Chapter 6

ADVOCASY - WHAT CAN BE DONE

Today’s teenagers mature early and become sexually active. They face serious emotional problems and healthy risks. Most of them face these risks with too little factual information, too little guidance about sexual responsibility and too little access to sexual health. Meeting teenagers’ diverse needs regarding their sexuality challenges parents, community, health care providers and educators. Despite their urgent needs, program efforts have been slight and considerable slowed down by controversy.

One fifth of the world population is between the age of 10 and 19. Young people today marry later and more start sex before marriage. Thus they face more risks of unwanted pregnancy and sexually transmitted diseases. Pregnancy puts teenage girls’ health at risk through unsafe abortion. There is social stigma attached to the unmarried pregnancy. Half of those who are infected with HIV are under the age 25.

The help that teenagers need to avoid these needs varies. Some teenagers are not yet sexually active. They need support and skills to postpone starting sex. Some suffer from sexual abuse because of the ignorance they need protection and care. Some start sex before marriage and some change sexual partners several times and even visit call girls and prostitutes. They need help to abstain from sex or use condoms to prevent pregnancy and STDs.

Sex education and reproduction health programs for teenagers often face strong opposition from religious, community and political leaders. Researches have shown that these programs do not lead to more frequent or earlier sex, as opponents fear. To win community support, programs must work with parents, educators and community and religious leaders. Above this program must be within community norms. At the same time, program must advocate new social norms that protect the health of teenagers. Current norms reward boys but punish girls for having sex; they glamorize irresponsible sex in the mass media but reject teenagers' natural interest in sexuality. Until these values change, programs for teenagers will fight an uphill battle to encourage responsible behavior and provide adequate care.

Family life Education (FLE) is the widespread program for teenagers. These brief programs, held mostly in schools, may encourage abstinence, teach reproductive health and physiology, and build skills in problem solving, decision-making, and life planning. Many now cover HIV/AIDS, while other in school and outreach programs focus exclusively on AIDS prevention. Impact has been modest. Family life Education can increase knowledge and improve attitudes in
teenagers. The best also have delayed sexual initiation and reduced frequency of sex.

A mass media campaigns, countering the usual depiction of risk free sex, have used entertainment to encourage responsible behavior. Very few hospitals and non-governmental organizations have set up special teenager counseling clinics or service hours for teenagers. Different outreach programs have been tried, employing young adults to talk with their peers and sometimes to contribute condoms.

6.1 TEENAGERS AND THEIR PARENTS

Teenagers would like to feel they could talk with their parents about sex. Parents, typically, avoid discussion of the topic. Very often a parent will explicitly, verbally or non-verbally, indicate an unwillingness to talk about the subject. For teenagers first role models of openness about sex are their parents. If sex is conspicuously absent from any conversation, they “learn” that sex is not a topic to be discussed. If the parents are rigid about the slightest degree of nudity, a body may become an object of shame and potential embarrassment.

Despite the lack of direct communication between parents and teenagers about sexual expression, observations of adult behavior help generate assumption about sexuality: comments about sexual contents of books or films which a teenager overhears; vulgar jokes and discussion at the dinner table about the private lives of parents, friends and relatives influences teenagers. The double standard is one of the most common verbalization by parents. It is okay for a son but not for a daughter. Research indicates that parents not only apply a double standard in their teenagers’ sexual relations but also in the personal expression of their own sexuality. Few discuss sex – sexual behavior, sexual feeling, and sexual values – with their teenager children. Many parents fear that if they raise the issues or open the door to discussion, their teenager children will ask questions, which they will not feel equipped or comfortable enough to answer. This is the reason parents discourage lengthy discussion on the subject. Most teenagers will not initiate this topic of conversation again. The harshness of parental response or degree of discomforts the parents manifest will be remembered.

There is a greater probability of a teenager feeling free to talk about sex with his/her parent if there is perception of similarity of sexual values, either liberal or conservative. If teenagers’ values are conservative and if they perceive parental values are conservative, there is likely to be greater degree of communication between them. In home, teenagers usually view the mother as the most approachable source of sex education. If there is a question mother is always available and there are more opportunities to ask her questions and the mother appears the most likely to respond. The mother is also more affectionate and
emotionally expressive. She symbolizes affection, love and intimacy. Father is more concerned with the discipline and the topic is likely to invite rebuke or punishment from a father. The aspect of sexuality that are discussed in most families and, the aspect of sexuality that are often focused on by society in general are those aspects that are related to reproduction.

The mother-daughter relationship regarding communication about sexual matters is the most successful relationship. Father-daughter interactions are noticeable poor. In the disguise of protective towards daughter’s social relationship most father are rigid and deny his daughter’s sexual maturation.

Young boys are left out of social consequences of early sexual intercourse. Girls receive most of the attention, whether positive or negative, in the form of social disapproval and punishment. Boys are let off the hook when society, including parents, dose not hold them accountable for sexual activity. Boys are in the dark because their needs are ignored. Compared with girls, more boys report being sexually active, have more sexual partners and start at an earlier age.

Parents can ....

- Make sure that they themselves are well informed about reproductive health matters;
- Talk with their teenager children about reproductive health and sexual responsibility and answer all their questions fully and accurately;
- Listen to their children compassionately, without dismissing their concerns on childish or condemning their questions as improper;
- Appear for and support national, community, and in school efforts to provide young adults with reproductive health information and services;
- Encourage the health, safety and intellectual development of their daughters as well as sons, and encourage their sense of self-esteem;
- Teach their sons that it is irresponsible to make a girl pregnant if they are not ready to marry or support her and the child; and
- Adopt responsible sexual behavior themselves, especially towards children.

6.2 WHAT COMMUNITY CAN DO FOR TEENAGERS

In itself sex is nothing more or less than the means by which human species is perpetuated. Society in its effort to control this force of nature, try and band it to its own needs and purposes, not always with success. Sexual appetite is always relative, subordinated to the greater human needs of sleep, water and foods, freedom for fear, pain and illness. Only when these basic requirements have been met the teenagers experience the urge to copulate.
Havelock Ellis believes that sex was an essential part of a sane and balanced life, and needed to be removed from taboos and guilt feelings. He gave equal importance of love with sex. Still, the games of sexual relation of recent years are enormous. Girls have attained sexual freedom and are virtually in the same footing as boys, without fear of unwanted pregnancy, and without incurring strong social disapproval.

The sex education and reproductive health program addressed to teenagers, too challenges loom especially large. They must persuade the community to support their activities, and they must convince their intended clients that protecting their sexual health is important. It is difficult to win community support. Sex education and services for teenagers are almost always controversial. Health professionals who want to meet the sexual health needs of teenagers must begin by helping the community understand and agree on the need for a program and of its goal and approaches. They must persuade the community leaders that young people should be treated in a caring, rather than authoritarian, manner.

In the long run sexual health and educational program for young people and accomplish little unless community acknowledge that teenagers need special help and guidance if they are to became sexually responsible adults. Communities do not help young people by ignoring their needs to understand sexual relations, by failing to protect them from abuse, or by abandoning them if they become pregnant. Community need to develop a positive policy towards guiding young people and then join in efforts to meet their various needs.

Teenagers want to learn about sex, sexual relationships, and reproductive health. They do not appreciate the risk that they face, however, and they often do not protect themselves. Thus the second challenge for programs is to provide information and service in ways that persuade and enable teenagers to conduct their sexual lives, in a health manner. To help teenagers to do these, a variety of approaches must be designed, appropriate to youth of different ages, gender, sexual orientation and sexual experience. Program must be able to reach varying youth with convincing messages and with convincing messages and with services that one useful, accessible and comfortable to youth.

**Building community support:**

Community should be responsible for teenagers behavior, how should they behavior, what should we expected of them, and what should be permitted to them. There is strong disagreement in the community about sexual behavior of teenagers, which is intensely personal and at same time closely prescribed y social rules and values. Sex education and service for teenagers attract public attention and generate public controversy. Religious leaders, politicians, educators, or parents may object to such programs. These oppositions surprise the health professionals. To the community sexual health is not their main
concern. They often see sexual behavior as a moral issue. Community argue that only parents or religious leaders should teach teenagers about sex and they consider sex education professionals inappropriate sources for information and guidance.

Therefore, winning the support of community is important to any social program and it is vital and challenging for teenagers sex education program. Winning community support requires helping parents and leaders to understand sexuality issues inherent in teenagers’ sexual behavior, to recognize the need for program action, to agree on solutions, and to work with and trust all the persons who are carrying out such programs.

Such programs will win support from community and religious leaders or forming early alliances, with sympathetic leaders, by showing that teenagers sexual health needs are important, and by involving community leaders in program design and implementation.

Community and leaders can ……

- Urge understanding, compassion, and concern for young people.
- Make the community aware that there are social as well as personal causes of young people's reproductive health problems;
- Inform themselves and others about young people’s sexual needs;
- Initiating efforts to provide teenagers with reproductive and organize substantial reproductive health and sex related programs in school;
- Advocate and organize substantial reproductive health and sex related programs in school;
- Condoms a double standard that encourage boys’ sexual activity while punishing girls and
- Call for responsible depiction of sexuality in the mass media.

6.3 WHAT RELIGIOUS LEADERS CAN DO

Religions are system of ideas, which guides vast groups of people in their personal lives. Sex, as a major factor in life has occupied a place in the moral teaching of, all religions, sometimes in an antagonists and sometimes in a receptive manner. All religious leaders bring human sex life within their scope. The systems, which display the conflict with the natural instinct in the religion is obsessed with sex as a moral issue. In Hindu religion sexuality is actually structured into the religious life. Often sex acquires a phobic association with sin and it becomes difficult differentiating between love and sex. Society has been taught that its sex life has a meaning in a divine way. Thus the predominance of faith with an anti sexual bias is favorable to the development of sexual inhibitions and phobias among teenagers.
The secularization of human thought now permits teenagers to make moral decisions without consulting a religious leader. Hindu shrines of ‘Konark and Khanjuraho’ have explicitly displayed human sexuality and religious leaders should ask them where they have missed out something in their ideas of what is holy and good.

Religious leaders go through sexual deprivation. From all accounts, after the initial period of enforcement of volunteer celibacy, depending upon the individual’s sex drive, there comes a time when they no longer have the same urge and desires as someone leading a more normal life. They can ignore sex with impurity. Celibacy as chosen way of life never causes any one physical harm, and it is reasonable to assume that sexual energies can be displaced into non-sexual channels; however, they want to impose their beliefs and attitudes on the society in general and teenagers in particular.

Religion in our country has a very strong influence. Many religious leaders have a large following. They could influence thinking about sexuality of teenagers of the community in general and parents in particular. Some of them have ambition for power. However, not every one can achieve what the religious leaders preach. Perhaps, it is only possible for those people whose sex drive is comparatively low and who rarely experience last.

The religious leaders often judge sexual behavior of teenagers whose qualifications include their solemn renunciation of sexual activity. Tragically, those who undertake control over teenagers sexuality take to control over teenagers sexuality are often biased and have telescopic vision. The preachers of decency decide sexual behavior of teenagers on their own terms and are simply trying to deprive teenagers of the reasonable relationship with the opposite sex. They should bring knowledge of sexual behavior up to the same standard, which is prevailing globally. They should make available all the facts on the subject.

Religions leaders can ........

- They can urge community and parents to understand with compassion and show concern for teenagers’ sexuality.
- They should condemn the myth about teenagers sexuality and should remove the guilt aviated with sexuality.
- They should refrain from making irresponsible statement regarding teenagers’ sexuality.
- They should stress the importance of sex education, which has scientifically proved that it does not lead to promiscuity in teenagers.
6.4 WHAT POLITICAL LEADERS CAN DO FOR TEENAGERS

Absolute authority is vested in politicians. It is normal in our society. By tradition of our society the “natural superiority” of the politician in all social patterns seems almost unquestionable. Politicians are supposed to be the head and leaders of the community. The law has given them wide rights as a head of the public in varying degree. The attitudes prevailing among the community and orientation of society is at its strongest where politicians are covered. Their position and power have equal influence on the subject of human behavior and sexuality. All most all politicians have success, power and wealth. All three are considered aphrodisiacs – which gives them right on almost every issues including sexuality in general and sexuality of teenagers in particular. So far as teenagers’ sexuality is concerned, their attitude is restrictive, framing on gaiety about sexuality of teenagers.

Most politicians have shown hypocrisy. With the globalization and knowledge about teenagers’ sexuality their value of opinion and their superiority have not much forced. The traditional advice and the opinion they give are both out of date and unfair. Their role as a model to the youth is being examined and questioned by the youth. Our political leaders betray a lack of maturity. So far as sex education is concerned, the real failure lies in the divisiveness of the political class. The opposition comes out with vicious criticism of the government when they decided to introduce sex education in the school. Nobody has come to grips with real issue: a political consensus is vital in a modern time. Issues like sex education are of national interest and should be beyond partisan politics. The political bickering over it showed very clearly the lack of maturity in the political class.

Today’s youth is our future and the politicians tell them “do what I say don’t do what I do”. This is not giving youth any role model to follow in their lives. When it is accepted that in modern times sex education is mandatory and useful to the youth and the global community raised to admirable the heights our political concern, in India opposition objects to this idea because the government proposes it. Instead of closing ranks with the government, they are digging their heels and refuse to acknowledge the importance of youth and the potential it offers to transformation India’s standing in the world.

Laws and policy do not always determine social change. They often are ignored if they are not consonant with cultural reality. Still, legislation and policy can educate the public to the importance of sexual health and encourage support for healthy behavior, where policy statements and attempts to legislate might create a backlash. However, programs for teenagers can proceed slowly but steadily without enabling legislation. There are situations where no activities are possible without legal underpinning, and in the long run public debate helps make social changes possible. In either case, advocates of teenagers must arm themselves with facts, arguments, and relevant experiences and similar settings.
Bold politicians are greatly needed to advocate meeting teenagers need. Such leaders take risk and, while acknowledging the importance of culture and tradition, make a commitment to change. Many programs fail for lack of courage to keep up public advocacy on new and sensitive issues. Few programs for teenagers are waiting to do so, even though, teenagers have benefited by these programs.

**Political leaders can …..**

Enact and enforce laws and policies that…..

- Improve teenagers’ access to reproductive health information and services;
- Prohibit the abuse of young people including sexual abuse;
- Prohibit child marriage and raise the minimal legal age at marriage;
- Make public statements that emphasizes the importance of young adults’ reproductive health;
- Endorse and supports realistic, compassionate solutions to teenagers problems;
- Insist that the news and entertainments media provide more responsible coverage and treatment of sexual behavior; and
- Increase commitment to keeping girls in schools.

### 6.5 WHAT MASS MEDIA CAN DO

As access to television, radio, books and magazines are increasing in our country, the mass media are emerging as one of young people’s most common and most important sources of information about sex. Many teenagers learn about sexuality from the columns in popular newspaper supplements, magazines, and “adults movies”.

The images prevailing in the entertainment media imply that sex is largely risk free, that every one is doing it and that planning for protection spoils romance. Average teenagers see 5 – 10 thousand sexual references on television each year. The impact of such information not limited to the urban teenagers, but it spreads in rural area as the mass media in general and television in particular is aired around all India. Some innovative projects are trying to counter common mass media images of sex through appealing and entertaining programs that present more responsible and realistic models for healthy behavior of teenagers’ sexuality.

At every stage in social and physical development, teenagers need information and advice to cope with the changes that they are experiencing. They can be especially confused by the conflicting messages they receive about sexuality from mass media. Some of them frequently stress the negative – the possibility
of diseases or unwanted pregnancies. At the same time, teenagers see that adult generation seeks out and enjoys sexual relationships – and not always health one – and that their young peers consider sex and sexual relationships excited and pleasurable. Both modern entertainment media and traditional values often put a premium on males’ sexual conquest, isolating sex from other aspect of human relationships and ignoring social and health consequences. Society’s and media’s confusing messages make teenagers wary. They quickly perceive and reject messages about sexual behavior that are hypercritical, and they distrust media that try to conceive the positive aspect of sexuality. They are willing to take risk in order to test out their ability to make choices and they often try unhealthy behavior such as drinking, smoking or unsafe sex. Therefore, mass media should listen to teenagers to understand their point of view and learning how to communicate with the teenagers.

Mass media can…….

- Stop glorifying irresponsible sex;
- In entertainment, depict people who benefit from using contraceptives and otherwise behaving responsibly in sexual matters;
- In news coverage and other informational formats, provide accurate information and healthy guidance about reproductive health and contraceptives, and make the public aware of young people’s health need;
- Provides free air time or space for messages that inform young adults and encourage healthy behavior; and
- Address parents with accurate information and guidance on talking with their teenage children.

6.6 WHAT EDUCATORS CAN DO

The question often asked in society is “Do teenagers really get educated in schools & colleges?” Generally, there is a consensus that some do but most don’t. Teenagers receive lot of information in schools and colleges. They do need information to be educated but they need to know the true meaning of education.

Intellectual education which involves reading, writing and arithmetic influences, the left part of the brain at the same time sports, music and other artistic tendency and values based education which is prerogative of right brain influences the heart. If community wants to build character in teenagers, teenagers must achieve minimum level of sexual morality and ethical literacy. A teenager who is sexually, morally educated will be a lot better equipped to move up in life. Character building in teaching values and ethics come in the formative years because a teenager is not born with sexual knowledge.

“When you are young your intelligence is high jacked by your hormones and physical sex will be way of life. When teenagers mature their intelligence is high
jacked by their emotions and their way of life is love.” (Sadhuguru Times of India 2008)

The best person to give sexual information will be the teacher whose influence stays for eternity and the ripples are spread throughout the life. It could be argued that there are two basic approaches to sex education one is abstinence and second is sex education program.

“There is little evidence to suggest that abstinence programs have an effect on delaying sexual activities or reducing unwanted pregnancies in teenagers.” Kirby found in 1997 no impact on the initiation of sex, frequency of sex or the number of partners in a twelve month follow up study of an abstinence program. Sex education programs in school aim to delay sexual activities until both partners are ready. It teaches that sex is a natural, normal, healthy aspect of life and offers teenagers the opportunity to explore and define their values and develop relationship and negotiation skills.

Sex education can be included with social and biological lesions. Sex education involves assumptions and judgments on what is important, what is acceptable and what is achievable. The social environment, values and life expectation of young people are wider factors that any sex education program must recognize. A flexible curriculum should recognize young people’s differing backgrounds, needs attitudes to school and discipline and should be social and holistic.

Research comprising trained teachers, led versus regular teachers- led sex education program, findings from ‘RIPPLE’ indicate that greater proportion of pupil felt that subject taught by trained teachers, was enjoyable, engaging and useful to them. Classes were better controlled by trained teachers, and they demonstrated high level of expertise and motivation, a sensitive and sympathetic approach positive attitude and values towards sexual behavior, a safe environment in which deal openly with question and concerns (Forest et al 2002).

School teachers can play a key role in partnership with parents, school boards or Government and Specialist Confidential Service in improving sexual behavior of teenagers. Sex education should be teachers led. For this teachers need to feel supported, confident and competent in their own skills.

Educators can…..

- Develop school curricula that give students age – appropriate information about their sexuality and reproductive health.
- Teachers should be trained and supported by school authority so that they can give appropriate sex education accurately and comfortably.
- Teachers should facilitate better communication about teenagers sexuality between students, parents and community at large
6.7 WHAT REPRODUCTIVE HEALTH PROVIDER CAN DO

At every stage in social and physical development teenagers need information and advice to co-op with the changes that they are experiencing. They can be especially confused by the confliction messages they receive about sexuality. Parents, teachers and community leaders frequently stress the negative – the possibility of diseases or unwanted pregnancy. At the same time teenagers see that the elders seek out and enjoy sexual relationship – and not always healthy one. Their young peers consider sex and sexual relationship exciting and pleasurable. Both modern entertainment media and traditional values often put a premium on male sexual conquest, isolating sex from other aspect of human relationship and ignoring social and health consequences.

Thus, despite their interest in sex and intimate relationships, young adults find it difficult to get proper knowledge. Society’s confusing messages make teenagers wary. They quickly perceive and reject messages about sexual behavior that are hypocritical, and they distinct elders who try to conceive the positive aspects of sexuality. They have begun to learn about sex from experiments and experience rather than by listening to elders. They are willing to take risk and order to test out their ability to make choices, and then they often try unhealthy behavior like unsafe sex. Furthermore, they are usually healthy and do not see sex as posing any healthy problems. Therefore, reproductive health providers and doctors must listen and understand their points of view and should learn how to talk with them.

Young people are embarrassed to come to clinics or may not know how to get medical care of any kind. If we want to reach more young people, more clinics should be established. Video vans to reach homeless young people living in slums in cities can be benefited by such programs. For teenagers communication with health services should be linked. Doctors and health workers can inform teenagers about reproductive health provided they know where they can go for such advice. Sexually inactive young people may want to know where they can get guidance or protection if they fear unwanted sexual advances. Sexually inactive young people may want to know where they can get guidance or protection if they fear unwanted sexual advances. Sexually active young people and pregnant young girls need health services, information about using community health and social resources as a key but often neglected part of health services.

There should be seminars and meetings where the teenagers can meet privately with a counselor. Counselors also give out clinic addresses and advertise telephone hot lines staffed by counselors who can provide information and further referrals.

Health care providers may strongly disapprove of teenagers, who are sexually active or even those who seek just information about sexuality. They think that, instead, they should tell teenagers how to behave. Others may feel
uncomfortable discussing sex related matters with young boys and girls, or offering them services. Their authoritarian structures and embarrassment do not help young people develop a positive attitude towards sexual responsibility.

To avoid prejudices, doctors and health workers should know how to treat teenagers who come for help. They should not scold young clients and tell them to change their behavior. Nurses have to be more empathetic towards young, unmarried girls who by sheer ignorance have become pregnant. Health providers should serve young people politely and sympathetically. Counselors must understand that they will not be effective if they dictate to young people what to do instead, they must help them make responsible decisions for themselves.

**Leaders, Doctors and counselors of reproductive health programs can…**

- Establish health care protocol that meet the needs of teenagers;
- Be sensitive to the concerns of the community while acting as advocate for meeting teenagers’ needs;
- Involve young people in program design, delivery, and evaluation;
- Healthcare providers should be trained to offer high quality care to teenagers in a non judgmental, confidential manner;
- Make clear to staff and the public that young clients are welcome and that their care has high priority;
- Provide information and services at times and in ways that are acceptable and convenient for young adults;
- Remove other unnecessary barriers to services, including limits on access to contraceptives for reasons of age or marital status;
- Help the mass media inform the public about sexuality and reproduction accurately and encourage the entertainment media to depict sexual behavior responsibly; and
- Know where to refer young people for more information and health services.

**6.8 WHAT TEENAGERS THEMSELVES CAN DO**

Teenagers grappling with new, expanding sense of their sexuality. How they feel about their “Sexual Self” will greatly affect their general self image & confidence. To the extent that parents, school teachers, and health providers can help them become comfortable with their bodies and sexual expression, and clearer about their sexual values, the more effectively they will function in all other areas of their lives.

The teenagers also can help themselves to let others know their own points of view, values, and even vocabulary. They can tell what they want to know, and how do they want to learn it. What guidance and services they want and need. They should also tell whom they would trust. They should also reveal their preference for particular program. Most of the time, they find lessons on
reproductive physiology irrelevant. Teenagers want to learn more about “The safe period” and “Safe sex” and how to prevent unwanted pregnancy. They want specific plans, services and messages, which are relevant to them. They don’t want to have appointments at the clinics, and they don’t want long waits, for services. The clinics are seldom open when teenagers finish the school.

They feel integrated a desirable new service into an ongoing programme, which increases overall use of services. However, most of these services are minimum ineffective, especially if the real purpose of integration is to sanitize a controversial component, which occurs in the development of sex education. They want sexuality issues merged into the broader and more acceptable family life education.

A newer approach “Life planning”, which combines family and vocational planning, which tries to create a politically acceptable package while keeping the sexuality and family planning component strong. In this integration is carefully considered. Teenagers can communicate with their own peers more easily and learning about sex and developing values. They do not want conflicting influences from their peers whom they trust. Health authorities should train leading teenagers who can address young audience with messages of sexual responsibilities. Trained teenagers meet at schools and other places where young people gather and can talk freely and effectively at youth centers. Young people can speak for themselves if they are actively involved in sex education. Trained young adults should serve as “Peer educators” in designing programmes is a new idea. Teenagers can provide insight relevant to programme design for the same reasons that they succeed as Peer educators. They speak their Peer’s “language” and understand what motivates other teenagers.

Young people can argue convincingly for change in their chaining world, and they can take action. They can convey messages and risk involved in safe sex and abortions. They can respect the young people; they serve and respect their perceptions and preferences. Trained young people can be non – judgmental, confidential and caring advisors and they do not take a moralistic and condemning attitude towards their peers. They do not preach “What is good for their peers”. They give equal respect to young women, which is absolutely crucial and they insure gender equality, they see that young girls do not suffer from lack of self – esteem. Teenagers themselves can find their way to healthy and safe behavior.

The young people can form appealing messages combined with appealing format. As young people enjoy music, videos, films, dramas, and other entertainment media; these can be arranged by teenagers themselves. Popular songs on radio or music videos, which can reach all young adults, can be arranged by teenagers’ disc jockeys. They can have their own telephone hot lines for these teenagers who are desperate to know more information. Thus,
teenagers themselves can “Reach young people through entertainment.” Peer educators can reach other teenagers wherever they gather.

Sexually inactive young people can get guidance or protection if they fear unwanted sexual advances from their peer educator.

**And young adults themselves can. …**

Work with parents, community leaders, teachers and health care providers to design mutually acceptable approaches to meeting their own reproductive health needs;
Act responsibility in sexual matters, for their own sake and that of others, and
In sexual situation, respect the rights, wishes and concern of others, including use of contraceptives to avoid unwanted pregnancies and of condoms for STD protection.

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**6.9 UN CONFERENCE AGREE ON RESPONSE TO YOUTH NEEDS**

The recent United Nations conference on population and on women both urged that young people be given better protection from harm and better access to resources including reproductive health care. The United Nations International Conference on Population and Development (ICPD) in 1994, urged countries to take these actions,

- Protect youth from disease, malnutrition and other effects of poverty,
- Ensure equal opportunities for boys and girls,
- Address the neglect and exploitation of young people, including sexual exploitation.
- Enact and enforce laws prohibiting abuse of children.
- Enact and enforce laws banning child marriages.
- Eliminate discrimination against pregnant young women,
- Protect children harmed by armed conflict or disaster.
- Ensure the future of youth by providing educators, training, employment, housing, and health care.
- Support organizations that assist young people.
- Involve youth in activities that affects their lives and
- Protect the reproductive and sexual health of young people by providing access to information and confidential services.

The ICPD urged each nation to enact laws supporting young people and to allocate the resources needed to implement that legislation. Nations also must enforce criminal laws that protect young people.

The 1995 United Nation International conference on Women reaffirmed the importance of meeting the health needs of youth, especially young women. Delegates urged that young people be given better access to health care
information especially information about reproductive health care, taking into account the responsibility of parents and legal guardians.