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HEALTH REPORTER: focus on young people's sexual health 13 June 2006

produced by the [IDS Health and Development Information](#) team
in collaboration with [Eldis](#) and the [DFID Health Resource Centre](#)

This is our monthly email bulletin, bringing together research to inform policy debates on health in developing countries.

The Health Reporter aims to provide readers with a more in-depth look at a particular area of health policy. This month's theme is [young people's sexual health](#). The bulletin also features summaries of new documents and other additions to the [Health Resource Guide](#).

All documents listed below are available free on the web. If you are unable to access any of these materials online and would like to receive a copy of a document as an email attachment, please contact r.wolfe@ids.ac.uk.

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Feature: young people's sexual health

Internationally, there is growing recognition of the importance of young people's sexual and reproductive health. In 2004, it was estimated that up to 6000 people between the ages of 15 and 24 years were being infected by HIV every day, bringing to 10 million the total number of young people living with HIV and AIDS. Young people are also at risk of other sexually transmitted infections (STIs) such as gonorrhoea, syphilis and chlamydia, which if left untreated can cause longer term health problems. Some may experience forced sex and/or coercion to behave in particular ways. In many countries, inadequate information and prevailing social attitudes cause young people to feel ashamed or guilty about their sexual development and associated behaviours, feelings and desires.

While many young people are potentially vulnerable to experiencing poor sexual health outcomes, differing cultural norms and varying circumstances mean some are more at risk than others. The diversity of "young people" as a group and the ever-changing contexts of their lives (as they grow older, communities develop, and the political landscapes change), make developing services and programmes to meet their needs in resource-constrained settings a continual challenge.

This month's Reporter was written in collaboration with Safe Passages to Adulthood, a DFID-funded research programme aiming to help policy-makers and practitioners meet these challenges. The programme has developed a series of resources which:

- introduce and explore ways of understanding young people's experiences of sex, relationships and sexual health
- develop tools for researching young people's experiences
- set out some principles of good practice for developing programmes and policies
- share examples of innovative work with different groups of young people in a range of settings across the world.

Many thanks to Claire Maxwell of Safe Passages to Adulthood for help in writing this introduction.

For more information see:

- [Safe Passages to Adulthood programme](#)
- [Sexual and reproductive health](#)
- [Sexual and reproductive health and rights](#)
- [HIV, AIDS, sexual and reproductive health](#)

Recommended readings

1. [HIV/AIDS prevention and care among especially vulnerable young people: a framework for action](#)
2. [Dynamic contextual analysis of young people's sexual health: a context specific approach to understanding barriers to, and opportunities for, change \(2nd edition\)](#)
3. [Promoting young people's sexual and reproductive health: stigma, discrimination and human rights](#)
4. [Side by side: building and sustaining a culture of youth participation at Reprolatina: a case study from Southeastern Brazil](#)
5. [Sexually transmitted infections among adolescents: the need for adequate health services](#)

HIV/AIDS prevention and care among especially vulnerable young people: a framework for action

Authors: Aggleton, P.; Chase, E.; Rivers, K.

Produced by: Safe Passages to Adulthood (2004)

This guide, published jointly by Safe Passages to Adulthood and the World Health Organization, reviews the evidence and identifies priority issues surrounding prevention and care of HIV and AIDS amongst especially vulnerable young people. This includes migrants and refugees, homeless people, injecting drug users, sex workers, men who have sex with men, and girls forced to have sex.

The authors highlight five core principles for HIV and AIDS programmes for young people. First, the young person, and his or her needs and experiences, should be placed at the centre of the work. Second, steps must be taken to ensure meaningful participation in programme and project design and development. Third, projects should commit to protecting and promoting the rights of young people. Fourth, a clear gender focus must be present if the needs and interests of young women and young men are to be respected. The fifth principle is to tackle both societal vulnerability and individual risk in prevention efforts. The guide concludes by identifying impact, risk and vulnerability as three key areas in which work is needed, and lists approaches which can be effective in each of these areas.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC21296>

This guide should be read in conjunction with:

- (forthcoming) [**Case studies of success and innovation**](#)
This document will be available shortly from the [Safe Passages to Adulthood](#) website
- [**Report from an expert meeting: preventing HIV/AIDS and promoting sexual health among especially vulnerable young people**](#)
Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC11978>

Dynamic contextual analysis of young people's sexual health: a context specific approach to understanding barriers to, and opportunities for, change (2nd edition)

Authors: Chalmers, H.; Aggleton, P.; Ingham, R.; Stone, N.

Produced by: Safe Passages to Adulthood (2006)

This booklet, published by Safe Passages to Adulthood, explains how an approach called dynamic contextual analysis (DCA) can be used to understand the importance of political, socio-economic, community, interpersonal, and programmatic context on young people's sexual and reproductive health. It explains how the DCA approach: places emphasis on young people's perspectives, situations and circumstances; aims to capture the dynamism associated with young people's sexual socialisation in a rapidly changing world; and is respectful of young people's sexuality, sexual relationships and rights.

The main aims of a DCA are to: consolidate what is known within a particular country, region, or locality, regarding young people's sexual and reproductive health; add to existing data by gathering new information; and use the insights gained to influence decisions about the development of sexual and reproductive health policies and programmes specifically for young people. The booklet goes through each of these steps in detail, and provides specific guidance covering: an example time line for conducting a DCA study; ways of evaluating surveys and quantitative studies; questions to ask about policies and programmes; suggested topics for interviews and group discussions; writing a DCA report; and possible modes of dissemination.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC22151>

Policy-makers, practitioners and researchers will also find the following research toolkit useful in supporting them to undertake a Dynamic Contextual Analysis:

Learning from what young people say... about sex, relationships and health

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC21479>

Promoting young people's sexual and reproductive health: stigma, discrimination and human rights

Authors: Wood, K.; Aggleton, P.

Produced by: Safe Passages to Adulthood (2004)

This document, produced by Safe Passages to Adulthood, examines the experiences of projects working to challenge stigma and discrimination and to promote human rights as they relate to young people's sexual and reproductive health. It draws on a meeting held in 2003 in which participants from a wide variety of countries described their experiences. The document provides a background and definitions of the issues of stigma, discrimination and human rights, and presents several case studies in order to identify principles for effective practice that might inform future work.

The authors outline several lessons which emerged from the projects reviewed during the meeting. They recommend changing social norms in relation to HIV and AIDS, sexual diversity and gender, in order to address the stigma and discrimination experienced by many young people. Young people need to be involved centrally and respectfully in the design, implementation and evaluation of programmes aimed at them. Other recommendations include: creating spaces in which coalitions of marginalised groups can be developed; challenging the language of stigma and discrimination; conducting sensitive and participatory research to understand the contexts of stigma and discrimination; using a human rights framework; using the mass media and innovative methods such as theatre; recognising the diversity of young people.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC21907>

Side by side: building and sustaining a culture of youth participation at Reprolatina: a case study from Southeastern Brazil

Authors: Lynch, A.

Produced by: International Women's Health Coalition (IWHC) (2005)

This report presents a case study of effective youth participation at Reprolatina, a nongovernmental sexual and reproductive health and rights organisation based in Southeastern Brazil. Reprolatina works to develop and implement sustainable solutions for ensuring sexual and reproductive health and rights, in partnership with adolescents, educators, the public health system, community groups, and local leadership.

Part I examines eight elements of Reprolatina's institutional philosophy that foster adult-youth partnerships and build youth leadership within the organisation, highlighting successful strategies for the implementation of each element. Part II examines 13 elements of Reprolatina's day-to-day process and approach that help build and sustain a daily culture of youth participation in the organisation. Part II also highlights two successful youth staff initiatives, the establishment of a peer education group in a

local vocational training centre for teens, and the development of an adolescent-friendly website on sexual and reproductive health and rights.

The eight elements of institutional philosophy are: everyone is inherently capable; everyone has a right to participate; participation should be effective, not decorative; participation is a process; the workplace should support individual growth and development; gender issues should be addressed openly; rights and responsibilities go hand in hand; hierarchy can be horizontal.

Some of the strategies for implementation include:

- strive for consistency between programme goals and internal practices related to young people's rights and capacities
- present positive images of youth in public materials and messages, even when discussing vulnerabilities and rights violations
- learn what constraints young people in the community face in realising their right to participation
- give young people opportunities to represent the organisation externally
- work with young staff to set personal and professional goals, and agree on specific ways to help staff achieve them
- strive for gender balance in the organisation and ensure that young men and women have equal opportunities, especially for project management and leadership.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC20946>

Sexually transmitted infections among adolescents: the need for adequate health services

Authors: Dehne, K.L.; Riedner, G.; GTZ (Deutsche Gesellschaft für Technische Zusammenarbeit GmbH) Division for Health Education and Social Protection; World Health Organization (WHO)
Produced by: Adolescent Health, World Health Organization (2005)

Produced by the World Health Organization, this paper reviews literature documenting the provision of services for sexually transmitted infections (STIs) to adolescents worldwide. Findings show that only a minority of adolescents have access to acceptable and affordable STI services. Projects emphasising general reproductive health, sexual health counselling or family planning are much more common than those that include STI care as a key objective. Adolescents at highest risk of STIs tend to be sex workers and their clients; boys who have sex with other boys or men; street children; and children in correctional homes.

The authors conclude that in order to attract a large proportion of boys and higher-risk girls, including sex workers, STI services must be tailored to meet their needs. Clinics and centres will need to define STI care delivery as a priority element of their service, and ensure adequate drug supplies. Where STI prevalence is high among pupils, school-based services may be appropriate. In areas where there is high STI prevalence among the general adolescent population, the authors suggest training providers of adult services in adolescent-friendly approaches. They also recommend STI screening of adolescent girls attending antenatal and post-abortion care services, and including STI education and counselling in general health services.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC19355>

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Summaries of other documents in the Health Resource Guide

1. [**Making vaccine technologies work for the poor**](#)
2. [**Public choices, private decisions: sexual and reproductive health and the Millennium Development Goals**](#)
3. [**Negotiating sexual and reproductive health: culture matters**](#)
4. [**Evolution of tuberculosis control and prospects for reducing tuberculosis incidence, prevalence and deaths globally**](#)

5. Cost effectiveness analysis of strategies for child health in developing countries

Making vaccine technologies work for the poor

Authors: Leach, M.; Turquet, L. (ed)

Produced by: Institute of Development Studies (IDS), Sussex, UK (2006)

This policy briefing examines the factors that facilitate or impede the utilisation of vaccination technologies among the poor. The brief reports that while there has been advances in vaccination initiatives in many parts of the world, in some parts of Africa, the rates of routine vaccinations are either stagnant or falling. The brief takes the position that in order to halt the falling immunisation rates and to develop health promotion strategies that are culturally appropriate, policymakers and practitioners must look closely at local cultural understandings of vaccines.

The brief makes several points including the following:

- there are many cases where people refuse certain vaccines. This may be based on perceived risks, uncertainties or safety concerns. Usually, such concerns are based on people's experiential knowledge and interpretations of vaccination having negative effects either on their own, or others', children. However, not all vaccination defaulters are due to mothers' unwillingness to complete vaccination schedules. Such factors as heavy workloads especially for poorer families, sudden illness, family events, intra-household disputes or necessary travel can arise and prevent families from accessing the necessary vaccinations
- it is also important to examine supply and demand issues and as well as its interaction in the local settings. For instance, mothers who make the effort to attend vaccination assembly points but find no service or no vaccines, may feel discouraged and therefore not return in the future
- cost may another factor that keeps the poorest families from accessing vaccinations
- a further area that needs close attention is the context in which vaccinations are provided, and people's experiences of the vaccination process. This can vary greatly according to social background, poverty and other factors, and have a significant effect on people's attitudes towards vaccination. If nurses and other health workers shout at mothers who have failed to complete the necessary immunisations and embarrass them in front of other mothers, this can put them off future attendance.

[adapted from authors]

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC20920>

Public choices, private decisions: sexual and reproductive health and the Millennium Development Goals

Authors: Bernstein, S.; Hansen, C.J.

Produced by: Millennium Project (2006)

This report, published by the UN Millennium Project, examines the global burden of diseases and risks related to sexual and reproductive health (SRH), analyses the implications for the Millennium Development Goals, and asks what needs to be done. Key findings include that millions of women lack access to family planning services they need and want. The unmet need for contraception is especially acute among adolescents in the developing world. One in 16 women in sub-Saharan Africa dies from complications of pregnancy and childbirth, compared with one in every 2800 in highly-developed countries.

The report argues that providing safe, effective, voluntary family planning services prevents death and disability, spurs development, and fights poverty. It calls for a massive expansion of family planning, maternal health, and AIDS prevention efforts by mobilising political will, institutional capacity, and technical and financial resources. It estimates that US\$36 billion per year will be needed in order to meet the developing world's SRH needs. Recommendations to integrate SRH into development strategies include: incorporating SRH in both national poverty reduction strategies and strengthened health systems; allocating enough funds for commodities, supplies and logistics while strengthening health systems; and meeting the needs of special populations, particularly young people, the poor and victims of humanitarian crisis.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC22106>

Negotiating sexual and reproductive health: culture matters

Authors: Molesworth, K.

Produced by: Medicus Mundi Switzerland (2006)

This article, published in the Bulletin of Medicus Mundi Schweiz, examines the new approach to sexual and reproductive health (SRH) being developed by the United Nations Population Fund (UNFPA), whereby cultural issues are regarded as challenges and opportunities rather than obstacles to rights-based SRH programmes. It emphasises the need for agencies to understand cultural context in order to reduce harmful practices, legislation and beliefs, and to support equitable, rights-based development in some of the most intimate and sensitive domains of human life.

The article argues that listening and learning from communities can be a more effective and appropriate way of achieving change than attempting to impose alien views and cultural values from above. In this way, cultural issues can be seen as entry points rather than obstacles to be surmounted. The article also sets out operational recommendations emerging from a series of UNFPA case studies. These include the need for cultural awareness and sensitivity; engaging religious institutions and local power structures; and using the emerging knowledge base on cultural issues in staff training. Finally, the author explains how conflict can be minimised by emphasising points on which consensus can be achieved, for example between religious texts and development goals.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC22108>

Evolution of tuberculosis control and prospects for reducing tuberculosis incidence, prevalence and deaths globally

Authors: Dye, C.; Watt, C.J.; Bleed, D.M.; et al.

Produced by: Journal of the American Medical Association (JAMA) (2005)

This paper, published in the Journal of the American Medical Association, examines the prospects for meeting the Millennium Development Goals (MDGs) on tuberculosis (TB) control. The goals included detecting 70 per cent of new cases and successfully treating 85 per cent of them by the end of 2005; reducing TB incidence; and halving TB prevalence and deaths globally between 1990 and 2015. The paper's findings include that: TB incidence increased globally in 2003, due mainly to higher incidence rates in Africa; the global detection rate increased from 11 per cent in 1995 to 45 per cent in 2003; and overall treatment success rates have been higher than 80 per cent since 1998.

The paper explains that, in order to reach the target of halving prevalence rates by 2015, it will first be necessary to reach the targets on detection and successful treatment, and to reduce the global incidence rate by at least 2 per cent per year. Halving the death rate will be more difficult, requiring a reduction in incidence of at least 5 to 6 per cent per year. The paper concludes that the MDGs on TB control could be reached in most of the world, but that the challenge will be greatest in Africa and Eastern Europe.

Please note: To access this paper, you may be asked to register with the Journal of the American Medical Association. This process and access to the paper is free of charge.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC22109>

Cost effectiveness analysis of strategies for child health in developing countries

Authors: Tan-Torres Edejer, T.; Aikins, M.; Black, R.; et al.

Produced by: British Medical Journal, 2005

This paper, published in the British Medical Journal, examines how inequality in the under-five mortality rates of the poorest and least poor groups changes as progress is made towards the Millennium Development Goals (MDGs), in 22 countries of Africa, Latin America and the Caribbean, and Asia. For most of the countries, under-five mortality rates were between 1.5 and 3 times higher amongst the poorest one-fifth of the population than amongst the richest one-fifth. In thirteen of the countries, there were declines in the overall level of under-five mortality. But none of the countries saw any statistically significant change in the gap between the mortality rate for the richest and that for the poorest.

The paper concludes that there are large and persistent inequalities in under-five mortality within many low and lower middle income countries, and that improvements in national under-five mortality, in line with the MDGs, do not necessarily bring about decreasing inequalities. The authors argue that this indicates the importance of monitoring under-five mortality among different socioeconomic groups. They also suggest that the child mortality MDG could be reformulated to incorporate an equity dimension, in order to provide an impetus for policies that tackle health inequalities.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC22150>

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- Health Resource Guide - www.eldis.org/health
- Health Systems Resource Guide - www.eldis.org/healthsystems
- HIV and AIDS Resource Guide - www.eldis.org/hiv aids

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

Eldis currently includes descriptions and links to over 4,500 organisations and over 16,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet.

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