childhood and Adolescence Law, 1998. Law for the creation of the National Council of children and adolescents care.	Sexual Education Policy from the Ministry of Education. Agreement between the Ministry of Health and the Ministry of Education	National Program on integral care of children and adolescents	..
Panama	Family Law Law No. 4 of January 29, 1999	Resolution of the Health Ministry creating the Reproductive Health National Commission	National Plan for Women and Adolescents Health	..

Countries	Laws/Constitution	Policies	Programs	Remarks
Paraguay	..	..	National Plan on Integral Health and Development for Adolescents 1977-2001.	The curricular guidelines, 1993 establish the incorporation of the family planning and sexual education of the curricula on primary and secondary education.
Peru	Law on Population Policies. Child and adolescent Law, modified in 1998 to include rights. Legislation for children and adolescence integral health care.	Curricula at primary and secondary level and training of the teaching body, 1997-1999 Sexual Education National Program. Agreement among Ministries of Health and Education. Administrative rules for the integral care of the population between 5 and 19 years old, 1992.	Sexual Education National Program, 1996	Its application in 70% of secondary schools. To initiate its application in the second primary level and in the training of the teaching body.
Venezuela	Country Constitution, 1999, which includes adolescents' rights to information and care. Law on Integral Protection for the child and adolescent, 1998. Creation Law of the National Commission to Prevent early pregnancy, 1992.	..	Curricula for the first, second and third primary levels in basic education. Integral Health Care Program for Adolescents of the Ministry of Health, 1991.	To start its application among the new curricula. Consultation for pregnant adolescents is offered in most of the third level care establishments.
Uruguay	..	..	Program on Sexual Education of the Secondary Education Council, 1994, National AIDS Program of the Health Ministry	It has been used in an experimental way in some secondary schools of the country. The Ministry of Health, through the AIDS Program has made some punctual educational interventions in secondary school.

.. It doesn't exist, according to available information.



Executive Summary of the Assessment on Job Education and Training for the Adolescents of the Americas

Tenth Conference of Spouses of Heads of State and Government of the Americas

Executive Summary



International Labour Office

Executive Summary of the Assessment on Job Education and Training for the Adolescents of the Americas

The problems of adolescents and youngsters are among the primary challenges faced by the societies of the American continent. All the proposals put forward and actions implemented for this group are a privileged investment in the future, given the fact that they constitute the greatest capital to obtain a stronger, more democratic, more secure, more cultured and more respected society among the nations. A consensus has been reached in international forums regarding the need to transform issues such as education, formation and training, and work and employment into Government policies. The processes conducted in the majority of countries for the strengthening of public and private institutions seek to promote the full integration of youngsters, on the one hand, and social modernization, productive transformation and democratic participation, on the other hand.

A great heterogeneity is verified when studying the relation of adolescents and youngsters with the world of education and work. According to CEPAL, education becomes a discriminating factor in the labor market after twelve years of formal education; this is evidenced in the fact that, among the poorest social groups, 40% repeat certain grades and 50% are educationally backward. And this is more so because the current requirements for competitiveness at work particularly value creative thinking, the capacity to change, the possibility of identifying problems and finding solutions, the willingness to integrate the working environment, as well as the capability of constant reeducation and self-education with new roles and issues.

With regard to labor, the figures provided by the International Labor Office (ILO) are significant insofar that the unemployment rates for youngsters doubles and triples that of the population as a whole, even in the developed countries. Furthermore, when they manage to get a job it is more precarious and informal, of low quality, with less protection and lower wages. This age vulnerability increases if the youngster is poor, is a woman (particularly if they are mothers), has little or no school training, comes from rural areas or belongs to ethnical minorities.

The perception of the need for social policies centered on education, training and formation permeates society as a whole and attempts to be inclusive, designing specific compensatory programs targeted at youngsters. Equity based on a strong feeling of solidarity enables internal redistribution and allows the State to act in favor of inclusion and integration as a higher means of democratic participation and the spurring of the social structure as a whole.

Educational compensation through the implementing of educational reforms to facilitate procuring the currently required skills is proposed in Latin America, aimed at the vulnerable groups. Programs focussed on the training and employment of youngsters have been implemented since the eighties in the search for supplementary labor training. A pioneer experience was initiated in Chile and subsequently expanded onto other countries with

different variations. After some adjustments based on the respective national realities, the adopted model acquired the following characteristics:

The Central Government assumes responsibility for the design, supervision, technical control and funding of programs. Government agencies and the Civil Society execute them and should receive institutional strengthening support services from the managing entity to develop their operating, technical and administrative capacity.

The organized civil society and State institutions (national and local) validate the progress and operation of the programs and identify the target-population. The business sector provides spaces/areas for work practice. The foregoing institutional arrangements also seek to ensure compliance with criteria of transparency and fairness in the use and application of public resources.

The achievement of this articulation criteria requires that the model, even under the best conditions within the social-institutional context, incorporate a solid promotion-dissemination strategy aimed at making the actors aware of the importance of their participation and of their responsibilities in the application of the social-pedagogical processes involved.

The aforementioned training and employment programs are intensive and imminently practical. They are divided into two stages:

A training stage during which the participants acquire the know-how, skills and technical capacities to perform the job; the learning activities favor the development of working habits and reinforce the necessary skills to solve routine situations arising in the employment world. This stage also contemplates job hunting support and orientation. The training stage lasts between six and twelve weeks. The second stage refers to the training practices of the youngsters in which the beneficiaries consolidate the skills achieved in the first stage and at the same time acquire experience in a real working environment, developing the main tasks of the job they were trained for. It lasts approximately eight weeks.

This long and varied experience has enabled the accumulation of an extensive amount of theoretical and practical know-how in education, formation and training.

At present, the intention is to promote the institutional strengthening of these initiatives providing these actions with continuity and sustainability in time, preventing duplication and overlapping, dispersion of human resources and materials, punctuality without the accumulation of experience, diversion of efforts towards the youths of other sectors, or the absence of systemized, monitored and assessable management. It is thus postulated that the quality of the intervention will depend on integrality, effectiveness, efficiency and pertinence, valuing the expectations and needs of the adolescents.

In view that the State is the obliged distributor of opportunities, it is imperative to prevent the instability of social interventions through the establishment of integral and systematic Government policies regarding employment, education and training with the institutional reinforcement that compromises society as a whole.



**Adolescent Girls' and Boys' Behaviour,
Promoting a Culture of Peace With Young People.
Juvenile Violence, Community Security and
Fundamental Rights**

Tenth Conference of Wives of Heads of State and Government of the Americas

**Report for technical meeting
Overview of project implementation during the 1999-2000 period**



Regional Office for Latin America and the Caribbean (TACRO)

Child Rights Area

Adolescent Girls' and Boys' Behaviour: Promoting a Culture of Peace With Young People Juvenile Violence, Community Safety and Fundamental Rights

The subject of children's criminal responsibility is not new in Latin America. From the birth of the nation-states up to the present, the perception and treatment of children's criminal responsibility has passed through three large stages.

A first stage that can be termed **undifferentiated penal law** extends from the 19th century birth of penal codes based on pure retribution up to 1919. This stage is characterised by the practically identical treatment accorded to minors and to adults. The only exceptions were children under 7 years of age, who, as in the old Roman legal tradition, were considered to be absolutely incapable and whose acts were on a par with those of animals. The only differentiation for "minors" between the ages of 7 and 18 consisted in a reduction of the normal adult sentence by one-third. So, the privation of liberty for less time than an adult offender and an absolute promiscuity were the general rule.

A second stage can be a **tutelary character**. Led by the so-called Reform Movement,¹ this stage originated in the United States at the end of the 19th century. It responded to the profound moral indignation expressed about prison conditions and especially the intermingling of adults and children in the same institutions.

Based on the experience of the United States, this reform rapidly gained ground in all the countries of Western Europe. Beginning in 1905 in England, by 1920 practically all the rest of the European countries had created, not only a specialised legislation (minors' codes) but also a specialised administration of the "minors' question" (Juvenile Courts). However, the specialisation of law and the administration of minors' justice were introduced into Latin America from European sources rather than American experience. Over a period of 20 years, beginning in 1919 in Argentina with the approval of the Agote Act (which is still in force), all the countries of the region ended up adopting the new model.

But a critical analysis shows that the Reformers' project, more than a victory over the old system, consisted of a deeply rooted compromise with it. The new laws and the new administration of minors' justice were born of the philosophical positivism and developed within the framework of this dominant ideology of the day.

¹ Consult the now classic text of Anthony Platt, *Los "Salvadores del Niño", o la invención de la delincuencia* (Mexico: Siglo XXI, 1982) for detail on this movement.

The dominant culture of hijacking social conflict, that is, the idea that for each social "pathology" there should be a corresponding specialised architecture of imprisonment, was only altered in one respect: promiscuity. The separation of adults and children was at the forefront of the North American reformers and, to a lesser extent, of their European followers. Until very recently it was much more a case of wishful thinking on the part of Latin American emulators.

In the latter case, the problem of children being placed in adult prisons is still an important issue in many countries of Latin America and the Caribbean. Only by ignoring the real consequences of these decisions of the justice system and through frequent employment of euphemism could they "find a solution" to this situation and sleep at night with a "clear" conscience.

This is not the place to reiterate the vicissitudes of the guidance and guardianship model in Latin American from 1919-1989, nor the reasons for its survival. Specialised works on the subject are available.² More interesting is to record and characterise the birth of a new stage in 1989 with the signing of the Convention on the Rights of the Child (CRC).

The CRC marked the advent of a new period that can be characterised as the stage of **separation, participation and responsibility**. The concept of **separation** refers here to the clear and necessary distinction, beginning with the norms, between problems of a social nature and specific conflicts with the criminal code. The concept of **participation** (admirably synthesised in Article 12) refers to the right of the child to form an opinion and express it freely in accordance with his or her level of maturity. But the progressive character of the concept of **participation** contains and demands the concept of responsibility; beginning at a given level of maturity this becomes not only **social responsibility** but also, and progressively, a **specific penal responsibility**, as established in Articles 37 and 40 of the CRC.

The third and current stage is that of the penal responsibility of adolescents. In the region this stage began with the passage of the Child and Adolescent Statute (ECA)³ in Brazil in 1990. The CAS constitutes the first substantial innovation in Latin America with respect to the guardianship model of 1919. For over 70 years, from 1919 to 1990, the "reforms" to the minors' codes barely reached the status of variations on a theme.

The model of **adolescents' criminal responsibility** constitutes a profound rupture both with the **tutelary** and **undifferentiated penal** models. Today the expression of this rupture, is found exclusively in the ignorant or cynical proposal to lower the age of criminal imputability.

1. The False Dilemma: Hypocritical Retributionism or Naive Paternalism

Few areas of children's policy have so many myths as the field of adolescents in conflict with criminal law. Most of these myths originate with support for, and propagation of ontological notions about so-called juvenile delinquency. Simply

² See particularly Emilio García Méndez, *Infancia de los derechos y de la justicia* (Buenos Aires: Editorial Del Puerto, 1998).

³ Estatuto da Criança e do Adolescente.

put, this means upholding the idea that juvenile delinquency is a problem, regardless of the formal or informal social reactions that define and control it. In this case, formal social reaction is understood as the set of institutions and provisions relative to the subsystem of juvenile criminal justice. The contents of this subsystem range from legal definitions to practices that involve deprivation of liberty, which naturally include action by the police, the justice system, the department of social services, etc. In contrast, informal social reaction is understood as that of the mass media, public opinion, etc.

From a non-ontological perspective, if reality is understood as a socially constructed process, crime and juvenile delinquency can be understood not as natural phenomena but as human acts afforded a particular significance by the formal and informal social reaction they elicit. This highlights the co-constitutive nature of the different types of reactions. In this sense, a stylization of the constructivist paradigm permits the affirmation that every system of justice creates, to some extent, a particular type of offender.

Historically, two equally inaccurate positions have prevailed in the area of "juvenile delinquency".

The first can be described as hypocritical retributionism and views criminal law as the ultimate solution. It sees a steady increase in criminal punishment as the only way to end social problems of this type, and generally translates into rash, shortsighted proposals for lowering the age of imputability. Those who hold this position argue that adult criminals recruit youngsters between 16 and 17 years to commit criminal acts precisely because they cannot be charged. This approach is based on an objective assumption legitimized, in part, by way the juvenile justice system operates under legislation based on the "irregular situation" doctrine. Laws founded on this doctrine give the judge power of discretion. Accordingly, operation of the system oscillates, in practice, between extreme impunity and repressive, arbitrary acts. Paradoxically, most of these excesses and deviations occur in strict compliance with the law. Legislation applying to children generally indicates that the judge "may adopt whatever measures he considers appropriate" (particularly in cases involving anti-social acts or violation of criminal law). Therefore, any of the following circumstances can, and often do arise. Very serious crimes committed by middle or upper class adolescents (e.g., homicide, rape, armed robbery and the like) may have no negative repercussions for the perpetrator, simply because that person has a family environment, attends school, etc. However, as is often the case, poor children and adolescents are *interned* (a euphemism for deprivation of liberty)⁴ for presumably having committed ordinary violations (usually not proven conclusively) or simply for *protective* reasons.

In strictly pragmatic terms, experience shows that lowering the age of imputability has no real impact on improving security for the general public and often leads to negative consequences by provoking early involvement in adult

⁴ The reference to "internment" as a euphemism for deprivation of liberty is deducted from Point 11.b of the United Nations Rules for the Protection of Juveniles Deprived of Their Liberty (Riad Rules), "Deprivation of liberty is understood as any form of detention or imprisonment, as well as internment in a public or private institution from which the child may not leave of its own will, by order of any judicial, administrative or other public authority".

circles of criminal activity. If those supporting this measure were correct in their reasoning, lowering the age of imputability to 16 years, for example, would prompt adult criminals to recruit youths between 15 and 14 years of age. The term "hypocritical" refers to the fact that experts - or those who consider themselves as such - cannot deny the difficulties inherent in the alternatives provided for under criminal law, which often create more problems than they solve.

A second position has evolved as perhaps an undesired reaction to hypocritical retributionism. I call it naive paternalism. It finds no value in criminal law and mistakenly assumes children under 18 years are incapable of committing serious crimes. Certainly, this cannot be proven. According to naive paternalism, if children were to commit such crimes, they should not be subject to legal reprimand, as such behavior automatically and invariably denotes pathological inclinations or trivial acts characteristic of their age. In either case, a firm legal reaction is considered not only inappropriate, but useless.

These two positions only seem contradictory. Actually, they have an element in common. Both reflect a profound disregard for children as individuals with full rights. Hypocritical retributionism and naive paternalism are irrefutable proof of a schizophrenic view of the *minor*, sometimes as an object of compassion and other times as an object of repression.

2. Delinquent Minors as a Vague Sociological Category: The "Irregular Situation" Doctrine

This is neither the time nor the place for a detailed discussion of the "irregular situation" doctrine⁵ will only say that it is particularly conspicuous in the area referred to as "juvenile delinquency". With the "irregular situation" doctrine, the concept of "delinquent" can be used only in quotation marks. In a legal context of rigorous respect for democratic rule of law, the term delinquent denotes, or should denote, the (proven) author of a act defined previously by law as a crime, infraction or violation. None of the old laws on children embody this perspective, since a minor's delinquent nature refers almost exclusively to his personality or to the commission of anti-social acts (presumed, but almost never duly investigated).

What is an anti-social act? This is one of the unsolved mysteries contributing to the esoteric nature of so-called legislation for children and adolescents. In this context, an "anti-social act" is practically a tautology. It is whatever the juvenile judge defines as anti-social. While the notion of crime, as a standard, unlawful and culpable act, is unthinkable outside the parameters of legislation founded on rigorous respect for democratic rule of law and inscribed in the visionary tradition of modern law, the notion of an "anti-social act" refers, in the best of hypothesis, to the potentially dangerous theories of 19th century, anthropological positivism. The concept of an "anti-social act" and the unlimited powers afforded to juvenile court judges under legislation based on the "irregular situation" doctrine are two

⁵ For a more complete analysis on the origin and scope of the "irregular situation" doctrine, cf. E. Garcia Mendez (1994).

complementary and mutually reinforcing aspects that contribute decisively to the view of children as objects of compassion-repression. As I mentioned earlier, a serious and fraudulent crime committed by an adolescent - generally of middle or upper class extraction - may elicit no reaction in a process that complies strictly with the law. Having an apparently well structured family environment, and being enrolled in school are often guarantees of impunity. Consequently, when a certain segment of public opinion (generally not representative of the broad public), namely the mass media, somewhat tritely and hastily says these offenders "go in one door and out the other", they are often right, especially in the cases of offenders with a "stable" home environment. What the mass media rarely says is that many of those serious offenders who "leave by the other door" do so in strict compliance with laws based on the "irregular situation" doctrine. In contrast, an adolescent - poor and vulnerable - who may have committed a trivial or minor act, or even an "anti-social act" - concept which can be determined only in the mind of he who defines it - could be institutionalized (deprived of liberty) for years simply because - from the standpoint of legislation based on the "irregular situation" doctrine - he/she was in moral or material danger (which are two other mysterious concepts of the esoteric liturgy of the "irregular situation").

At this point, it seems necessary to clarify an important aspect. A judge or judicial authority might react to this text by saying: "That has never happened in my court". If such be the case, I congratulate them sincerely. Nevertheless, exercise of true justice cannot be left up to good will. The fact is these situations can, and do occur in strict compliance with juvenile law based on the "irregular situation" doctrine. Perhaps now, the slightly exaggerated but accurate and instructive affirmation that every legal and administrative system has the caliber and quantity of offenders it deserves makes more sense.

3. Adolescent Offenders as a Precise Legal Category: The United Nations Doctrine on Comprehensive Protection

The legal instruments comprising the "United Nations Doctrine on Comprehensive Protection for Children"⁶ radically modify legal thought on children and adolescents. This change is particularly noticeable in the area of adolescent offenders. In an excellent study, Rita Maxera (1992) clearly shows, in detail, how the general principles of modern law (in this case, criminal law) embody not only the spirit of the International Convention, but also its text, particularly Article 40.

Under the International Convention, the "minor" becomes the child or adolescent, and the vague social category of "delinquent" becomes the precise legal category of offender. For the sake of clarity, the category of offender can be likened somewhat to the category of a pregnant woman. In either case, being approximate or more or less is simply not possible.

⁶ The United Nations Doctrine on Comprehensive Protection for Children refers to the following set of rules: a) International Convention on the Rights of the Child, b) United Nations Minimum Standard Rules for Administration of Juvenile Justice (Beijing Rules), c) United Nations Rules for the Protection of Juveniles Deprived of Their Liberty (Riyadh Rules) and d) United Nations Guidelines for the Prevention of Juvenile Delinquency (Riyadh Guidelines).

In other words, an offender is only someone who has committed an act defined previously under national law as a crime, infraction or violation. Who may be charged with said violation, who may be tried through due process and who may be declared responsible, under strict observance of procedural and fundamental rights.

As indicated earlier, the principles and instruments permitting the transition from "delinquent minor" to adolescent offender are contained in the Doctrine on Comprehensive Protection (particularly in the International Convention). However, Latin America has seen no important judicial rulings based directly on the International Convention (the only binding instrument among those comprising the Doctrine on Comprehensive Protection); this would confirm the adolescent offender as a precise legal category. Although use of the Convention - heralded throughout the region and incorporated into national law - is technically possible and mandatory for the judicial sector, it is not being applied in practice. In countries where national law has yet to be adapted substantially to the spirit and text of the Convention, children's legislation based on the "irregular situation" doctrine continues - amazingly - to predominate. This is explained, in part by a certain corporative resistance among those responsible for its application. As opposed to the absolute power of discretion granted to the judge under laws based on the "irregular situation" doctrine, the spirit of the International Convention, which guarantees rigorous respect for democratic rule of law, ranks the duties of the juvenile judge but substantially reduces his margin of discretion, bringing many of his functions closer to those of a judge in an adult court. This is particularly true with respect to the possibility of decisions being reversed, the obligation to substantiate rulings, etc. Another explanation for this situation is a legacy of codified napoleonic law, according to which the domestic translation of international agreements (despite their enactment, as in the case of the Convention) is a mandatory requirement for their application.

3.1. Imputability/Unindictability/Impunity/Responsibility

Judging from the echo in the media and political circles, the subject of "juvenile delinquency" is a major topic in every country of the region, as part of the issue of citizen security. In some countries, citizen security is even more important than economic issues such as inflation and unemployment.

Juvenile delinquency is a cyclical issue; it comes and goes from the political and social agenda with relative ease. So much that we should question why it is manipulated to such a degree. Almost all issues linked to the subject of crime are, in principle, of considerable interest to the mass media. In the case of juvenile delinquency, the almost total lack of basic statistics on this problem largely explains the extent to which information is manipulated (in most countries of the region, it is not even known how many children under 18 years are deprived of liberty). The media fills this statistical void with "precise" statements such as "the alarming increase in juvenile crime". These are used to formulate "policy on crime in this particular area". The few serious studies designed to gauge the extent of this problem invariably show its limited quantitative dimension and its negligible proportion in comparison with general rates of adult crime.

Lately, in almost every country of the region, the subject of juvenile delinquency is construed and presented to the general public as a problem of imputability (a term confirming most people's view of law as esoteric).

Social consternation usually develops in the following way. The mass media selects, from a much wider range of cases, a few serious crimes committed, or suspected of having been committed by adolescents. For lack of reliable statistics, these cases are offered as evidence of the "alarming increase in juvenile crime." The next step is to present the problem of juvenile delinquency as basically an issue of impunity. Young delinquents "go in one door and out the other." Curiously, nothing is ever said about the nature of laws on children and adolescents, in the context of which a young person - generally middle or upper class - can effectively "go in one door and out the other" after having committed a very serious crime. However, a "minor" may be deprived of liberty simply on the grounds of suspicion, for being potentially dangerous or for reasons of protection. Problems related to impunity are never associated with the structural shortcomings in laws based on the "irregular situation" doctrine. The magic solution appears in the form of a reduction in the age of imputability, generally set at 18 years in most countries of the region. The issue of imputability or unindictability of children under 18 years is placed at the center of the debate, oftentimes with no real understanding of the concept in question.

The condition of imputability is frequently determined by an individual's personal traits. These, however, are not the decisive factor explaining what is essentially a legal circumstance. Children under 18 years, who are in the process of growth according to developmental psychology, are ultimately unindictable owing to the decision of lawmakers, not because of their individual characteristics, regardless of whether these are acknowledged by developmental psychology or other related disciplines.

The status of imputability or unindictability is the result of a criminal policy decision adopted by legislators. In general, an imputable individual is someone to whom the consequences of acts constituting conduct previously described by law as a crime, infraction or violation can be attributed in full. In contrast, an unindictable individual is someone to whom the same consequences determined by criminal law and related legislation for imputable individuals cannot be attributed because of certain characteristics defined by law (age, state of mental health, etc.). Given legislation for "minors" based on the "irregular situation" doctrine, children under 18 years are unindictable in most countries of the region. The philosophy inspiring legislation based on the "irregular situation" doctrine and the selective way juvenile justice operates in practice have built injustice into the system. The real clientele of juvenile detention centers in Latin America are conclusive proof of the serious problems noted in this text.

3.2. The Basis for Constructing a System of Juvenile Criminal Responsibility

The instruments comprising the Doctrine on Comprehensive Protection, particularly the International Convention, have all the elements (of legal policy) required to build a system of juvenile criminal responsibility (SJCR). A system of

this type is required to eradicate the serious errors and limitations brought about by hypocritical retributionism and naive paternalism.

A system of juvenile criminal responsibility is absolutely necessary to overcome the real or imaginary impression of impunity so often conveyed by the mass media. This impression kindles a variety of reactions, all of which call for lowering the age of imputability. Creating a SJCR implies replacing the arbitrariness-impunity of old systems of juvenile justice with the rigor and justice that should characterize an approach to administration of a new type of justice for children and adolescents based on respect for democratic rule of law.

The following is a detailed but not exclusive list of the fundamental characteristics (minimum requirements) needed to construct a system of juvenile criminal responsibility (SJCR).

- 1) Children under 18 years (and over 12 years) are not criminally indictable but are criminally responsible.
- 2) Criminal responsibility means adolescents (12 to under 18 years) are credited - although differently than adults - with the consequences of standard, unlawful and culpable acts constituting the perpetration of something known as a crime, infraction or violation. With criminal law being the common point of reference for adults and children under 18 years, the concept of responsibility is substantially different from imputability in terms of three basic points: a) trial procedures, b) the length of sentences (for adults) as opposed to the duration of socio-educational measures (for adolescents), and c) the physical location where the measure is applied.
- 3) Children under 12 years are neither indictable nor criminally responsible. Should a child under 12 years commit an act (duly proven) that would constitute a criminal violation if perpetrated by an adolescent, a protective measure is applicable rather than a socio-educational measure.
- 4) The adolescent offender constitutes a precise legal category. An offender is only someone who has committed an act defined previously as a crime, infraction or violation, who has been credited with responsibility for said act, has been duly tried and has been ordered judicially to comply with a socio-educational measure or course of action.
- 5) A SJCR presupposes a range of socio-educational measures that allow for a variety of reactions, depending on the type of infraction. These measures generally include the following: a) warning, b) obligation to repair the damage, c) community service, d)-supervised release, e) partial release and f) deprivation of liberty.
- 6) A SJCR also presupposes the existence of different types of deprivation of liberty: a) arrest in flagrante delicto or by court order, b) judicial arrest as a precautionary measure, c) judicial arrest as a definitive measure for deprivation of liberty.

- 7) Deprivation of liberty is strictly a judicial measure. Legal deprivation of liberty can occur only in flagrante delicto or by written order from the competent (judicial) authority. In the event of arrest in flagrante delicto, which may be performed by any individual either immediately or within the number of hours determined by law, the person under arrest must appear before judicial authorities.
- 8) Deprivation of liberty (as a definitive measure) is an exceptional measure and final resource. It should be permitted solely in the event of very serious violations. The notion of "very serious" can be determined by the type of act (under Brazilian law, deprivation of liberty is permitted only for a "crime committed through serious threat or violence against persons"), or by the length of the corresponding penalty established by law. Such is the case of the "Juvenile Offender Act" in El Salvador, which specifies (Article 54) that a judge may order deprivation of liberty when a criminal infraction punishable under criminal law with a minimum sentence of two or more years imprisonment is determined to have been committed.
- 9) We know from experience, that if deprivation of liberty (as a definitive measure) is to become an exceptional measure of ultimate recourse, two essential conditions must be verified:
- 10) Existence of a strict judicial interpretation of provisions on deprivation of liberty, based on rigorous respect for democratic rule of law; and b) design, establishment and implementation, by administrative authorities, of alternatives to deprivation of liberty.
- 11) An increase in the powers of the public prosecutor and inclusion of remission or release are also essential. In brief, remission involves termination of the right to bring action when circumstances surrounding a case indicate prosecution may be counterproductive for all parties concerned.
- 12) As to the entire range of socio-economic measures, an initial distinction must be made between: a) deprivation of liberty and b) the other measures. While any public or civil organization may participate in the implementation of socio-educational measures not implying deprivation of liberty, there are countless reasons why the latter should be an undelegable faculty exercised only by the State. As experience shows, privatizing deprivation of liberty can lead to flagrant excesses and violations of rights. No problem (in current institutions), however serious, justifies privatizing deprivation of liberty. (Democracy as a political system is far from perfect; however the idea is not to substitute democracy but to improve it) In this case, civil society should concentrate on guaranteeing the transparency of all that goes on inside institutions, by monitoring and verifying observance (and violation) of the specific human rights of children and adolescents who are deprived of liberty.
- 13) A SJCR constructed according to these criteria, with the participation of a judicial body that makes restricted use of deprivation of liberty as a socio-educational measure applied only with rigorous respect for democratic rule of law, should bring about a radical change in the quantitative and qualitative perspective of institutions responsible for juvenile detention. As to

quantitative changes, a SJCR would reduce drastically the number of children deprived of liberty, while ensuring this diminished number includes only adolescents who have committed very serious crimes and require educational treatment and security measures that may be unprecedented in the region.

4. The Real Dilemma: Curing Pathologies or Building a Sense of Community

Most of the myths surrounding this problem entail what are known generically as treatment policies. Traditionally, concern for "minor offenders" has focused on the issue of "treatment". In other words, little or no thought has been given to forms of entry into systems of justice for "minors", particularly sub-systems involving deprivation of liberty. The old legal context contributed decisively to a tautologic culture where an "offender" or "delinquent" was automatically anyone confined to a detention centre.

Almost any serious empirical evidence on programmes and policies for offenders in Latin America would show these rehabilitation programmes to be more ideological than real. Leaving aside the more flagrant violations of human rights, institutions for juvenile offenders deprived of liberty have been - in the best of cases - mere human containers devoid of any serious educational proposal. It is possible to say, without overlooking the incomplete nature of the few, available programmes for treatment, that two contradictory trends have predominated in an implicit way. These are: a) the classic repressive approach and b) the culture of complicity. In this case, any similarity to hypocritical retributionism and naive paternalism is no coincidence. In the classic repressive approach, law and order or the appearance of order - with no consideration for the possibly negative medium-term consequences - is an end in itself and the only item on the agenda in terms of treatment for rehabilitation.

Increasingly and in a similar way, although less so than with adults, cynicism is gaining ground in this area, often to the detriment of rehabilitation practice and ideology. One of the theories on adult criminal rehabilitation (theories which are also part of the problem of legitimization of punishment) is the so-called "incapacitation theory". This supposition has prevailed for some time in the bulk of programmes supposedly dedicated to rehabilitation. It justifies and legitimizes deprivation of liberty with the argument that keeping individuals in an institution prevents them from committing crimes. Much has been written about the incapacitation theory, which is a good example of the move from hypocrisy to cynicism in views on an important aspect of social problems.

The other approach, labeled here as the "culture of complicity", is more common among individuals than institutions. It is vaguely evident in the response of certain educators who work more or less directly with young offenders, including those deprived of their liberty. Some educators see a link between poverty and criminality, which is cited, as the basis for adolescent criminal activity. The result is disdain for institutional responses, regardless of their content. The perception of an automatic link between poverty and criminal behavior makes the culture of complicity very understanding of crimes allegedly committed by adolescents. The concept of the child or adolescent as an individual with rights disappears

explicitly or implicitly from this approach, and is replaced by the vague and imprecise category of social subject, used instrumentally as opposition to the category of children as individuals with rights. At its most extreme, the culture of complicity views children or adolescents involved in crime as simply another category of "working children". Here again, the classic repressive approach and the culture of complicity only appear to be contradictory. In fact, they have much in common. Both objectively confirm the view of the "minor" as nothing more than an object of legislation and social policy. These approaches also tend to interpret real or supposed perpetration of infractions as a clear sign of physical or psychiatric disorders. In other words, there is an unmistakable tendency to pathologize and medicalize social problems. The word "treatment" has a distinct and specific meaning in this context.

A SJCR presupposes steadfast rejection of simplistic pathologization of social problems or the idea of an automatic link between poverty and criminality (this position is just as unfair to the poor who do not steal, as to the rich who do). It also presupposes a view of adolescent offenders as a precise, legal category. Only those guilty of very serious crimes would be deserving of programmes involving deprivation of liberty.

Only in this context can serious consideration be given to the essential features of educational work with adolescents deprived of liberty. Again, legal changes alone are not sufficient but a necessary first step to enhance action aimed at turning children and adolescents into citizens. In the words of Antonio Carlos Gomes da Costa, "only a society capable of respect for its "worst" members can learn to respect everyone."

At this point, it seems important to reiterate the tremendous implications of this problem, which is relatively limited in quantitative terms, particularly in light of other social problems that affect children and adolescents. However, failure to arrive at a solution has a negative and contaminating effect on social policy as a whole. Unfortunately, there is more than one practical example in Latin America to confirm this statement.

4.1 The Incomplete Institution and the Incomplete Professional: Principles to Guide Educational Work with Serious Adolescent Offenders Deprived of Liberty

Any educational proposal for adolescent offenders must begin by confronting two obvious and different aspects. First, the main objective should be to identify and reduce the negative effects of deprivation of liberty. Secondly, educational efforts and activities must try to reincorporate adolescent offenders into the world outside the institution, hopefully as quickly as possible. The two principles discussed below should be understood in a functional sense and subordinate to the aforementioned objectives.

4.1.1 The Incomplete Institution.

This refers to the importance of reversing the culture of self-contained institutions, which dictates these establishments should include "all" services required by adolescents deprived of liberty (whether for criminal or protective

reasons). The idea behind self-contained institutions in Europe at the beginning of the century, which were a model for their Latin American counterparts, was to include everything from the school to the cemetery inside the institution. With the medicalizing approach to social problems, the clientele of these institutions automatically display pathological tendencies that require specialized responses. Invariably, the abandoned or delinquent "minor" is thought to have mental problems. There are two particularly serious and obvious errors among the many faults observed in an approach of this type. The general and automatic focus on pathologies makes it easy to overlook special problems with vulnerability among adolescents who truly need support and special care. The unyielding association between violation of criminal law and psychiatric problems ultimately reinforces and reproduces - in a much broader way - the stigmatizing effect of formal and nonformal means of social control applied within the framework of the legal-institutional culture of an "irregular situation".

In contrast, the principle of the incomplete institution underscores the normality of the adolescent offender's personality. In a culture based on rigorous respect for democratic rule of law, the adolescent offender is not only innocent but also mentally sound, until proven otherwise. Any statement identifying violation of the law with mental disorders symbolizes, in the best of cases, a profound ignorance of the way criminal justice systems and subsystems actually work. Numerous studies carried out in the developed countries show criminal justice operates in a highly selective way. Although so-called criminal behavior is distributed evenly throughout society, only the lower classes are represented in self-contained institutions for deprivation of liberty (of adults and children). The principle of an incomplete institution, which is not a total formula, calls for making self-contained institutions as dependent as possible on the outside world. Unless not feasible, services normally conceived for all children should penetrate the walls of self-contained institutions. This would eliminate the need for physicians, teachers and other professionals who are experts on children "with behavior problems". Institutions should create conditions that enable good physicians, teachers, etc., who work with children in general, to work with adolescent offenders as well. The idea of an incomplete institution should apply to the legal as well as to the pedagogical framework. It is imperative that provisions supporting and regulating this principle be included in new legislative proposals, specifically in sections dealing with the rights of serious offenders deprived of liberty.

4.1.2 The Incomplete Professional.

This principle is dependent on, and complementary to the principle of an incomplete institution. It encourages a situation where those working with adolescent offenders are not involved on a permanent or full-time basis. A minimal staff comprised of administrative and executive personnel would be the only exception. Human relations take on special traits in situations where people are deprived of liberty. According to experience, in these circumstances permanent relations foster anti-educational alliances that are highly detrimental to the adolescent's social reintegration. Professionals working with serious adolescent offenders deprived of liberty should do so on a part-time basis, dedicating time to other institutions and other adolescents. As with the principle of an incomplete institution, there are no conclusive formulas or magic solutions. The particular characteristics of the incomplete professional will depend on

specific conditions in situations where there is political will to apply this principle.

4.1.3 Security and Deprivation of Liberty

Security principles and conditions are extremely important when working with serious adolescent offenders deprived of liberty. The issue of security is not a technical problem independent of the legal and philosophical principles that inspire operation of the system as a whole. Under old laws based on the "irregular situation" doctrine, wherein it was almost impossible to distinguish a serious offender from a "minor in need of protection", two methods of security were implied: a) tolerant accomplice and b) repressive hypocritical.

The tolerant accomplice method is based on injustice perceived by those responsible for keeping adolescents in detention, and takes the form of disregard for conventional procedure. Rather than trying to eliminate the structural injustices of the system through legal means (i.e., habeas corpus, legislative reform, etc.), a lack of security is created to "remedy" these injustices through escape. The repressive hypocritical method is evident in most institutions for "minors" throughout Latin America and the Caribbean. Coherent with euphemisms characterizing legislation and policy on children, some juvenile detention centers appear, on the outside, as minimum-security institutions. However, on the inside, adolescents are locked in small cells 24 hours a day. In the context of a SJCR based on rigorous respect for democratic rule of law, security conditions must depend on general operation of the system. Inasmuch as only adolescents who have committed serious crimes would be deprived of liberty, security conditions will have to be on par with this legal situation and practice. In this context, free of hypocrisy and euphemisms, an institution for serious adolescent offenders must have adequate and firm external security that affords due respect for the rights of adolescent offenders, while providing minimal internal security in the interest of facilitating and cooperating with educational activities. External security should be delegated to an authority other than the one responsible for internal operation of the institution. Any internal intervention on the part of outside security forces would have to be decided and requested (in writing) by the responsible institution.

5. Juvenile Violence and Social Exclusion: The Case of El Salvador⁷

If the concept of **community security** were to be understood as the "concern for the quality of life and human dignity in terms of liberty, access to the market and social opportunities,"⁸ then the concept would be new for many of the region's countries. In this region, community security until recently meant State security guaranteed by the armed forces. Beginning with the Peace Agreements in January 1992, the new conception of community security and of public security led to the creation of new institutions. Some of the democratic institutions created are the

⁷ This section is an adaptation of the presentation of Karla Varela, Child Rights Official, UNICEF-El Salvador, "Juvenile Delinquency and Public Security: Reflections based on the Salvadoran Experience" (in Spanish), presented to the First Joint Meeting of the Areas of Child Rights, Women and Gender Equity and Communications. Bogota, October 20-22, 1999.

⁸ ECLAC. *Social Panorama of Latin America*. 1998

National Civilian Police, separate from military structures; the National Academy of Public Security; the Ministry of Public Security; and the Attorney's Office for the Defence of Human Rights.

The new conceptualisation of public security in the framework of an incipient democracy is confronted with the historical and cultural reality of institutions and citizens, based on violence and authoritarianism, on the sequelae of the war and on a deepening of social exclusion. So, despite the spirit of the institutional reforms promoted by the Peace Agreements, the new Ministry of Public Security⁹, up until the inauguration of the new government in June 1999, was associated with increasing police actions, criticising institutions that safeguard human rights, and blaming the laws, especially the juvenile criminal act, for delinquency. Its articulation with social policy and preventive programs directed at youth was virtually nil.

On this point the Salvadoran poet and lawyer David Escobar Galindo sustains that "the Gordian knot of this society, the basic problem, is the structural poverty derived from sociocultural marginalisation, which is based on the way that power has been organised and exercised. There is an underlying phenomenon of historical marginalisation in El Salvador that has been the great breeding ground of violence."¹⁰

In 1965, the Pan-American Health Organization PAHO, reported a ratio of 25.4 homicides per 100,000 inhabitants, the second highest in Central America. In 1970, prior to the armed conflict, the rate had risen to 34 per 100,000, the highest in Latin America.¹¹ Today the rate is 138.2, one of the highest in the world.¹²

It is interesting to find that the high homicide rate contrasts with a decrease in complaints of violation of the right to life, the most frequently violated right during the armed conflict. According to the Attorney's Office for the Defence of Human Rights, the most frequently reported violations of human rights during the post-war period (1992-97) were committed by the authorities in charge of public order and justice: abuse of power, violation to the security and privacy of the person, intimidation, illegal detention, delay and denial of justice, and lack of procedural guarantees. As for the violations of economic and social rights, the most frequently violated was the right to work.

The position of the penitentiary system as a factor aggravating public safety and security is troubling. In January 1998, 70 percent of the inmates were waiting for a resolution of their cases. In 1997 overcrowding of the jails, went up to 51%; 45% of

⁹ This Ministry absorbed, beginning in June 1999, the Department of Justice, and therefore its official name is the Ministry of Public Security and Justice.

¹⁰ PNUD, *Violencia en una Sociedad en Transición* (San Salvador, 1998).

¹¹ PNUD, Consejo Nacional de Desarrollo Sostenible, CNDS. *Estado de la Nación en Desarrollo Humano Sostenible, 1999*. (San Salvador, Abril 1999).

¹² PNUD, Unión Europea. *Estado de la Región en Desarrollo Humano Sostenible. (San José de Costa Rica, 1999)*.

the prison population consists of young people between 19 and 25 years of age; one-fifth are illiterate, and somewhat more than 60 % come from the urban areas.¹³

The undeniable advances in developing democratic institutions and the new challenges of the post-war period have been paralleled by the implementation of structural adjustment and stabilisation programmes that have benefited some segments of the country's economic structure. Poverty in general terms has decreased in Central America. El Salvador occupies the fourth place in poverty levels after Honduras, Nicaragua, and Guatemala,¹⁴ however, social inequalities, one of the factors conditioning violence, have increased. "While some have benefited from economic growth, others do not have access to basic education, to preventive and curative health care, nor to productive and stable employment. They are vulnerable to natural disasters and have few hopes of broadening their opportunities to improve their living conditions"¹⁵.

Another factor associated with social exclusion and violence is unemployment. According to the *State of the Nation Report* the overall unemployment rate for 1997 was 8 percent; however, one out of three workers was underemployed. Unemployment affects primarily the young male population, a group in an analysis of delinquent behaviour that also shows the highest proportions of both victims and perpetrators.

One of the advances in the democratic process has been the new electoral institutions and the incorporation of the former guerrilla forces into the electoral process. Despite this, the disinterest, distrust and disenchantment of the citizens with the political system, constitutes one of the main problems that the faces democratic governance in the country at the moment. The electoral process, the political parties, the legislative work—all have fallen into public discredit. Conditions are being generated that could lead to a reversal of the achievements in institutional strengthening, all of which can culminate in a crisis of governability and, therefore, in an increase in violence and public insecurity.

5.1 The social perception of insecurity

Recent opinion polls show that the main preoccupation of the population even ranking above unemployment, is insecurity and the high crime rate. This perception is the product of an objective increase in the statistics, but it is also linked to the particular interest of some of the mass media and their sensationalist management of the subject. These sensationalist effects are being utilised by different political positions interested in improving their public image. They have fallen into the fallacy of exchanging security for votes. These offers of security failing to seriously analyse the causes of delinquency, produce a dangerous perception in the population that hardening the "soft" laws will improve their safety. A recent editorial in *La Prensa Gráfica*, a centre-right newspaper, noted:

¹³ PNUD, CNDS. *Estado de la Nación*. Op. Cit. p.94.

¹⁴ CEPAL, *Panorama Social*, Op. p.38.

¹⁵ Varela, Edgar. *Gobernabilidad Democrática y Desarrollo Sostenible*. Conferencia presentada en la Corte Suprema de Justicia. (San Salvador, Julio de 1999).

“The Juvenile Offenders’ Act” entered into force at a difficult moment, when there was (as there continues to be) an extremely serious problem with youth gangs. The psychosocial and economic causes of gang behaviour are varied and very entangled in the recent history of the country, with all the effects on crime that the situation entails. Great many of the delinquent behaviours that we see originate with or are linked to ‘child offenders’. And this can not be ignored by the justice system.”¹⁶

According to this editorial, it seems that facts are determined by the perceptions and the opinion of the press, skipping over the concrete facts based on statistics and empirical observation. No one is unaware of the violence associated with the activities of the juvenile gangs. Despite the efforts made to identify the causes and possible policies to prevent and attend to the problem, it is easy to fall into reductionism by associating the phenomenon with a law that, as much as it might wish to, by its nature, cannot influence it. To belong to a gang and commit a crime are different things. Juvenile criminal justice is not ignoring the gang phenomenon; however, this phenomenon makes the application of the law and the follow-up of the measures imposed by the judge more complex, especially inside juvenile detention facilities.

The reality on which a scientific analysis of the facts should be based shows that, in 1997, 1374 cases of homicide were recorded; of these 31 were attributed to persons under the age of 18, that is 2.2 percent of the crimes. Studies comparing the figures of the Judicial Power, Office of Public Prosecutions, and data provided by the Police show that the crimes committed by persons under the age of 18 do not exceed 12 to 15 percent of the national total¹⁷.

The perception of insecurity held by the population has been formed around the idea that the main agents responsible for crime are minors, that the laws are encouraging impunity and delinquency, and that in view of their ineffectiveness and police corruption it is necessary to arm oneself for self-defence.

In addition to the distortion that certain newspapers transmit in the analysis of social problems, the messages that some institutions of government are sending to the population with respect to public safety and security are contradictory. For example, the new government has proposals for a public safety policy that is more in line with the spirit and the letter of the Peace Agreements. Recently the President of the National Council of Public Security stated in a national congress of mayors held in San Salvador that his policy of social prevention of juvenile delinquency would be based on the recommendations of a study of youth gangs carried out two years ago by UNICEF and FLACSO in El Salvador¹⁸. However, in July 1999, Congress passed the Arms Act¹⁹ that allows any citizen to carry arms formerly for the exclusive use of the army. In October of last year, the same Congress discussed the inclusion in the Penal Code of the crime of shooting into the air, due to the high number of children hurt and killed by stray bullets, street

¹⁶ “La Ley y la Realidad,” Editorial *La Prensa Gráfica*, October 4, 1999.

¹⁷ Rivera, Sneider, *La Nueva Justicia Penal Juvenil. El caso de El Salvador*. 2nd edition. San Salvador, January 1999.

¹⁸ FLACSO is the Latin American Faculty of Social Sciences, usually known by its Spanish acronym.

¹⁹ Law to Control and Regulate Firearms, Munitions, Explosives and Similar Articles.

brawling, armed drunks, fights between rival gangs and other events that always accompany an irresponsible use of arms.

5.2 Gangs and Public Security

According to the report of the *State of the Region in Sustainable Human Development*²⁰, four of ten inhabitants of Central America are under the age of 18. In El Salvador, adolescents between the ages of 12 and 18 constitute 15 percent of the population. In 1998, more than 55 percent of the adolescents lived in the 20 percent of poorest households. 185,200 boys, girls and adolescents of both sexes between the ages of 10 and 17 are working²¹.

Recently the Ministry of Public Health and Social Assistance started with a more in-depth analysis of the causes of death in the over-5 age group. It is known that the main cause of death in adolescents that occurred in national hospitals between January and June of 1999 was suicide by poisoning. Principal causes of death among the adolescent population are brain trauma, toxic effects of pesticides, that is to say suicide by poisoning, abdominal injuries, injuries to the head and thorax²². All these are provoked by violence.

Analysing the profile of gang members will provide basis for a better understanding of social exclusion in youth. The phenomenon called "maras" began to grow at the end of the armed conflict. Three levels of exclusion appear: the exclusion of poverty, the exclusion of being young, and the exclusion based on status as an emigrant. The organisation, rules and language of the juvenile gangs in contemporary El Salvador followed the patterns of similar gangs in Los Angeles and other big cities of the United States.

The study mentioned above reports that almost 72.7% percent of the gang youth belong to woman-headed households, 8 of every 10 are not in school, and 7 out of 10 do not work. It also found that 8 of 10 gang members come from homes where acts of violence have been reported, 6 of 10 had some direct experience with the armed conflict, and that 6 of 10 could not identify a person from their family or community who served as a positive role model²³.

The profile of the gang leader is that of a young person who emigrated as a result of the war or to look for work, who is excluded for being an emigrant with no identity papers, incorporated into one of the Salvadoran or Mexican-American gangs in Los Angeles, Chicago or New York, caught by the police or the immigration service, deported for lack of a visa or for having committed some crime, and returns to his country which has already expelled him once. Without hope of work, he is converted into a leader of the neighbourhood gang where the majority of the youths are younger than he is. The circle begins again that all too often leads to death.

²⁰ PNUD, Consejo Nacional de Desarrollo Sostenible, CNDS. Estado de la Nación, op. Cit. p.94.

²¹ UNICEF and Government of El Salvador, *Informe de Evaluación de Medio Término* (Mid-Term Evaluation Report), 1997-99.

²² Ministerio de Salud Pública y Asistencia Social. Dirección de Planificación de los Servicios de Salud.

²³ Marcella Smutt and Lizette Miranda, *El Fenómeno de las Pandillas en El Salvador* (San Salvador: UNICEF, FLACSO, October 1998).

The conditions of widespread violence in El Salvador are such that the same adolescents and young people that are accused of being violent are also the most vulnerable. Studies from the Central American University Jose Simeon Cañas show that in El Salvador, a person between 16 and 30 years of age is 10 times more likely to be killed than a person of 50; and that person is 8 times more likely to be male than female.

5.3 Juvenile criminal codes and public security.

The juvenile criminal act of El Salvador has been and continues to be one of the most widely debated of the judicial reforms initiated more than ten years ago. The serious deficiencies in investigative capacity of the police and the public prosecutor's office are covered up through the captures of "extremely dangerous" youth, or those accused by "neighbours" of having been the authors of grotesque crimes. In general these charges lack sufficient proof to determine the guilt of the accused party, who ends up in a juvenile detention centre, after having whitewashed the police image, satisfied press avidity, and calmed the judge's fear facing media pressure. Finally the victims complain about "soft" laws when the young person is jailed for only seven years, the maximum period established in the law.

Recently the visiting magistrates²⁴ evaluated their work from 1995 to 1999, the period in which the new juvenile criminal act has been in force. They confirm what other studies have already shown, that the greater part of the offences committed by young people, 44.24 percent, are crimes against property. The efforts made by the entire juvenile criminal justice system have led to the reintegration of 408 young persons into society, out of 1245 cases attended over the same period of time.²⁵

With almost everything working against it, the juvenile criminal act is demonstrating greater agility and efficiency than the adult criminal code. Many juvenile judges, facing the lack of alternatives to custodial sentences have become leaders in community organising. Regrettably, the juvenile judges and the entire system responsible for the implementation of the law, have to confront the difficult situation of social exclusion, which acts as an impediment to youth rehabilitation. This has become the mirror that reveals the most embarrassing aspects of social policy.

Of the youths seen by visiting magistrates, 25.32 percent cannot read or write, 22.34 percent are in the first grades of basic education and 32.9 percent are youths who have done some type of vocational training. Only 17.84 percent have the upper levels of education necessary to choose other training. Finally only 2.8 percent of these young people have completed all or part of their secondary education²⁶.

The weight of public opinion, the limited existence of rehabilitation programs and in some cases, a mistaken interpretation of the law by enforcement officials,

²⁴ In Spanish: "jueces de ejecución de medidas".

²⁵ OCEM-LMI, Supreme Court of Justice, *Justicia Minoril y Reinserción Social*. 1999.

²⁶ OCEM-LMI, *op. cit.*, p. 6.

has led to improper use of the measure of privation of liberty, which according to the law, should be applied only in exceptional cases. A recent study shows that between March 1995 and May 1998, 42.28 percent of the youths whose cases were heard in juvenile court were given custodial sentences, distorting the meaning of exceptional character²⁷. The offence that most often received a sentence of privation of liberty is robbery. Further, sentences have also been passed by judges for lack of family support, lack of economic resources, or more dramatically for the need to study. It is a scandalous comment on the educational policy of the country that an adolescent has to be locked up in order to obtain some access to education.

The same study showed that young people who receive custodial sentences live in more disadvantaged educational, familial and economic conditions than those to whom other measures are applied. These data are motive for a examination of the functioning of the entire system of juvenile justice and its articulation with social policy since, by penalising poverty, it is falling into the proceedings that are typical of the notion of irregular situation.

During 1999, there was an attempt to reform the juvenile criminal law in an arbitrary fashion, motivated by the sensational treatment in the press of several cases as well as the uprisings that have occurred in the detention centres. These centres, in addition to housing large numbers of youth who should not even be interned, do not have the conditions to do educational work. The State has been extremely slow to train, equip and prepare the detention centres to accomplish their mission. These conflicts reveal two dangers: the tendency to treat topics related to childhood and adolescence with knee-jerk reactions and the existence of a "paradigm of ambiguity," defined by Antonio Carlos Gomez Da Costa as the mutual incomprehension between the educational sphere and the judicial sphere.

6. Democracy and Public Safety

Not to discuss this topic in detail. The intention in raising the issue of democracy and public safety is to confirm its importance and, above all, its close relationship with the other issues analyzed in this text. Democracy and public safety are inseparable. Euphemisms aside, security without democracy is dictatorship. Democracy without security is tantamount to social dissolution. However, security in democracy can only refer to public safety. Democracy is a sine qua non and indispensable requirement for citizenship. Sophisms and false dilemmas with respect to this point must be rejected. Society has as much right to collective security as each citizen has to full observance of his/her rights. Reliable, quantitative information is a vital tool in efforts to demystify the problem of serious adolescent offenders.

In most countries of the region, more than half the population is comprised of people under 18 years. However, their contribution to the bulk of criminal statistics is substantially less and is out of proportion with their absolute numbers.

²⁷ Programa Interinstitucional Hacia un Sistema de la Justicia Juvenil, Uso de la Medida de Privación de Libertad, Informe Final (San Salvador: UNICEF-UTE, 1999).

In those countries in which it has been possible to estimate the magnitude of juvenile crime it is clear that the proportion of children and adolescents who participate in criminal acts is not directly related to the age group composition of the population. In Venezuela, for example, only 15 percent of the total committed offences are attributed to persons under 18, although they represent 49 percent of the country's population. In El Salvador the debate that occurred during the first half of 1999 made clear that juvenile offenders constitute 0.06 percent of the total population of children and adolescents in the country.

These observations unequivocally contradict the assertion that the majority of criminal offences in our countries are committed by children and youth, which does not exclude the legitimate concern that the region could be witnessing an increase in juvenile crime.

Table 1
Children and Youth Deprived of Liberty and Rates per 100,000, 1997

	Total	Rate
HONDURAS	1.631	80
PANAMA	557	59
URUGUAY	391	57
ECUADOR	2.010	57
COLOMBIA	5.408	54
EL SALVADOR	521	27
NICARAGUA	394	24
CHILE	641	18
GUATEMALA	322	12
ESPAÑA	683	11
MEXICO (State)	350	10
BOLIVIA	198	8
PERU	464	7
COSTA RICA	30	3

Source: E. Carranza, ILANUD. NOTES: The rates are obtained over a population base of persons between 5 and 17 years of age. Source CELADE *Boletín* no. 55, 1995. Absolute numbers provided by the governments of each country. The rates for Guatemala also include cases of protective custody.

The region urgently needs a system of juvenile criminal responsibility. The future of our democracy depends, in part, on whether or not we become fully aware of the importance of these issues.

Bibliography

García Méndez, Emilio, (1994). "La Convención Internacional de los Derechos del Niño: Del Menor como Objeto de la Compasión-Represión a la Infancia-Adolescencia como Sujeto de Derechos", in "Derecho de la Infancia-Adolescencia en América Latina," Forum Pacis, Santa Fe de Bogotá.

Maxera, Rita, (1992), "La Legislación Penal de Menores a la Luz de los Instrumentos Internacionales: El Caso de Costa Rica," in "Del Reves al Derecho," Galerna, Buenos Aires.

UNESCO Report: Education and Young People

Tenth Conference of Spouses of Heads of State and Government of the Americas

Executive Summary



United Nations Educational, Scientific and Cultural Organization

Education and Young People

Executive Summary

Presented by María Luisa Jáuregui
Youth Focal Point
UNESCO Regional Office

According to UN standards, including those of UNESCO, young people comprise the age group between 15 and 24 years old. Nonetheless, the definition of youth varies from one country to another and depends on cultural and institutional factors.

In relation to population projections prepared by CELADE (1998) in the year 2000, 99 millions from a total of 507 million of inhabitants will be young people between 15-24 years of age and most of them will be concentrated in urban areas. As we all know, most of the young people are also unemployed.

General Situation

In this report we are presenting a brief summary on the educational situation of adolescence and youth in our region, according to data provided by the countries themselves and obtained in the framework of the assessment of the last decade after the World Conference of Education for All (Jomtien, March 1990).

Primary Education

Throughout the last ten years, the countries greatest effort have concentrated in the improvement of the primary education coverage, giving special attention to early childhood care and young people and adult education. Nevertheless, although problems of access to basic education have been overcome, students' dropout rates from the fifth grade of primary education is still a problem.

In a region where social differences among the population are severe, education has not contributed to overcome efficiently the gap between poor and rich people, although in many countries important programs with positive discrimination in favour of the poorest have been introduced.

From the equity gender perspective, there is no evidence of discriminating situations against girls in relation with the access to school, while a better performance of boys in mathematics and sciences is observed. Then there are many countries, particularly in the Caribbean area that indicated the persistence of gender inequity situations as girls have better educational performance than boys.

During the last ten years, most of the efforts carried out through education policies were concentrated in primary education. But, these efforts moved from attention to inputs toward a greater concern for results. Thus, the growing interest to improve the quality of learning and to improve equity.

Considering that social and economic inequalities of the population have represented one of the more serious problems, the promotion of equity in education in the region has had a growing concern.

One of the major causes of school dropout is the need for young people to enter the labour market in order to help provide financial support for their families. Solutions for this problem have been sought by providing greater equity in education services through affirmative action policies to benefit poor children, as well as offering bilingual education alternatives to indigenous populations and by integrating children with special needs into regular school.

A great effort has also been achieved to meet rural school population needs although the performance among girls and boys living in rural areas are lower than in urban sectors.

With respect to contents in the school curriculum, there is a constant interest in introducing different issues in the region such as: culture of peace, democracy and human rights; values and ethics; gender equality; ethnic and culture; sexual education; programs on drugs prevention and for a healthy life as well as respect to environment and cultural heritage.

During the last decade the use of mass media in education has been fostered, but the use of radio and TV for education purposes is still very rare. Nevertheless, personal computers and INTERNET are being employed as support in learning process but its still insufficient.

With respect to primary school, most countries continue their invariable investment between 1% and 4% of their PNB.

Secondary Education

The school annual enrolment rate in the period 1985 and 1990 was 1.5% compared with the 3.0% annual rate in the period 1990 and 1994. This progress means not only a significant quantitative improvement, but also the access into the secondary education of sectors already marginal due to different reasons and among them: geographic situation, social economic and cultural factors.

Secondary education was assumed in the past as a proposal intended to a homogenous population with a clear preparatory function. In the present situation it must find the solutions, not only to the quantitative progress, but also in the attention of a heterogeneous and varied population.

The will to extend compulsory education to the first years of secondary education for this age group, obliges us to differentiate two stages which deserve a specific treatment within secondary education: a first stage, which includes compulsory

education, which should not be merely understood as the extension of primary education; and, a second stage, secondary or middle level, non-compulsory post level.

When the Latin American countries opted for the extension of a compulsory education they reacted to unavoidable social and political needs, imposed by the exigencies of social and political life. Nonetheless, secondary education has suffered of a great non-definition, divided for the most into two versions: a scientific humanistic one – as a way to higher education – and another one technical and professional.

Compensatory Education

Although absolute illiteracy is mainly concentrated in populations over 24 years of age, it can also be found in other age groups in rural, marginal-urban and indigenous areas. In addition, there is a serious lagging of the primary education of students left behind in terms of survival rates up to the fifth grade.

Progress has been made in developing a new definition of literacy that is associated with access to written culture, basic education, and increasingly important processes of information and electronic media.

A drastic and permanent decrease of illiteracy requires not only literacy training activities for young people and adults; but also demands a substantial increase in school retention and academic success of girls and boys at the primary school level. Primary school dropouts inevitably increase the numbers of absolute and functional illiterates.

Another characteristic proper of this decade was to introduce working skills within youth training programs. This has been important in order to provide greater employment flexibility and subsequent placement in an ever-changing labour market.

In most countries, the tasks of training of young people are carried out by ministries of Labour, Agriculture, Health, or by Professional Training Institutes. Municipal Governments, as well as the mass media and many NGOs have assumed growing responsibilities in education and training programs for young people.

In the region, it is widely recognised that the majority of the participants in adult education offer is young people. There is a consensus on three areas of action that should receive priority attention:

- a) Mid-level training to young people living in poverty and who have dropped out of primary school;
- b) the development of programs that stimulate greater active participation by young people and the knowledge of their rights and duties;

- c) programs that improve employment opportunities for young people living in poverty;

Conclusions

In a more extended version of the educational situation of adolescents and young people in the region there will be a more extended analysis of the statements presented, as well as recommendations included in the Regional Frame of Action for the next fifteen years will be analysed, as they were presented in the World International Forum for Education (Dakar, Senegal, 26-28 April 2000).



UNESCO Report: Education and Young People

Tenth Conference of Spouses of Heads of State and Government of the Americas

Report for the Technical Meeting



United Nations Educational, Scientific and Cultural Organization

Education and Young People

Presented by María Luisa Jáuregui
Youth Focal Point
UNESCO Regional Office

According to UN standards, including those of UNESCO, young people comprise the age group between 15 and 24 years old. Nonetheless, the definition for youth varies from one country to another and depends on cultural and institutional factors.

In line with population projections prepared by CELADE (1998) 99 millions from a total of 507 million of inhabitants will be young people between 15-24 years of age in the year 2000. Most of them will be concentrated in urban areas. It is estimated that 40% of them will be living in poverty conditions and 70% in urban areas. As we all know, most of the young people are also unemployed.

As it is stated by the Chilean Jose Weinstein, “the phenomena is essentially qualitative, considering that to material poverty and lack of opportunities for education and employment, one must add a high psychosocial vulnerability with extended behavioural problems and a weak participation of popular youth in the democratic system”.

Young people are featured by their heterogeneity; their differences can be established by reason of gender, education, family situation, socio-economic level, place of residence and other reasons.

In this paper we will briefly refer to the results of the last assessment of the former decade, carried out by the countries of the region; in terms of formal and non-formal education and we will mention the situation among adolescents and young people in our region. We will conclude with some recommendations.

General Situation

The 90's were marked by slow economic recovery after the crisis of the 80s, which ECLAC qualified as “the lost decade”.

In the last decade of the century, the consolidation of a liberal economic model and the lack of regulation of national industries have given a macroeconomic stability to the majority of the countries.

Notwithstanding the efforts made by the countries of the region to diversify their economies, many of them still depend on one economic activity; this implies that any variation in the prices of basic products affects severely the behaviour of their economies.

During these ten years Latin American and the Caribbean economic performance showed moderate growth: 3.6% average increase of GDP from 1991-1999, in spite of the recession produced since 1998, in large part by market crises initiated in other regions, resulted in a new increase of foreign debt.

In spite of resurgent economic growth, Latin America and the Caribbean continue to be among the most inequitable regions in the world, with great inequalities in the distribution of income. The dynamics of inequality reinforces the growing disparity of educational opportunity and the insufficient accumulation of cultural capital in the region.

According to ECLAC data (1997), in Latin America, in 1990, 40% of households were under the poverty line. This percentage descended in 1997 to the 36%, which was similar to the one existing in 1980. The predominant structure based in the export of primary goods and with an urban labour force in sectors of low productivity does not contribute to overcome poverty.

The region has been torn by internal violence within the countries; the situation of poverty and exclusion being the principal factors responsible of this situation. More recently, the production and traffic of drugs have increased criminality and citizenship insecurity in large areas of the region.

Recovery and consolidation of democracies that emerged in the 90's, have brought political stability, but democracy is still vulnerable due to the relative lag of social reforms with respect to economic and political reforms, and this is the most important challenge now faced by the majority of the Governments of the region.

At present, we are seeing a second cycle of structural reforms, oriented to the establishment of more solid institutions, for fighting corruption, and with emphasis on investment in social programs –among them education– in order to reach the poorest sectors.

In the field of education, an important precedent is the World Conference on Education for All (Jomtien, March 1990), where it was highlighted the central role of learning and the importance to count with new strategies to achieve the decided goals: universal access to eight years of basic instruction, overcoming illiteracy and improve the quality and efficiency of the education systems.

The following strategies were approved by the Ministers of Education (Quito, 1991), which relate to the above Conference:

- respond to basic learning needs,
- give more attention to learning itself, rather than to the formal aspects of education,
- the co-ordination of actions,
- the introduction of new partners to participate in the implementation of educational policies.

Several World, Hemispheric and Iberoamerican Summits have reaffirmed these strategies on education and other relevant themes for the promotion of an equitable and persistent development in the region.

Primary Education

As previously indicated, in the “Regional Report of the Americas. An Assessment of the Education For All program in the year 2000”, sponsored by UNESCO, UNDP, UNFPA and the World Bank in January 2000, when revising the results in Primary Education in the region the conclusion in terms of coverage, in general, was that it continues over 90% or has increased in the last decade; but, 30% or 40% of the children do not approve successfully the fifth grade of primary school.

In 1996, the survival rates to the 5th grade for the Caribbean countries were between 72% and 100%, with the exception of one country in which the rate was 55%. This means that a significant proportion of boys and girls, who begin primary school, never complete it.

By the end of the decade of the nineties, 4 of the 7 Latin American countries that provided data on survival rates up to the 5th grade had gone beyond the 90% level. For the other three countries the indicator varied between 59% and 86%. This data shows the urban/rural disparity of this indicator, to the detriment of the rural areas.

Furthermore, 30% of boys and girls in the region are destined to become “functional illiterates”; since, as UNESCO’s recent evaluations indicate that “the point of inflection for an effective retention of school learning is placed in the fifth grade of the primary school level”.

In a region in which social differences of the population are so significant, education has not been able to effectively reduce the gap between rich and poor people. In many cases, however, important affirmative action programs have been established to help the most needy.

Promotion of educational equity has been a permanent concern due to social and economic inequalities of the population which constitute one of the most severe in the planet.

One of the major causes of school drop out is the need, for young people, to enter the labour market in order to help provide financial support for their families. Solutions to this problem have been sought by providing greater equity in education services through affirmative action policies to benefit poor children, as well as by offering bilingual education alternatives to indigenous populations and by integrating children with special needs into the regular school.

A great effort has also been made to meet rural school population needs, although the performance among girls and boys living in rural areas are lower than in urban sectors.

From the equity gender perspective, there is no evidence of discriminating situations for girls, in terms of access to schools. According to UNESCO's evaluations, in the third and fourth grade in primary school, boys have a better performance in mathematics and sciences, while girls' results are better in the Spanish tests. Nonetheless, the Caribbean countries indicate the persistence of gender inequity situations in their countries where girls have better educational performance than boys in primary and secondary schools.

In 1990, the World Conference on Education for All, (Jomtien, Thailand), adopts the following contents as basic learning needs:

"knowledge, skills, values, and attitudes that human beings need in order to survive, fully develop their abilities, live and work with dignity, fully participate in development, improve the quality of their lives, take informed decisions, and continue to learn"

These basic learning contents, to be included either in the curricula of formal education or in out of school or in non-formal education programs, are grouped under the generic title: "Education for a Better Life".

The Caribbean countries in a CARICOM meeting in 1998 declared as ideal issues: respect for life, democracy, culture, understanding, tolerance, and peace, leading a healthy life, and having the ability to create opportunities for personal and social development.

Since, efforts have been made to improve reading-writing process and maths, resolution of conflicts, ability to work and live together and to improve the student's quality life. There is an increased involvement of other private or religious institutions in extra curricular programs aimed at adolescents and their parents.

Moreover, in Latin America, programs are being developed to include sexual education together with affective issues and family life, to adopt healthy physical and mental ways of life, to respect and be aware of environmental preservation and to care for its own cultural heritage and that of others.

Besides, efforts have been made to reinforce the use of printed and electronic media, radio and TV. Some countries mention the supply of equipment and connection to INTERNET in the schools. Others are establishing national networks and equipping urban educational centers. But, serious technical and funding problems obstruct the universalization of computers and media at school premises.

Secondary Education

The school annual enrolment rate in the period 1985 and 1990 was 1.5% compared with the 3.0% annual rate between the period 1990 and 1994. This progress means not only a significant quantitative improvement, but also the access, into the secondary education, of sectors previously excluded mainly due to different reasons, among them: geographic situation, socio-economic and cultural factors.

Besides, we know that not all the children conclude secondary school and this is also damaging for the future of adolescents and young people in the region, particularly if we consider that 30% of the adolescents in the region do not complete primary school. According to CEPAL studies (1997), the completion of secondary school is a necessary condition to achieve the minimum educational capacity in terms of access to social and economic welfare and to enter into the labour market.

Indeed, according to ECLAC, to enter the labour force, demands the completion of a minimum of 12 years of schooling. According to this study, when entering the labour market without completing secondary education, one or three additional years of study will not make an important difference on the income received and in the majority of cases, they provide little support to overcome poverty. Instead, the income increases considerably when the studies carried out get closer to the 12 years of schooling.

The secondary education assumed in the past as a proposal intended for a homogenous population, with a clear preparatory function, must now find the solutions - not only to face quantitative progress - but also to reach a heterogeneous and diverse population.

The wish to extend compulsory education to the first years of this age group, requires the identification of two distinct levels, in secondary education, which deserve specific consideration: a first level, including compulsory education, which should not be just an extension of primary education; and, a second level, as non compulsory.

When the Latin American countries opted for the extension of a compulsory education, they reacted to unavoidable social and political needs. Nonetheless, secondary education has suffered a great lack of definition, being - at present - divided into two versions: a scientific humanistic, as a transit stage towards higher education, and a technical and professional one.

In secondary education we find that 51.7 percent of girls in 1985 (48.8% of boys) increased to 59.3% (53.9% of boys). In higher education, in 1985, 14.2% were women (17.4% of boys) and in 1995 increased to 17% of girls (17.6% of boys).

Most adolescent girls in Latin America are enrolled in secondary school. Nevertheless, the expansion achieved during the last years has not prevented the increment of repetition and dropout rates.

In our region, the repetition averages gets to 30% per year from the total of students, this percentage harms more directly poor populations. This unequal situation increases in secondary school intensifying the gap between social classes.

As mentioned above, one of the causes for young people to drop out of school, specially boys, is the need to enter the labour market and provide financial support for their families. In the case of girls, particularly in deprived populations; they get pregnant at early age and drop out school to take care of their children and to try to find a remunerated job. In most cases, their children remain with little schooling as their mothers and due to the lack of education,

reliable information and other possibilities and resources adolescents they get pregnant.

Lately, the countries are introducing population and VIHs and drugs prevention subjects as transversal themes in school curricula. In addition, a better understanding of intercultural issues, the use of science in sustainable development and the acquisition of values and favourable attitudes towards democratic citizenship have been fostered.

What is clear is that in the last decade most of the efforts of education policies in the region have been directed to primary school rather than to pre-school or secondary education.

Education for Out-Of-School Youth Population

The Jomtien Conference was explicit in stressing the importance for overcoming inequalities in education and in giving priority attention to at-risk populations among whom the diverse forms of illiteracy present a major obstacle to the true achievement of education for all.

Illiteracy is the maximum expression of educational vulnerability. The problem of illiteracy may be understood in terms of inequalities: inequality of access to knowledge is united with inequality in access to well being. This is why there is a close correlation between being poor and being illiterate.

According to information supplied the Caribbean countries, five of them presented illiteracy rates of less than 5 % for the population of 15 years of age and above. Three countries had rates between 20 to 25%, and one country shows an illiteracy rate of 46% for the age group 15-24. However, the same countries stated that the concept of illiteracy has been defined in different ways.

The range of illiteracy in Latin America for persons 15 years of age and above went from between 10% and 42% at the beginning of the decade to figures between 8% and 32% at the end of the period. Nevertheless, important differences continue to exist between urban and rural areas and among women in rural zones and in indigenous groups, who have the highest illiteracy rates.

In spite of the Jomtien mandates, to give priority illiterate groups, such as that of adolescents and young persons who did not finish primary or secondary education, there are very few important programmes in the educational sectors of the countries of the region. Indeed, these actions have been subsumed as policies and practices of a compensatory manner, and they have been given very marginal positions in the educational policies and are not present in the priority agenda of the international financing agencies.

It should be noticed that the principal actions in out-of-school education for young people include a wide and heterogeneous spectrum of different modalities.

In most countries, young people and adults training tasks are carried out by Ministries of Labour, Agriculture, Health, or by Professional Training Institutes.

Municipal Governments, as well as the mass media and many NGOs have assumed growing responsibilities in education and training programs for young people.

Several programs are being specially developed for young people, such as:

- Regular educational programs, with subjects on health, scholarships for rural youngsters and distance education at the secondary level.
- Social service programs integrated with secondary education in which young people teach young people.
- Educational programs for street children and young people, co-ordinated by Education Ministries and others.
- Youth centres for recuperation of studies,
- Basic education programs for young people.
- Micro managing entrepreneur programs directed to young people.
- Participation in citizenship programs which familiarise young people in prevention activities in case of natural disasters and in addition to become social promoters.
- Educational work with youth gangs to make them local leaders for development.
- Educational projects on "education for life", with community educational issues, resulting on non-formal education projects.
- Sport clubs, labour workshops and community programs.

The region agreed that the priority areas of action aimed at young people who are out from the school system should include the following:

- a) Special support to secondary education for young people living in poverty situation and excluded from primary school.
- b) Generation of programs which foster a better citizenship participation of young people and a reliable information of their own rights and responsibilities.
- c) Programs to support labour insertion of young people living in marginal situation.

Conclusion

After evaluating the current situation of the educational systems during the last decade, the countries of the region made a series of recommendations, with respect to adolescents and young people, in the Regional Framework for Action.

Among the pending issues identified, it earmarked, among others:

- The high repetition and desertion rates in the primary level, which gives origin to a high number of children with ages above average and other children out of the schools;
- The low educational priority of the education of out-of-school youth,
- The persistence in the inequality of distribution of the educational services, of its efficiency and quality.
- The low increment of resources for education and the inefficient use of resources are also mentioned.

Among the recommendations made, to improve this situation, we can cite the following:

1. Identify groups still-excluded from access to basic education for reasons of gender, geographical location, culture, or individual differences and to design and implement flexible and appropriate programs involving diverse sectors that respond to their specific conditions and needs.
2. Give priority to policies and strategies which guarantee retention of students in basic education programs, substantially reduce grade repetition and school drop out rates and ensure the permanence, progress and success of girls, boys and adolescents in the systems in programs in primary education and/or basic secondary, in order to help them to complete educational requirements in each country.
3. Incorporate the out-of-school education of young people into the national education systems and to give them priority in on-going education reforms, as part of the key responsibility of governments in the basic education of their peoples.
4. Define the roles and responsibilities of governments and of society as a whole in this field, as well as stimulating greater participation of society in the formulation of public policies and in the definition of strategies linked to programs and actions.

The Report of the International Commission for Education in the XXI Century, chaired by Jacques Delors and published in 1997, proposes the development of an education which is concerned with the revalorization of ethic and cultural aspects of life; to organize scientific and technical demands; to improve knowledge of self and environment; capable of enabling each person to function effectively in the family, as well as a citizen or as a productive member of society. Consequently, thanks to the contribution of education, we can achieve a civilization capable to rethink and build our common view.

It is only possible to reach these goals if education is conceived as a permanent process throughout life involving all spaces, including all human beings, all the institutions and all the structures.

Without denying the importance of school learning –if they are consonant with this educational view - the mission and scope of education for the XXI are the “humanization” of all the relationships among persons and institution.

The report published under the title “Learning: the treasure within” pointed four basic learning pillars: learning to be, learning to know, learning to do and learning to live together.

What does this implies, in terms of basic learning needs, of the adolescents and young people in our region?

Learn to be a youth, is a challenge that implies self-knowledge, self-development, and self-esteem, as support and expression of their values and believes.

Learn to know not only at school but also out school and in daily life.

Learn to do, entails the acquisition of a skill that enable young people to survive, to care for himself (herself) and for their family, to obtain a competence or an occupation which generates income.

Learn how to live together implies improving the relations of adolescents with other people, the respect and tolerance, the collaboration, solidarity, justice, peace and love, bearing in mind their relationships with the environment.

The education of young people must be in accordance with the current reality of the beginning of the century, which is inscribed by the importance of knowledge, the growth of democratizing processes present in the Latin American countries as well as of the outstanding technological progress.

We live in a world with profound transformations, where new values are created and recreated, with new social relations, where regional integration spaces are being opened, where the economies are planned in worldly ways and where a totalitarian model is being implemented. In this context, diversity tends to disappear. Thus, the importance of reinforcing youth identity.

There is a generation of new ways of organization among young populations, resurgence of resistance movements of cultural character, which are different from former student movements of the 60s and 70s.

In recent years, youth issues have had more prominence in public opinion, thus generating more sensitivity towards them and their participation.

Young people constitute an extremely vulnerable group which is at the same time a greatly creative and proposing group. There is consequently the need to create the conditions to allow for their participation and protagonist action.

Programs directed to young people ought to be prepared with the recognition of their own experience, include actions of self-diagnosis and have to be articulated with programs which include gender equity, culture of peace, tolerance, respect for human rights and respect for difference.



Civic Rights and Participation for Male and Female Adolescents in Latin America

Tenth Conference of Spouses of Heads of State and Government of the Americas

Executive Summary



Iberoamerican Youth Organization



Civic Rights and Participation for Male and Female Adolescents in Latin America*

In order to define who is included in the group for adolescents, different scientific and legal disciplines in the fields of health, labour, psychology, etc., propose different age limits that range between 10 and the 19 years of age. It may be estimated that by the beginning of the year 2000, in Latin America, 6 out of every 10 people would be children, adolescents or youngsters, which undoubtedly reveals their demographic importance as human capital, as a strategic factor for social development, or as a major force for their own development.

Civic rights may be understood to be that framework which creates the conditions for participation and the exercise of civic rights and duties and that represents a substantially wider concept than mere formal political participation. For male and female adolescents, this concept may be extended to participation in other fields in social life such as cultural, environmental, and educational areas, in which age is not a limiting factor for exercising civic rights in these fields.

In the context of international law, almost all of the countries in Latin America have ratified the United Nations Convention for Child Rights from the year 1989. This Convention acknowledges the right to enjoy the human rights enshrined with a general nature, and is inspired by the doctrine of the integral protection for minors under the age of 18, thereby obliging States to grant children and adolescents "special protection and care". Although this international instrument grants many rights, it does not make any direct or indirect reference to political participation or civil rights for those under 18 years of age. On their side, national legal frameworks in Latin American countries, apart from being "highly protective", do not consider the groups of adolescents as a particular target sector and there are very few special legislative measures for them.

On the strictly political plane and in accordance with National Constitutions or Electoral Laws, in most countries in Latin America the right to participate as a citizen to be a voter/or form part of the political parties is acquired when reaching the age of 18, without any distinction between sexes; however, the same national legal provisions set forth that in order to be elected to hold posts for political responsibility, ages are required that range between 21 and 35 years of age, depending on the importance and hierarchy of the public post in question. Lower ages -16 or 18 years of age- are required to hold posts -cargos in the deliberative bodies for local, provincial and municipal levels, and greater age to gain access to posts of greater responsibility and hierarchy in the national or federal sphere, but even in the first case, the exercise is empowered in the final stage of adolescence and the beginning of young adulthood.

* Drawn up by Mr. Humberto Henderson, Consultant of the Iberoamerican Youth Organization, OIJ



As regards to their civic participation and beyond that it might be said that politics has no reason to occupy an important part in their lives, adolescents in Latin America show scant interest in politics. In turn, the incorporation of women in general and of youngster and adolescents in particular, into public organizations and political institutions has come up against, in Latin American countries, heavy resistance and great difficulties that explain the low proportion of women with posts of responsibility in executives of political parties, which contradicts the liberal democratic promise of universal emancipation and equality.

Despite their almost generalised apathy towards political participation, male and female adolescents have other interests in public life, since they are interested in participating in cultural changes, the mass media, sports clubs and everything that identifies them with an image as a group, which will open up opportunities for them and will grant them their own space for political and civic participation and training.

It may be observed that male and female adolescents participate to a lesser extent than young adults in Youth Committees, in the non-governmental organizations, and with much less intensity in government youth institutions. Furthermore, it may be seen that the adolescents do not have the least presence in the Government Organizations for Women created over the last few decades in almost all Latin American countries.

It is important to highlight the fundamental role played by the schools and secondary level education as spaces for exercising civil and political rights for adolescents. Despite government efforts to assign greater resources from their budgets, in various countries an unstoppable vicious circle is spreading, as a

result of the poor level of state education, which sooner or later will affect the exercise of rights and democracy for a large number of adolescents. To this we should add that those adolescents who cannot study or leave the educational system through being forced to get a job (normally illegal jobs in the black market), are forever excluded from social participation and the exercise of civil and political rights which they have never had the opportunity to really discover.

All over Latin America, there are wide sectors of adolescents excluded from civic the participation mainly those belonging to the so-called dominated ethnic minorities, deprived adolescents from rural areas or those who come from sectors of extreme financial and social ostracism. These groups of adolescents cannot exercise civic rights insofar as they are subjected to social discrimination, they do not have their own spaces or they lack the minimum knowledge required to participate and exercise their rights effectively.

The rise in the number of women registered for education has not yet been able to have a favourable social and economic effect, since in spite of this, it is also noted amongst adolescent groups in the region the *"female concentration of poverty"*, with the negative repercussions on the scenario for civic participation.

The exercise of full civic rights for male and female adolescents must become a gradual, sequential process or one in successive stages, by means of learning how to exercise them, with school being the first useful institution to strengthen the



capacity for using civic rights, where they will learn about rights and duties, learn how to listen, how to negotiate the differences, respect other's opinions and accept decisions passed democratically. The strengthening of the condition of civic rights for male and female adolescents, is learnt with education in favour of democracy, and both the school youth organizations are called on to become important instruments for building up civic rights and to form more and better spaces for democratic participation.

A large part of Latin American society does not create the proper spaces for civic participation nor does it establish the necessary rules for a fair and non-exclusive exercise for the adolescent population. In turn, it seems far removed from producing a specific discourse for adolescents, in the affirmation and extension of civic rights for young women and in the recognition of different identities, classes, ethnic minorities, sexual options, etc.

Iberoamerican Youth Organization
Humberto Henderson
Consultant
April 2000.



Civic Rights and Participation for Male and Female Adolescents in Latin America

Tenth Conference of Spouses of Heads of State and Government of the Americas

Report for the Technical Meeting



IberoamericanYouth Organization



Civic Rights and Participation for Male and Female Adolescents in Latin America*

In order to define who is included in the group for adolescents, different scientific and legal disciplines in the fields of health, labour, psychology, etc., propose different age limits that range between 10 and the 19 years of age (including the stage before adolescence), however, for the purposes of this presentation and for strictly methodological questions, in this case, the group for adolescents includes all those persons who are aged between 13 and 19.

It may be estimated that by the beginning of the year 2000, in Latin America, 6 out of every 10 people would be children, adolescents or youngsters, which undoubtedly reveals their demographic importance as human capital, as a strategic factor for social development, or as a major force for their own development. It goes without saying that through innumerable reasons of an economic and social nature, and the same as for young people, male and female adolescents are characterised by being an extremely heterogeneous group, in a stage of life in which they are building up their own identity individually and collectively.

Civic rights may be understood to be that framework which creates the conditions for participation and the exercise of civic rights and duties and that represents a substantially wider concept than mere formal political participation. For male and female adolescents, this concept may be extended to participation in other fields in social life such as cultural, environmental, and educational areas, in which age is not a limiting factor for exercising civic rights in these fields.

In the context of international law, almost all of the countries in Latin America have ratified the United Nations Convention for Child Rights from the year 1989. This Convention acknowledges the right to enjoy the human rights enshrined with a general nature, and is inspired by the doctrine of the integral protection for minors under the age of 18, thereby obliging States to grant children and adolescents "special protection and care".

In accordance with this international legal framework, children and adolescents can exercise their rights progressively, whilst their parents or legal representatives have the right to guide them in their expression, opinion, participation, which sometime might affect the adolescent's identity. This international instrument grants rights that are of vital importance such as that for the freedom of expression, freedom of thought and conscience, freedom for association, that of freely participating in cultural life and the arts, but it does not make any direct or indirect reference to political participation or civil rights for those under 18 years of age.

* Drawn up by Mr. Humberto Henderson, Consultant of the Iberoamerican Youth Organization, OIJ



As regards to adolescence, the national legal frameworks for countries in Latin America, apart from being “highly protective”, suffer from a great amount of differences and they are characterised by being fragmented and asystematic. In general terms, national legislations do not consider the group for adolescents as a specific target sector and there are very few special legislative measures for them. On the other hand, Latin American legislations do not determine precisely the scope for the age to be classed within the adolescent sector, those who are subject to special rights and obligations through the legal concept of being a “minor”. Finally, it should be pointed out that the few laws that refer to adolescents’ conducts, rights and obligations do not have a strategic approach and in general, involve measures of an urgent nature and in the short-term with a legislative outlook that is “*in line with the situation*”.

Approximately fifteen countries in Latin America have enacted the Code for Children and Adolescents, normally inspired by the guidelines for protection from the Convention on Children’s Rights from the United Nations and there are very few the countries that have special legal frameworks for youth organizations and even less which have special legislation for youth participation and associations.¹

On the strictly political plane and in accordance with National Constitutions or Electoral Laws, in most countries in Latin America the right to participate as a citizen to be a voter/or form part of the political parties is acquired when reaching the age of 18, without any distinction between sexes²; however, the same national legal provisions set forth that in order to be elected to hold posts for political responsibility, ages are required that range between 21 and 35, depending on the importance and hierarchy of the public post in question.³

Normally lower ages –16 or 18 years of age- are required to hold posts cargos in the deliberative bodies for local, provincial and municipal levels, and greater age to gain access to posts of greater responsibility and hierarchy in the national or federal sphere, but even in the first case, the exercise is empowered in the final stage of adolescence and the beginning of young adulthood.

Equally, it is noted that in general, the legal provisions in Latin American countries do not require adulthood –18 years of age- to exercise the rights of free expression, assembly, of association, or to set up youth or student associations or etc., but they do require full civic rights acquired through reaching adulthood in order to exercise the right of petition in order to participate in popular legislative initiatives or to create political parties.

From the sociological point of view, it may be observed that in terms of their civic participation and beyond that it might be said that politics has no reason to occupy an important part in their lives, the adolescents show scant interest in politics.

¹ As regards to youth participation it is particularly interesting to look at Law No. 375 of 4th July 1997, passed in Colombia.

² In Cuba and Nicaragua citizenship is acquired at the age of 16.

³ In Cuba, Colombia and Costa Rica, with 18 years of age, they are already entitled to be elected for public posts.



In our Continent, this "apathy" of the group for adolescents towards political questions is the result of a number of factors that have an unfavourable effect such as: the untrustworthy image that they have about political parties insofar that they do not concern themselves with their specific problems; the scant spaces and real opportunities for participation, where they are normally called and used for second-class activities; the legal limits that derive from the representation system, and in the end, through the difficulties of the national institutions to accept their particular insertion into public life.

The incorporation of women in general and of youngster and adolescents in particular, into public organizations and political institutions has come up against, in Latin American countries, heavy resistance and great difficulties that explain the low proportion of women with posts of responsibility in executives of political parties, which contradicts the liberal democratic promise of universal emancipation and equality. Apparently the sexual division of work and the gender system have a great influence since they affect the relations between the sexes, also in terms of political participation.

Although it may be observed that within the different areas of political participation in almost all countries participation amongst women is slightly greater on the local government of municipal levels, with matters that are more linked to women's experiences and their families, their proportion turns out to be lower than that for more industrialised countries, the same as the almost non-existent participation of adolescents.

Despite their almost generalised apathy towards political participation, male and female adolescents have other interests in public life, since they are interested in participating in cultural changes, the mass media, sports clubs and everything that identifies them with an image as a group, which will open up opportunities for them and will grant them their own space for political and civic participation.

It may be observed that male and female adolescents participate to a lesser extent than young adults in Youth Committees, in the non-governmental organizations, and with much less intensity in government youth institutions. Furthermore, it may be seen that the adolescents do not have the least presence in the Government Organizations for Women created over the last few decades in almost all Latin American countries, which in turn suffer from a very low grant from the national budgets and generally speaking, they do not have a ministerial rank which makes their institutional nature highly unstable.

Female adolescents have not been able to organize themselves into groups, in these or other fields which would allow them to participate in a number of rights, the purpose of which would be to make female adolescents equal through their recognition by States. Along with this we might add the fact that currently many youth organizations are beset by financial problems, and so they do not collaborate properly to promote the construction of civic rights for adolescents, and particularly those for women.

Unfortunately, at the present time, a large part of Latin American society does not create the proper spaces for civic participation nor does it establish the necessary rules for a fair and non-exclusive exercise for the adolescent population.



In turn, it seems far removed from producing a specific discourse for adolescents, in the affirmation and extension of civic rights for young women and in the recognition of different identities, classes, ethnic minorities, sexual options, etc.

It is not difficult to note that most male and female adolescents in Latin America are missing when it comes to exercising their rights for civic participation despite the fact that over the last few decades progress has been achieved in almost all our countries, as a result of the disappearance of non-democratic governments.

Even today, at the beginning of the 21st century, a large percentage of Latin American countries show scant development in terms of real consolidated democracy, in some cases they are governed by political systems that exclude civic participation for their adolescents. The lower the degree of real democracy the lower the degree will be for exercising rights by the adolescent group, which is particularly handicapped by the lack of knowledge about their civic rights and obligations.

It is important to highlight the fundamental role played by the schools and secondary level education as spaces for exercising civil and political rights for adolescents. Access to state education for those groups of more deprived adolescents on the social and economic plane also helps them to be able to find a decent job in the future, which in turn might help them to widen the opportunities for political and civic participation.

Despite government efforts to assign greater resources from their budgets, in various countries an unstoppable vicious circle is spreading, as a result of the poor level of state education, which sooner or later will affect the exercise of rights and democracy for a large number of adolescents. To this we should add that those adolescents who cannot study or leave the educational system through being forced to get a job (normally illegal jobs in the black market), are forever excluded from social participation and the exercise of civil and political rights which they have never had the opportunity to really discover.

In the processes for educational reforms that are being implemented in these countries in almost the whole of Latin America, they have not taken into account sufficiently training so that female adolescents will feel really subject to civil and political rights, with an instance of learning for strengthening female leadership.

Given all the latter, all over Latin America there are wide sectors of adolescents excluded from civic participation mainly those belonging to the so-called dominated ethnic minorities, deprived adolescents from rural areas or those who come from sectors of extreme financial and social ostracism. These groups of adolescents cannot exercise civic rights insofar as they are subjected to social discrimination, they do not have their own spaces or they lack the minimum knowledge required to participate and exercise their rights effectively. Most of the rest of the male and female adolescents come up against a number of social and legal barriers that block their exercise as was stated earlier.

In every case, it is noted that the situation for adolescents is quite unfavourable, in spite of the fact that a rise in the number of women registered for education can be noted. This rise in the number of women registered for education has not yet



been able to have a favourable social and economic effect, since in spite of this, it is also noted amongst adolescent groups in the region the *“female concentration of poverty”*, which reveal the scope that it has for women and the ways in which it differs from the poverty suffered by males, with the highly negative repercussions in the scenario of civic participation.

Without prejudice to that stated beforehand, it seems to be beyond doubt that for male and female adolescents, the exercise of the full civic rights must become a gradual, sequential process or one in successive stages, by means of learning how to exercise them, with school being the first useful institution to strengthen the capacity for using civic rights, where they will learn about rights and duties, learn how to listen, how to negotiate the differences, respect other's opinions and accept decisions passed democratically.

The strengthening of the condition of civic rights for male and female adolescents, is learnt with education in favour of democracy, and both the school youth organizations are called on to become in important instruments for building up civic rights and to form more and better spaces for democratic participation.

In conclusion, there are still quite a lot of regions in Latin America where male and female adolescents do not exercise their civic rights since they cannot perform the tasks for the group, because they cannot make their voice heard in public debate in their countries and because they are prevented from being the authors and producers of their own messages, which in the end prevents them from becoming real social forces, whether considered individually or collectively.

Iberoamerican Youth Organization
Humberto Henderson
Consultant
April 2000.



Project

Action Plan of the Tenth Conference of Spouses of Heads of State and Government of the Americas

Report for the Technical Meeting

Action Plan of the Tenth Conference of Spouses of Heads of State and Government of the Americas

I. Introduction

During the past decade, nine Conferences of Spouses of Heads of State and Government of the Americas have taken place, with the purpose of exchanging experiences and identifying common priorities in which, the First Ladies, from their special position, have been able to play an active and synergic role for their inclusion in the Development Agendas of their countries and the region.

To that extent, during these Conferences special emphasis has been given to the promotion of equity and equal opportunities for women and the protection and integral care of infancy in the Hemisphere, covering relevant issues related to their needs and personal, social and economic progress in these sectors, such as access to and quality of education, health - including childbearing health - prevention and defense against violence, or the promotion and dissemination of human rights and a culture of peace, among others. Thus, the Spouses of Heads of State and First Ladies of the Americas have had a direct influence in the establishment of public policies, and have made possible, supported or carried out projects resulting in the fulfillment of the established objectives and goals.

It is therefore appropriate, without disregarding the monitoring of achievements, to undertake new challenges at the onset of the 21st. Century.

Teenagers and youngsters between the ages of 10 and 24 years, make up the population group with the highest growth rate in many countries of the Region, representing 30% of the population in Latin America and the Caribbean, and 20% in the United States and Canada. It is estimated that by the year 2000, 160 million persons will be in this age group, which shows the importance of adolescents as a human capital, and as strategic performers of their own well being and the sustainable human development of the Americas.

Adolescence constitutes a stage with particular characteristics between childhood and adult age. However, the situation, needs, problems and potential of adolescents is not known in its full dimension. It can be pointed out, for example, that there are no basic and uniform criteria to distinguish among the age groups which form this stage of life. It is easy then to conclude that, in most of our countries, legislation, services and specially formulated and designed programs and provisions for adolescents are inadequate or non-existent. Our adolescents would be lacking outlook and a space of their own; and, most probably, the adolescent girl and adolescents from rural areas and low income sectors, are even more excluded or in a situation of higher risk and vulnerability.

Nevertheless, we can point out that our adolescents face common situations related to educational demands, health risks, identity problems, family break-ups, sense of belonging and socialization, in a climate of latent violence, with drug addiction risk and the lack of participation opportunities. These are the challenges.

Because of the energy and the creativity potential our adolescents represent for the immediate future of our countries, the central subject proposed for the Tenth Conference of Spouses of Heads of State and Government of the Americas is "Adolescents of the Americas", having as a motto "Adolescents of the Americas: Forgers of a New Millenium".

II. Problems

In the education aspect, during the 90's, greater efforts were focused in primary education, and most of the problems of access to basic education have been solved to a great extent. Between 1985 and 1990, the average annual growth of secondary school registration was established at 1,5%, while between 1990 and 1994 it was 3%. This expansion reveals an important quantitative progress in the Region and access to secondary school education of sectors which had been previously set aside due to various factors, among them, geographical, social and economic and cultural situation.

According to studies carried out by ECLAC (1997) not all adolescents complete secondary school education, a serious situation for the future of adolescents and youths of the Americas, if we take into account that 30% of adolescents do not complete primary school. In the present circumstances, a complete high school education is essential in order to have a minimum capital for access to welfare and the labor market.

With regard to differentiation by gender, 51,7% of girls were receiving secondary education in 1985, and 59,3% in 1995. In the case of boys, during this same period, the average rose from 48,8% to 53,9%. In Latin America, most of adolescent girls are enrolled in secondary school. However, the expansion seen in recent years has not prevented the increase in rates of drop outs and repetitions.

Among the reasons for adolescent school drop out, the need to work and contribute to the family income is mainly applied to boys. In the case of girls, especially in depressed areas, teenage pregnancy forces them to leave school to take care of the infant and look for some kind of income; another reason is to take care of younger siblings and help the family.

Although present day adolescents may be referred to as belonging to a digital generation, it is also true that low income sectors are out of the circuit of technological, information and computer developments. In addition, the dissemination of educational contents in the media is still very scarce, even though their models and messages have a great influence in our youth.

Adolescent (10 to 19) and youth (15 to 24) health is a key element for the social, economic and political development in all the countries and territories of the

Hemisphere. However, very frequently their needs and rights are not mentioned in public policies nor in the agenda of the health sector, except when their conduct is inappropriate. One of the factors contributing to this omission is that, compared to children and the elderly, adolescents have few diseases representing a life risk.

With respect to childbearing health, the percentage of pregnant girls, before the age of 20, is 38% and, in many countries, 15 to 20% of babies are born to adolescent mothers. This creates a circle of poverty, frustration and marginality, related also to child mortality which is still one of the main causes of death among adolescent girls, mainly due to abortion. The use of contraceptive methods is extremely low: only 1 out of 10 single and sexually active adolescents use a contraceptive method, even when their information on modern and traditional methods is deemed adequate.

In the Southern Cone, the average age for AIDS occurrences has descended to the group under 27 years of age, representing a critical situation for adolescents and youngsters of the Region. Each year, 15% of the adolescents of Latin America, between 15 and 19 years of age, acquires a sexually transmitted disease.

Closely related to health, because of the consequences it generates, is the subject of **violence**. Homicides, suicides, accidents, and injuries are the principal causes of death of youngsters between ages 10 and 19. The problem of juvenile gangs is increasing in many countries of the Region. Juvenile violence includes sexual abuse, abandonment, emotional and oral abuse, threats, sexual assault and other forms of psychological abuse. Drug traffic also is a menace to the integral health of adolescents, profiting from their insecurities and loneliness to create an addiction, turning them into delinquents and law breaking individuals well into adulthood. Finally, there is also the concern for sexual traffic, prostitution and pornography menacing our adolescent population.

The problems related to **job education and training** for adolescents and youngsters is a worldwide priority. According to ECLAC, education becomes discriminatory for the labor market after 12 years of formal education, with depressed social groups accounting for 40% of repetition and 50% of falling behind. There is also the need to strengthen and extend a compensatory job education, training and employment programs, promotion of self-employment and support of small businesses, which would offer job flexibility and later insertion in an ever changing labor market.

In addition, present day competitive labor demands put an emphasis on creative skills, ability to change, problem identification and solution, readiness for relearning and permanent self-education with new roles and skills, which are all characteristics of adolescents, constituting their strength and opportunities which we can help to promote.

The value of our adolescents is more than evident, as they constitute, together with children, the greatest long term capital of a country: to invest in them is to bet on the future. A sensitive society, accepting the challenge of giving due value to youth, as individuals subject of rights and duties, and offering them education and training, will be a more productive, democratic, cultured society; a society

with stability and tolerance capable of fighting violence and insecurity, becoming part of those countries with better perspectives and worthy of respect in the globalized world.

III Vision and Mission

VISION

Adolescents of the year 2000 in the Americas are governors, leaders and healthy and enterprising citizens of countries in full development, stable and democratic, whose prosperity is based on united, loving and communicating families, as well as in the equality of opportunities for men and women, achieving welfare through work and capabilities, thus contributing to and participating in the advancement of their Nations.

MISSION

To promote and support policies and programs targeted to the protection, care, and promotion of adolescents in the Hemisphere, in order to enable them to exert their rights and duties; to provide the training, skills, opportunities and services which their age demand.

To sensitize governments, international financial organizations, local governments, civil society and the media on the importance of knowledge, researching and developing actions in favor of the adolescent population, specially those in situations of greater need or risk.

IV. Objectives

To put an end to the political, social and cultural silence with respect to the participation of this important group of the population and to promote its development. To visualize the situation of adolescents and include the subject in the agendas of Heads of State and Government, in government plans, in summits, meetings, and hemispheric, regional and bilateral agreements.

Specific Objectives:

There are three specific objectives at the base of the proposals to be approved by the First Ladies in the Tenth Conference.

1. Preferential attention to the coverage and improvement of secondary education, especially for adolescents in situation of poverty and with incomplete primary education, as well as the strengthening of integral health and labor training promotion programs for adolescents.
2. Strengthening of family unity to fight against the violence affecting adolescents. Creation of venues for civic participation of adolescents, through leadership promotion and social organization, sports and cultural activities.

3. Articulation and exchange of research, experiences and projects specially designed for adolescents, through the establishment of regional networks.

Financing

Finally, it should be noted that the estimated investment for the execution of the projects submitted is calculated, in most cases, for three-year periods, which are subject to renewal according to the needs and results obtained from each experience. Thus, the total investment required amounts to US\$10 990 000 million, financed mostly with funds from various international organizations and agencies which submit the following projects.