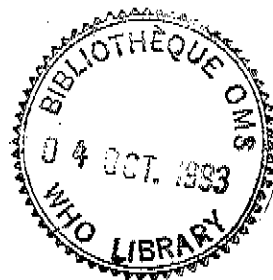


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ADOLESCENT SEXUAL BEHAVIOUR AND REPRODUCTIVE HEALTH: FROM RESEARCH TO ACTION

The Narrative Research Method

REPORT OF A JOINT MEETING
Dakar, Senegal, 22-26 April 1993



Adolescent Health Programme
Division of Family Health
World Health Organization
Geneva, Switzerland
and
WHO Regional Office for Africa
Brazzaville, Congo

DEDICATION

We would like to dedicate this report to Dr Roger Molouba, the former WHO Representative in Senegal, who was tragically killed shortly after the Meeting on a visit to his country of origin. The Meeting would never have been the success it was without the guidance and assistance of Dr Molouba and his staff. His energy, honesty and candour were exemplary of the very attributes needed by adults to support the healthy development of young people. We have appended, in full, the brilliant remarks he made at the official closing of the meeting.

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Thanks are especially due to those who participated in the initial application of the narrative research method: The World Assembly of Youth and its national affiliates in Kenya, Malawi, Tanzania, Uganda, Zambia and Zimbabwe and The World Organization of the Scout Movement and its affiliates in Benin, Burkina Faso, Cote d'Ivoire, Senegal and Togo for carrying out the 11 studies in Africa; to the WHO Collaborating Centre for Adolescent Health at the University of Nairobi, Kenya, for its assistance with the in-depth statistical analysis of data in the anglophone countries; and to the Ecole National d'Economie Appliquee, Dakar, Senegal, for their assistance in the statistical analysis of the francophone data; Dr Robert Blum Adolescent Health Program, University of Minnesota, USA, Dr Françoise Narring formerly of l'Observatoire Regional de la Sante et des Affaires Social de Lorraine, France, and now with Institut Universitaire de Medecine Social et Preventive, Lausanne, Switzerland, and Dr Norbert Bon, Centre de Medecine Preventive, Vandoeuvre-les-Nancy, France, (WHO Collaborating Centre in Adolescent Health) for their facilitation, respectively of the anglophone and francophone workshops. Subsequently the method has been used in Brazil, Cameroon, Chile, Switzerland and Thailand, and we are grateful to those who have participated in those activities and given us valuable feedback in developing this guide.

Most of all, we wish to thank the young people from all the countries who have participated with such vigour and dedication.

1. INTRODUCTION

Young people's health has become a subject of increasing importance throughout the world, both because of a better understanding of the importance of this age group to public health in the short and long term, and because changing conditions combined with changing patterns of behaviour have increased health hazards for young people. This is especially true with regard to sexual and reproductive health. Adolescent girls who marry young have always been at greater risk of illness, injury and death arising from too early pregnancy and childbirth. But in recent decades population growth in developing countries, urbanization, the crossing of cultural boundaries by rapidly expanding telecommunications, early menarche combined with delayed marriage, and the decline of family authority resulting from changes in family structure and function, have given rise to new patterns of sexual behaviour. Unprotected premarital sexual relations are taking place at earlier ages giving rise not only to problems of too early pregnancy and childbearing, but also to induced abortion in hazardous circumstances, to sexually transmitted diseases (STD) and to the new scourge of human immunodeficiency virus (HIV) leading to acquired immunodeficiency syndrome (AIDS).

Yet we have inadequate knowledge of the factors which currently determine these behaviours, nor the context in which they are now occurring. Most studies deal with isolated aspects of these events rather than the overall sequence. It is also uncommon to draw on the knowledge and experience of the young themselves in the design or implementation of such studies, yet it is the young who are most knowledgeable about their own behaviour. To meet these needs, a procedure called the Narrative Research Method, in which young people's experience is drawn upon from the outset through experiential techniques, was adapted and developed by the WHO Adolescent Health Programme (ADH) for use by young people themselves, although it can be applied by any group and for many subjects. Enlisting the aid of two major international youth organizations, the World Assembly of Youth and the World Organization of the Scout Movement, and the support of the United Nations Population Fund, the method was first used for and by young people in the African context to explore one of the most important issues in adolescent health, sexual behaviour and reproductive health. The primary focus of this document is to report on the findings of the meeting which was held in April, 1993 bringing together both the English and French-speaking youth organizations with representatives from the Ministries of Health, of the eleven countries involved in the initial studies.

2. THE NARRATIVE RESEARCH METHOD

The Narrative Research Method¹ was developed in order to provide policy makers and programme planners with a better understanding of how young people think and act. As greater attention is paid to young people's health and development there is a corresponding increase in the demand for methods to collect information about their behaviour and views, which is essential to the development of appropriate action to meet their needs and help to solve their problems.

Although a number of methods already exist for exploring young people's knowledge, attitudes and behaviour, they all have limitations. They tend to focus on single events rather than on the continuum and context of behaviour, and are usually generated from what adults believe to be relevant and significant to young people.

This method for studying adolescent behaviour makes use of the most valuable resource we have in understanding patterns of sexual behaviour among young people - young people themselves. It is designed to elucidate the most common patterns of social and sexual relationships which exist

¹ *The narrative research method: studying behaviour patterns of young people by young people - A guide to its use.* World Health Organization, Geneva, 1993 (unpublished document WHO/ADH/93.4)

in a given society among young people as seen through the eyes of youth. It begins with a workshop in which youth leaders between the ages of 18 and 25 are invited to create the initial questionnaires in the following manner:

1. They first identify the major events which occur to young people between puberty and marriage or childbearing. The emphasis is placed on reality, i.e. "what is", rather than "what ought to be". For this reason they are asked not to discuss their own personal experiences at the workshop nor ask that kind of question of respondents to relieve them of the kind of self-censorship which usually takes place and leads to a suppression of immoral or immature behaviour.
2. The participants at the workshop then create two characters, an adolescent boy and girl, giving them appropriate names and ages, which they feel could represent most young people in their communities in this situation, and proceed to role play the first encounter between these two young people. A discussion follows about the event portrayed at the end of which the group takes a decision as to what event will follow. They then role play that event and continue the process for several days until they have developed the full sexual and reproductive history of the two representative young people they have created.
3. Each day the events they have role-played and the discussion surrounding them are converted respectively into the stems and options for a questionnaire which consists of the story. They then add some questions about the respondents themselves on the topics covered in the story and the respondents views about how other young people they know behave.
4. The sample is then designed and they return to their communities, taking the questionnaire into the field. The respondents choose the options which they think are most representative of how two typical young people and the key adults which surround them are most likely to behave, as well as answer the supplementary questions on the topic. If it can be scheduled, it can be of considerable value to arrange for group discussions after the questionnaires are completed. Experience suggests that the young respondents are often quite keen to raise questions and discuss the issues, but those who administer the questionnaires must be properly prepared for that. The questionnaire can also be used with a semi-literate population in which the story is read, event by event, and the adolescent is asked to indicate their choice by 'ticking' a box on the paper, however, it is especially important then that the questionnaire be translated into the local language.
5. A second workshop follows the data collection in which the storylines collected are analysed by the youth leaders first, for all respondents, then by sex, rurality and age (Fig. 1) and discussed for programmatic implications.

Although the method has been used primarily to explore young people's sexual behaviour, relationships and reproductive health, by young people, it can be used both for other topics, and by other groups. The key requirements are that:

1. there is a typical sequence of events, including relationships between people, which take place over a defined period of time in order to develop a story
2. the people who develop the storyline are knowledgeable about the most common sequence of events

Given these requirements, the Narrative Research Method could be used for a wide range of topics such as substance abuse, unemployment, accidental or intentional injury, STD/HIV infection, sexual abuse, etc.

3. THE WHO/WAY/WOSM NARRATIVE RESEARCH PROJECT

This method was first used by the WHO Adolescent Health Programme with two of its main partners - The World Assembly of Youth (WAY) and their national affiliates in six English-speaking african countries: Kenya, Malawi, Tanzania, Uganda, Zambia and Zimbabwe; and with the World Organization of the Scout Movement (WOSM) and their national affiliates in five french-speaking countries: Benin, Burkina Faso, Cote d'Ivoire, Senegal and Togo. The primary focus was on patterns of sexual and social relationships which lead to an unwanted pregnancy in adolescence. For the anglophone countries an initial workshop was held in Lusaka, Zambia, with 15 youth leaders aged 18 - 25 of both sexes, to develop the storyline, with primary analysis of the data conducted by members of the same organizations in Nairobi subsequent to data collection. For the francophone countries both workshops were held in Dakar, Senegal with 25 youth leaders between 18 and 25 of both sexes. Parts of the secondary analysis were conducted, respectively by the University of Nairobi WHO Collaborating Centre in Adolescent Health and the National School of Applied Economics in Dakar. Similar studies are currently underway in Brazil, Cameroon, Chile, Switzerland and Thailand with other countries expected to join in.

In this first use of the method, while attempts were made by the 11 youth organizations to achieve a degree of national representativeness by drawing their samples from both urban and rural areas in the major regions of each country, it was not possible to apply fully rigorous sampling techniques. A total of 13,121 young people between the ages of 10 and 24 were sampled in the eleven countries, 4,613 individuals (2,510 males and 2,103 females) in the 5 francophone countries (Table 1) and 7,738 (4,076 males and 3,662 females) in the 6 anglophone countries (Table 2). Each youth organization produced a report for its own country. The findings from all 11 countries were later summarized.²

4. THE JOINT MEETING

Participants from the national youth organizations of both French- and English-speaking sub-saharan African countries, which participated in the initial narrative research studies, were invited, together with representatives of the Ministries of Health from those countries, to a meeting convened by WHO with WAY and WOSM, in Dakar, Senegal, in April 1993 to review the overall process and findings, and develop plans of action to the extent possible in partnership between the youth and health sectors. The following is a report of that meeting.

5. OPENING

The Meeting was formally opened on behalf of the Minister of Public Health and Social Development of Senegal, by the Director of the Minister's Cabinet following remarks made by the Secretary General of the World Assembly of Youth (WAY), Mr Heikki Pakarinen; the Director of Community Development of the World Organization of the Scout Movement (WOSM), Mr Abdoulaye Sar; the Chief of the World Health Organization (WHO) Adolescent Health Programme, Dr Herbert Friedman; and the WHO Representative to Senegal, the late Dr Roger Molouba. The representative of the Minister described the situation of adolescents in Senegal and spoke of the importance of adolescent reproductive health in Senegal and in the african region as a whole. Mr Pakarinen indicated that WAY, a global umbrella organization for non-governmental youth councils, is active in the field of youth and adolescent health and that this project exemplified the positive

² *A Study of the Sexual Experience of Young People in Eleven African Countries: The Narrative Research Method*, World Health Organization, Geneva, December 1992 (unpublished document WHO/ADH/92.5)

impact that young people could make on their societies. Mr Sar, described the Scout's long standing interest and activity to promote the health and development of young people and the importance of increasing the knowledge base and resources for helping young people to meet their needs. Dr Friedman described the background to the narrative research project and expressed appreciation of the youth leaders who had carried out this study with more than 13,000 young people from eleven French and English speaking countries in Africa, and described the specific purpose of this meeting.

Dr Molouba, speaking on behalf of WHO and the Regional Director of the WHO Office for the African Region, Dr G Monekosso, stressed the fact that while much was being said about the need for attention to adolescent health in the region, action has not yet been given sufficient priority. In this region, fertility patterns are often set in adolescence as procreation is encouraged at an early age. But unprotected sexual relations in adolescence can lead to many ills including unwanted pregnancy and dangerous abortions in clandestine conditions leading to injury and death as well as sexually transmitted diseases. Aware of the challenge, WHO has initiated action to promote the health of young people with governmental and non-governmental organizations in partnership, especially those involving young people themselves. Dr Molouba thanked the United Nations Population Fund (UNFPA) for their support of the entire overall project, and the Swedish International Development Agency (SIDA) and the Rockefeller Foundation for their support of this meeting.

6. OBJECTIVES OF THE MEETING

Overall Objective

To learn from experience with the narrative research studies on sexual and reproductive health of adolescents in Burkina Faso, Côte d'Ivoire, Kenya, Malawi, Senegal, Tanzania, Togo, Uganda, Zambia and Zimbabwe, in order to develop action plans for each country based on the findings, and provide guidance for others in the use of the method.

Specific Objectives

1. Review the narrative research method as a way of learning about young peoples behaviour and relationships.
2. Explore the findings of the narrative research studies in the 11 countries of the African Region.
3. Identify the implications for action of these results.
4. Develop action plans for each country.
5. Strengthen cooperation between youth organizations and the health sector.

7. METHODS OF THE MEETING

The meeting utilized several participatory approaches:

Group Work

The groups were divided primarily on the basis of language, although since the youth organizations which had been responsible for carrying out the Narrative Research had differed

between the anglophone and the francophone countries, the groups were effectively also split along organizational lines.

Each group selected a moderator and rapporteur. The task of the moderator was to ensure that everyone participated in the discussions and that the discussions focussed on the topic that had been outlined for the group work. The rapporteur was responsible for synthesizing the discussion, reporting back to plenary and preparing a brief written summary for inclusion in the final workshop report.

Plenary Discussion

Plenary sessions were conducted with simultaneous translation, and the two overall workshop rapporteurs who had been selected (one each from WAY and WOSM) were responsible for identifying the key points of the discussion for inclusion in the final report. In addition to the reports from the working groups a number of brief presentations were also made during the plenary sessions.

Role Play

The key elements of the story lines from the English and French narrative research findings were role played by the participants during the working group sessions. This provided them with a "live" opportunity to centre themselves in the needs and problems of young people as experienced by young people in the stories.

The participants were given clear guidance about how to carry out role plays, including the importance of **not** playing themselves and of de-roling when the role play and discussions had been completed.

VIPP

VIPP (Visualisation in Participatory Planning) is a technique for helping to promote effective participation. Ideas are noted on rectangular cards (approximately 20cm X 8cm), either by the participants or by the facilitator. The cards can then be clustered and prioritised. The basic rules for writing on the cards were explained to the participants such as using only one idea per card, not more than three lines of writing, and upper and lower case letters).

The cards are used with other more standard participatory techniques and help to ensure that ideas are focused and crystallised, that all participants contribute to the group consensus on an equal basis while, at the same time, avoiding overly long discussion.

Despite the fact that some of the participants had not actually used the Narrative Research method, particularly the representatives of the Ministries of Health, the combination of Role Play and VIPP greatly facilitated the exchange of ideas despite differing experiences of the method. The participants evaluation of the methods used at this meeting were generally very positive.

Overcoming the Language Barrier

Although it was not possible in the working groups to break down the artificial divide that is so often caused by language in Africa, this was facilitated during the plenary sessions by the simultaneous translation and was often overcome by the participants themselves during their interaction outside the formal sessions.

8. PERSPECTIVES ON THE NARRATIVE RESEARCH METHOD

One of the first tasks of both working groups was to discuss their experience with the use of the narrative research method and describe its strengths and weaknesses as summarized below. While not all participants at this meeting were part of the original studies they were able to contribute to the discussion by raising useful questions.

Strengths

- Formulation and administration of the questionnaire was very sensitive to the culture
- Elicits spontaneous responses from the respondents and stimulates their critical faculties
- Brings together a number of other approaches for eliciting information from young people (e.g. role play, questionnaire) permitting an enriched appreciation of the situation of young people
- Involves young people in an active way
- Effectively reaches young people's reality and problems are quickly raised
- Young people were able to "put themselves in their peers shoes" (i.e. empathise) because young people had themselves been responsible for the questionnaire design
- Allowed for flexibility in framing the questions
- Questionnaires were easy for young people to administer
- Helped young people face and move towards solving their own problems as they saw them reflected in the story-line
- Provided opportunities to discuss issues raised by the questions during discussions following the administration of the questionnaire (also providing additional qualitative information)
- Included the perspective of both genders to be obtained on various issues
- Young people felt comfortable discussing sensitive issues with other young people

Weaknesses

- The questionnaire was difficult to administer to those young people who were illiterate or for whom the questionnaire had to be translated into the vernacular. This may have reduced spontaneity and anonymity and sometimes distorting concepts which can have reduced reliability for of the responses of these respondents.
- It is difficult to take into consideration a range of different socio-cultural perceptions of sexuality.
- It is necessary to develop an "typical" way of life for young people for the story line, which may be unrealistically optimistic.

- Analysis was difficult, particularly in relation to coding for the computer data analysis.
- Sample size and selection was biased towards urban youth.
- It is necessary to understand the way of life of the target group before adapting the questionnaire to different situations.
- Major decision points in the original story created at the initial workshop are indicated in the text.
- There are few opportunities to explore/understand the relationship between young people and adults.

Overall there was highly positive feed-back from those people who had used the method and it was very favourably compared to other methods that participants had used.

9. SUMMARY OF THE FINDINGS AND ACTION PROPOSED

The next portion of the meeting was devoted to an analysis of the research findings dealing with chapters of the narrative and discussing the consequences of those findings for action. In order to do this volunteers from the group role-played the main findings of the chapter. Using the VIPP method, they then identified the most significant or surprising things learned from the story, the needs and problems of young people highlighted by the story and the implications for action of those needs.

Chapter 1 - Becoming acquainted with each other

Synopsis of the chapter

In the stories from both the English and French speaking countries, young people of both sexes agree that the boy, rather than the girl, typically takes the initiative in getting acquainted. Both young people keep their initial meetings, which are relatively innocent, away from the knowledge of their parents. The data from the English-speaking countries, suggest that the mother, although unhappy with her daughter, may be somewhat protective of her vis a vis the father.

The boy takes the initiative in trying to persuade the girl to have sexual relations with him. Various kinds of persuasion and, to some degree, trickery are envisioned by the respondents on the part of the boy. In seeking a place where he might have sex the boy relies on a male friend for help. The girl is quite reluctant but gives in, in the end. Some anxiety about pregnancy was expressed by the girl but neither worries about STD. No contraception or protection against STD is used.

What do the findings tell us about young people's needs and problems?

The participants in the meeting thought that the behaviour portrayed in the stories reflected the young peoples' need for self-affirmation through the establishment of a relationship. Exploring the dimensions of this relationship often causes confusion leading to behaviour which is seemingly impulsive.

Communication between the young man and woman about their relationship is difficult and they seemed to be uncertain of each others' expectations of feelings and behaviour.

Young people are highly sensitive to their parents views so important that they were frightened to confide in them. This was seen as revealing a need for parental love and approval and a reluctance to disregard them.

The participants also identified the necessity for appropriate places and contexts for young people to socialize.

What do the findings tell us about what needs to be done for/with young people?

Organize opportunities for young people to discuss their relationships (current and prospective) - how each feels and what they would like the other to know. Specific training of communication skills was highlighted using participatory methods such as role playing the kinds of dialogue that could take place between two young people in the negotiation of their social and sexual relations.

Improved information regarding sexuality and pregnancy and STD prevention through a variety of venues - schools, media, youth and community organizations and health services.

Assist parents to reflect upon the realities of their adolescent's situation and on the reluctance of adolescents to confide in them. It is important that both mothers and fathers be part of these discussions to help them to a realistic picture of how events develop, and to think through their respective roles to make young people more willing to turn to them for help rather than hide from them for fear of disapproval. The role of other family members (siblings, extended family) was also emphasized in providing information and guidance to adolescents and their parents.

Provide opportunities for young people to socialize - learn about each other, ideally in conjunction with recreational and vocational training settings.

Chapter 2 - Suspecting a pregnancy

Synopsis of the chapter

The relationship between the adolescents has remained hidden from family members, possibly known to several male friends of the young man, and perhaps only the young woman's closest female friend. When pregnancy is suspected, the young woman first turns to the young man for help, but he seems to reject the possibility of pregnancy or reject her. A degree of desperation follows, and abortion, either self administered, or done by an unqualified person is often considered or attempted. Health professionals are not consulted for pregnancy testing, care or termination.

What do the findings tell us about young people's needs and problems?

There was little evidence of young people consciously considering the consequences of their feelings and behaviours which leads them to further irresponsible and unsafe behaviour. Relationships with peers were felt to be of particular importance in influencing attitudes and implicitly in establishing social norms for behaviour.

The conspicuous need for accurate information regarding the health consequences of sexual behaviour, including contraception and abortion was also identified.

Considerable anxiety is generated by the pregnancy and there is little immediate source of emotional and practical support for the young people.

Forming and maintaining relationships between young men and young women is very complex - due to the variety of competing and confusing social expectations, physical and emotional needs.

What do the findings tell us about what needs to be done for/with young people?

Serious and sustained efforts are needed to inform, educate and support young people to develop healthy relationships and to understand the consequences to health and life of careless behaviour. This can be done through the establishment of opportunities for counselling and provision of family planning and other clinical services in existing services and other outlets such as women's and youth organizations, schools and the marketplace.

To prevent pregnancy once a young person is sexually active, requires that they have knowledge about a) the possibility of pregnancy resulting from sexual intercourse, b) that it is possible to prevent pregnancy through contraceptive methods, c) which among these methods are most relevant for them, d) how to use such methods, e) how to obtain them and f) any side effects or long term consequences which might result from their usage. They also need g) to be aware of the hazards of STD and their consequences resulting from the same acts of sexual intercourse which might result in a pregnancy, h) how to protect against that, i) what symptoms might indicate that they are infected recognizing that some are asymptomatic, j) how to obtain treatment, and k) what is likely to follow such treatment.

If such information could be provided by a single accessible and receptive source person, that would be ideal, but it is more likely that young people will turn to anyone they trust whether they are knowledgeable or not. It is thus imperative that as many people in a position to help (including young people themselves) become knowledgeable about some aspects and be in touch with other people who can supplement their help. This could well include teachers, health workers in all categories, youth leaders and through them both their memberships and other young people, and other significant figures in the community.

Chapter 3 - Telling the families

Synopsis of the chapter

In both stories, the young woman tries, unsuccessfully, to abort her pregnancy before her mother learns the truth. The father's reaction was, as anticipated, harsh and suggests that decisions might be made without consulting his daughter. The young woman's family thus engaged in the drama, must consider how the situation should be handled with the young man's family and the question of who should confront the young man's family takes on great significance. Who will take responsibility for the consequences is the main issue during the meeting of the two families. In the French-speaking countries the findings indicated that the young man's family would duly accept responsibility. However, in the English speaking countries the young man refused to be held accountable for his behaviour.

What do the findings tell us about young people's needs and problems?

One of the key requirements identified through the discussion of this chapter is the need for young people to have a trusted and respected person to assist them in times of trouble. They will turn first to friends, who are most often not knowledgeable themselves, and may encourage them to take hazardous action. In this instance, attempting to self-induce an abortion, or going to someone clandestinely who is unqualified, are among the greatest dangers to life and health that adolescent girls face.

For young people, the family, while serving as the contact of last resort because of the young people's justified fear of their parents' reactions, nonetheless provide significant support and assume responsibility for handling the crisis.

What do the findings tell us about what needs to be done for/with young people?

Assistance to young people to seek help to meet both their physical and emotional needs. But unless young people are willing to share their anxieties with adults, and the adults are prepared to be sufficiently understanding to encourage young people to come to them for help the risk to life and health will remain very high.

Support to families in understanding young people and communicating with them to strengthen their ability to respond to young people.

Chapter 4 - Living with the consequences

Synopsis of the chapter

The relationship between the young man and woman wanes with birth of the child, leaving the young woman to fend for herself and her child, and in a weakened position because she has had to leave school. Subsequent sexual relations engaged in by the young man causes concern about contracting STD and precautions are taken. The story from the English-speaking countries includes the young woman providing advice to her sister regarding the possible consequences of involvement with a man.

What do the findings tell us about young people's needs and problems?

The diminished prospects for the young woman's future and the lack of support (familial and societal) to improve it was a central finding derived from this chapter. In contrast, the young man's life was far less disrupted and, in a relatively short time, he continued to live as he had before having been able to evade responsibilities with relative ease.

There were signs that the consequences of the young people's relationship had somewhat influenced their subsequent behaviour, as indicated by the fear of STD motivating the use of contraceptives and by the advice given by the young woman. Yet this is a difficult lesson to learn particularly for the young woman and it is doubtful whether even others could learn from them.

What do the findings tell us about what needs to be done for/with young people?

Policies which permit and encourage adolescents who have had babies to return to school, would be a major step toward undoing some of the damage caused by an unwanted pregnancy.

Improved access to existing services through publicity, training and sensitization of staff to young people's needs and better referral systems were considered essential in addition to other efforts to provide information, enhance skills and develop opportunities for young people to socialize.

10. COUNTRY-SPECIFIC ACTION PLANS

At the conclusion of the discussion of the findings and their implications for the identification of, the participants regrouped according to country, and began the process of developing action plans which they felt would be feasible and of high priority for them. These groups included the participants from both the youth and health sectors, and it was hoped that partnership between the two sectors would be strengthened in the choice and ultimate implementation of the projects. Below is a table summarizing the contents of each project plan. Appendix 5 provides overviews of each of the eleven country project plans generated.

The major focus of the projects was on the promotion of sexual and reproductive health, although some of the plans were for a wider scope for adolescent health and development generally. Training was seen as an important element in virtually all projects, often with an explicit mention of the need for better communication skills, both inter-personal and in mass communication. Many of the projects either built upon, or were designed to create youth centres which would be attractive to young people, probably for multiple purposes, but which would include an important health component. There was some recognition that information, education and communication activities need to be linked to service provision and often to contraceptive distribution. The use of drama, theatre and channels of mass communication were often included, but with youth involvement and often, using interactive approaches rather than one-way communication.

Another feature given considerable emphasis was the importance of partnership especially between youth NGOs and the government sectors of special relevance to young people including the Ministries of Health, Social Welfare or Development, and Youth, Sports and Culture. In a number of projects the establishment of core coordinating groups was planned to promote better collaboration. The active involvement of young people themselves, in partnership with other groups, was given special emphasis in provision of information, education and counselling to other young people. Two of the projects recognized the importance of a situation analysis at the start of work. Others might be encouraged to include that in their fully evolved project design since that will assist in the evaluation of projects, a task included in most.

While the action identified during the meeting in response to the narrative research findings included the importance of better understanding of young people's needs in order to promote greater trust and communication, only a few of the projects dealt with this specific issue. Also, the need for boys and girls to understand each other's needs better was perhaps more implicit, than explicit in the project designs.

While this meeting was used to publicize the results which were, primarily in the form of a story, surprisingly the idea of taking the findings for each country to a wider audience, was not given much attention, although publicizing the issues at national seminars and through meetings was a central feature of many projects. Perhaps in implementing the plans, the valuable findings of the narrative research projects carried out by the youth organizations themselves in their own countries which so clearly show the needs and problems of young people in their social and sexual relationships, could be portrayed in the form of theatre and utilised through the mass media as well as in performances for key leaders, and at the community level. This is likely to stimulate a lively debate and heighten both awareness and action.

SUMMARY OF COUNTRY-SPECIFIC PROPOSALS

	BENI	BURK	COTE	KENY	MAL	SENE	TANZ	TOGO	UGA	ZAM	ZIMB
<i>FOCUS</i>											
Pregnancy prevention	X	X	X	X	X		X	X	X	X	X
STD prevention/treatment	X	X		X			X		X		X
Prevention of harmful substance use								X			
Improving economic opportunities		X									
Improving access to health services	X	X			X						
Youth health						X					
<i>ACTIVITIES</i>											
Training service providers	X	X	X		X		X		X	X	X
Referral					X						
Materials production and distribution	X	X		X		X		X	X	X	X
Mass media/theatre	X	X				X		X	X		X
Peer education/counselling	X	X	X	X	X		X	X	X		X
Employment skills training and guidance		X									
Discussion groups								X			
Sport and recreation					X						

	BENI	BURK	COTE	KENY	MAL	SENE	TANZ	TOGO	UGA	ZAM	ZIMB
Establish youth centres to promote reproductive health	X		X	X		X		X			
Research (needs assessment)					X					X	
Policy review/development									X		X
Provision of commodities (contraceptives, condoms)	X			X	X				X		
<i>PARTNERS</i>											
Youth organizations	X	X	X		X	X	X	X	X	X	X
Ministry of Health	X	X	X	X	X	X	X	X	X	X	X
Ministry of Social Welfare				X	X			X			X
Ministry of Youth		X	X			X	X	X	X	X	X
Ministry of Education							X		X	X	X
Religious Institutions										X	X
Journalists	X										
Health and social service workers	X										
Parents							X				X
Family Planning Association						X		X		X	
University				X	X		X		X	X	

11. PRESENTATION TO INVITED AGENCIES

On the final day in plenary sessions, visitors from other technical and donor agencies were invited to share in the findings of the study and learn more of the action being proposed based on those findings with a view toward potential future involvement. Among those present were representatives of the United Nations Fund for Population Country Support Team based in Dakar; the United Nations Children Fund (UNICEF), The World Bank, the Senegalese Ecole National d'Economie Applique, the Population Council and members of the Press, as well as representatives from SIDA who were present throughout the meeting as observers.

Designated members of the French- and English- speaking working groups joined forces to develop a combined story highlighting the main features common to both sets of findings, and developed a series of role plays which they performed on the final day in front of the visitors. Their performance was well received and helped to make vivid the reality of young people in the region as determined by the more than 13,000 respondents from the eleven african countries. Subsequently, one member from each language group provided an overview of the action plans developed by the anglophone and francophone countries, for comment and question. The discussion highlighted the lack of financial resources in the region for adolescent health, and those representing donor agencies indicated that the organizations were welcome to approach their representatives in their countries. WHO offered to continue to provide and to help enlist technical support for the plans of action which would be reviewed following the meeting.

In addition two of the participants, one for the French-speaking group, and the other for the English one, presented overviews of the action plans developed by the youth and health participants from each country.

12. EVALUATION OF THE MEETING

Evaluation forms were distributed to the participants in the morning and a partial feedback was provided on an easel during the final session since time did not permit the complete tallying or a full discussion. The overall evaluation was quite positive. To the questions to what extent were the following achieved, "well" or "very well" replies were given by 67% to meeting the overall objectives, 76% to the review of the narrative research method, 81% to exploring the results; 78% to identifying implications, 72% to development of plans of action, and 83% to enhancing cooperation between the youth and health sectors. Many indicated in their comments, however, that they would have liked more time for various tasks of the meeting.

Similarly with regard to the techniques used during the meeting, positive replies were given as follows: overall utility of methodologies, 65%; role play 74%; VIPP 70%; group discussion, 96%; plenary sessions, 85%; background documentation 78%; interaction between the two linguistic groups, 63%; and audio-visual material, 58%.

With regard to the logistics, 53% felt they were not advised of the lodging conditions in advance, although 52% thought the venue was as expected. 67% were informed on time of the objectives, 88% were met at the airport, 91% were satisfied with the meeting rooms, 59% with the meals, and 54% with information about Dakar. Most, 93% and 85%, respectively, were pleased with the half day free and the evening party.

This was an ambitious meeting, for not only did it bring the youth leaders who had engaged in the research together with representatives of the ministries of health from their countries (who were new to the research), but it also mixed the French- and English-speaking groups together for the first time. The methods of the meeting were highly participatory (role play, VIPP), and were

also new for many of the participants. The meeting also had multiple objectives, foremost to stimulate action plans in the countries, but also to propagate methodologies, and to strengthen ties across disciplines and cultures. There were inevitable difficulties along the way, but it is pleasing to note that the participants overall were positively appreciative of the meeting.

13. FOLLOW-UP TO THE MEETING

The report of this meeting is being distributed to interested parties which include the participants, and the technical and donor agencies which have an interest in the promotion of adolescent health with special reference to sexuality and reproductive health issues. The agencies present at the close of the meeting encouraged those responsible for the country project plans to contact them either through their national or regional offices to see whether support might be forthcoming. At the same time, WHO and the youth organizations are providing technical comments to those responsible for the projects. In some cases the project plans will augment ongoing activities while in others, they will require new funding and further technical support. It is to be hoped that viable and useful projects will emerge in each of the countries as follow up to the project and meeting.

A WHO press release at the time of the meeting, generated widespread interest in the accomplishments of the young people and their youth organizations as well as in the narrative research method. The guide to its use, is now available, and is being distributed to those in other countries and other agencies who wish to use it.

The evaluation of the meeting also indicated that collaboration between the youth and health sector, and that between the French- and English- speaking groups in the eleven African countries, had been enhanced. It is to be hoped that that will be manifest in activities which go beyond the scope of the specific projects generated by this meeting.

14. CLOSING

Following remarks made by the representatives of the World Organization of the Scout Movement, the World Assembly of Youth, the United Nations Population Fund and the World Health Organization Representative in Senegal, the representative of the Minister of Public Health and Social Development brought the meeting to an official close. He thanked the participants for their courage and enthusiasm in succeeding in a task important for all of Africa, and noted that the Government of Senegal would take note of these findings to enhance their efforts to promote health and well-being. The speakers expressed appreciation for the financial support provided by UNFPA and subsequently the Swedish International Development Agency and the Rockefeller Foundation, the technical support provided by WHO, the special kindnesses of the Foyer de Charite at Cap de Biches, where the meeting was held, and the local representatives of the Scouts and WHO in Senegal for their very special efforts in making the meeting a success. They acknowledged both the harrowing problems to be faced - the all too common narrative story of young love turning to tragedy, and the success demonstrated by the project itself in which young people, in partnership with NGOs and intergovernmental agencies, can make a difference to the future of their societies.

LIST OF PARTICIPANTS

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A meeting to Review the Findings of The Narrative Research
and to Plan Action in 11 African Countries,
Cap des Biches, Senegal, 22-26 April 1993

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Appendix 2

ORGANIZATIONS PARTICIPATING IN NARRATIVE RESEARCH PROJECT

World Organization of the Scout Movement

Scoutisme Béninois

Les Scouts du Burkina Faso

Les Eclaireuses & Eclaireurs du Burkina Faso

Les Eclaireuses & Eclaireurs du Côte d'Ivoire

Les Scouts du Sénégal

Les Eclaireuses & Eclaireurs du Sénégal

Association Scoute du Togo

World Assembly of Youth

Kenya Association of Youth Organisations

Malawi Young Pioneers

Tanzania Youth Organization

National Youth Council of Uganda

National Youth Development Council of Zambia

Zimbabwe Youth Council

Appendix 3

MEETING AGENDA

Adolescent Sexual and Reproductive Behaviour: from Research to Action
A meeting to Review the Findings of The Narrative Research
and to Plan Action in 11 African Countries,
Cap des Biches, Senegal, 22-26 April 1993

Thursday 22 April

Plenary Session

1. Opening and welcome to participants

Break

2. Introductions of secretariat and participants
3. Nomination of chairpersons/general rapporteurs
4. Review of objectives of meeting
5. Adoption of agenda
6. Overview of narrative research method
7. Preparation for Task 1 of Working Groups (Narrative Research Method)
Working groups (francophone and anglophone)
8. Issues in the use of the Narrative Research Method by the Youth Organizations.

Lunch

Plenary Session

9. Presentation and Discussion of Working Group findings with recommendations for future.
10. Preparation for meeting Objectives 2 and 3 by the Working Groups: review of findings from Chapter One with implications for action by youth organizations in partnership with others to meet the needs identified.
Working Groups (francophone and anglophone)
11. Role play and review of finding of story from Chapter One "Becoming Acquainted with each Other" with Implications for action using VIPP method.

Plenary Session

12. Brief review of day and plan for next day

Friday 23 April

Plenary Session

13. Presentation by Working Group rapporteurs of working group discussion on findings of Chapter One and implications for action followed by discussion.
14. Role play and review of findings of story from Chapter Two "Suspecting A Pregnancy" with implications for action using VIPP method.

Lunch

Plenary Session

15. Presentation by Working Group rapporteurs of working group discussion on findings of Chapter Two and implications for action followed by discussion.

Working Groups (francophone and anglophone)
16. Role play and review of findings of story from Chapter Three "The Families Learn" with implications for action using VIPP method.

Plenary Session

17. Presentation by Working Group rapporteurs of working group discussion on findings of Chapter Three and implications for action followed by discussion
18. Brief review of day and plan for next day

Saturday 24 April

Working Groups (francophone and anglophone)

19. Role play and review of findings of story from Chapter Four "Living with the consequences" with implications for action using VIPP method

Plenary Session

20. Presentation by Working Group rapporteurs of working group discussion on findings of Chapter Four and implications for action followed by discussion
21. Brief overview of implications for action
22. Presentation of Project Plan Outline for Working Groups to develop detailed proposal for action at country level and brief outline for presentation on transparencies.

Lunch

Sunday 25 April

Working Groups (by country)

23. Each country working group to choose among action implications for their country and develop one or more detailed project plan(s) with briefer outline on transparency for presentation in plenary session

Lunch

Plenary Session

24. Presentation by country rapporteurs of project plan(s) followed by discussion
25. Plan and practice for presentation of French and English stories through role play on Monday

Monday 26 April

26. Introduction and welcome of visitors from technical and donor agencies
27. Presentation of overview of project including method and research activities
28. Role play of overall storyline result by participants alternating French and English and discussion of findings
29. Distribution of action plans from the youth organizations to all participants

Break

30. Presentation of overview of Action Plans including key examples of the action plans

Lunch

31. Discussion of resources needed for action plans
32. Follow up action including resource identification and other uses of Narrative Research Method
33. Collaboration between francophone and anglophone countries in adolescent health
34. Closing

Morning session will be from 9.15 - 13.00 (with coffee break)
Afternoon sessions will be from 15.00 - 18.00 (with tea break)

Appendix 4

CLOSING REMARKS OF DR ROGER MOLOUBA Former WHO Representative in Senegal

Representative of the Ministry of Health and Public Action;
Representatives of WHO, WAY, UNFPA;
Colleagues from Geneva and Brazzaville;
Ladies and gentlemen, participants, young people and guests;

You have come to the end of your work which has occupied your attention for the last five days. During this time you have been looking at a topic of vital importance: "Adolescent sexual and reproductive behaviour - from research to action".

Ladies and gentlemen, participants,

The objectives set by you for the preparatory narrative research on this topic that has been carried out in eleven countries of Africa were, I would remind you, as follows:

1. to analyse the reports from these countries and pick out their similarities and differences;
2. to determine programme priorities on the basis of survey results;
3. to develop local and sub-regional plans of action;
4. to examine the use of the narrative method;
5. to promote cooperation between representatives of youth movements and the local health authorities;
6. to draw the attention of technical agencies and donors to health needs.

Ladies and gentlemen, participants,

The new methods you have been using go beyond scientific innovation and proceed from a determination to improve the effectiveness and impact of health messages, achieving control in order to ensure better planning of these messages. The odds were not impossible, as you have shown with conviction when we look at the results you have achieved.

The second challenge was to identify the deficiencies in the training of health personnel, who find themselves lacking in the skills of reception and listening and thus handicapped in their action and efficacy. In the course of this seminar you have uncovered a maze of synergistic interaction between health workers and young people, and between the relevance and productivity of their work.

In this connection, I have no doubt that this seminar will have highlighted the importance of the EFFICACY-COST-BENEFIT triptych, which demands and is the basis for greater control in an active sex life, that above all assumes responsibility for all the risks.

Ladies and gentlemen, guests and participants,

Sexuality is a gift. For WHO it is an area of special importance in personal development, and you will understand that it must be freely and wisely fertilised to ensure balanced human development.

For all these reasons, I should like to express my satisfaction on behalf of the Regional Director of WHO. And I am confident that the quality of the work and of the participants augur well for success in the future.

I believe that the realities of tomorrow will show that the young are becoming more involved in action for health, that is, in prevention. All these are grounds that will stimulate, foster and strengthen generous participation in a whole host of ways, and at the same time attract the backing and support of our external partners.

Ladies and gentlemen,

The decisive movement is now under way. Now it is up to us to see it along, channelling and monitoring its progress to ensure that the milestones that you have so aptly set up are not lost to view in the meanderings of indecision, and left to whims of lip service. You know that the challenge is there. It stands before us, and I know that you are just as determined as we are to carry off a brilliant success.

I am sure I am not mistaken. You are the vanguard, the leaders and the initiators of a new and dynamic process that will bring together young people, deciders and executants, in short, of harmonious programmes in keeping with realities in the field. Our wise elders teach that youth is "a force and a power" and that for youth, "nothing is impossible".

I cannot conclude without thanking the members of the Cap des Biches Foyer de Charité for hosting this seminar in such good conditions. My thanks also go to the donors, the interpreters and all the other people who have helped to ensure that the meeting has gone smoothly, the facilitators and the interpreters, without whom no results could have been achieved.

I should particularly like to thank the WHO team in Senegal for the support they have given me at all times.

It is customary to apologise to participants for the difficulties that will be encountered in the course of the meeting, but I deliberately refrained from doing so at the opening session as I felt it was preferable that you should first experience these difficulties that are inherent in the organization of all human activities. May I now present my apologies for any inconveniences that you may have experienced. There is a Bantu proverb that says "Even the most beautiful woman can only offer what she has", and although I am neither beautiful nor handsome, I have given you the best I had to offer - that is, my smile. And so I am sure I shall be forgiven.

After these apologies, may I wish you all a safe return to your respective countries.

Thank you for your attention.

OVERVIEW OF COUNTRY PROPOSALS

BENIN

WELL-BEING OF YOUNG PEOPLE

Objectives: Help promote the health of young people between the ages of 15 and 25, through their active participation, and help protect them from sexually transmitted diseases, too early pregnancy, and clandestine abortions in the absence of a national programme for adolescent health

Diminish gradually the incidence of STD and too-early pregnancy

Improve access of young people to knowledge about health and contraceptives

Activities: Equip two centres to receive young people and promote their reproductive health

Develop collaboration between health workers and professional communicators a programme of information, education and communication for young people. This will involve theater, radio and television programmes, talk shows, songs, film, video, posters, contests, youth fora, and the distribution of contraceptives

Provide specially designed training for 30 promoters from multiple disciplines in the reproductive health of adolescents

BURKINA FASO

PROMOTION OF THE HEALTH AND DEVELOPMENT OF YOUNG PEOPLE

Objectives: Promote the health of young people between the ages of 12 and 24 through healthy behaviour

Strengthen education for health

Improve access of young people to health and social services

Reduce the incidence of juvenile delinquency

Reduce exposure to sexually transmitted diseases (STD)

Increase literacy in rural areas, training of young women, and helping street children to find employment

Inform the population about the problems of young people

Enhance collaboration between youth organizations, and ministries of health and social development, youth, sports and culture

- Activities:** Hold national forum for the key partners
- Provide training for health workers in communication skills with young people about reproductive health
- Development information, education and communication approaches (IEC) to problems of STD and drug use, radio, video and booklets, and use of theatre for special cultural weeks to highlight young people's issues
- Create literacy training centres in rural zones and in the evening for young people who had not been able to complete their schooling, and professional training for young women

COTE D'IVOIRE

A NETWORK FOR THE INFORMATION AND EDUCATION OF YOUNG PEOPLE ON MATTERS RELATING TO SEXUALITY

- Objective:** To make information and education on matters relating to sexuality accessible to young people through the establishment of a network of centres in all 50 departments of the country
- Activities:** Hold a national training workshop for a national core group to coordinate activities in relation to sexuality
- Similarly, for those responsible for Regions and subsequently, Departments
- Create 50 centres of information and education for young people
- Provide training, supervision, monitoring and evaluation for these centres

KENYA

STUDENT ADVISORY CENTRES

- Objective:** To promote and protect sexual and reproductive health of young people through better relationships and the prevention of unwanted pregnancy and sexually transmitted diseases
- Activities:** Provide, within easy reach on the grounds of institutions, basic education on sexuality and inter-personal relationships to college going students in Kenya. Concurrently, it is intended that family planning services emphasizing "safe sex" shall be provided. The educators will be on a volunteer basis drawn from staff and students of the institutions, and provided with training for the purpose.

MALAWI

ESTABLISHMENT OF INTEGRATED YOUTH ADVISORY CENTRES

Objective: To improve the quality of life for young people in Malawi through providing contraceptive and family education counselling services together with and targeted to young people and linked up with the existing health structure in the community

Activities: Conduct a survey on young peoples health concerns and their perception of the health care services

Train personnel for the Youth Advisory Centres (managers, peer counsellors, health care providers and educators)

Link Youth Advisory Centres with existing local health care structure

Create counselling and family planning services at the centres

SENEGAL

PROMOTING THE HEALTH OF YOUNG PEOPLE

Objective: Promote the development and well-being of young people between the ages of 10 and 24 through the establishment of centres for young people in the five most populous regions of the country and an audio-visual caravan

Activities: Provide intensive training in IEC and social-psychological aspects

Establish a coordinating team of 5 young people

Train 10 youth leaders and 5 parent leaders in IEC in each region, including one young person per region in audio-visual techniques and documentation

Hold seminars every 6 months in each region and a national seminar, following an evaluation, at the end of two years

Hold public discussions at local and national levels with appropriate materials for dissemination, including special seminars for parents

TANZANIA

SEXUAL AND REPRODUCTIVE HEALTH AMONG OUT OF SCHOOL YOUTH

Objectives: to provide youth in schools as well as out of school, with adequate sexual and reproductive health education and services through youth centres, youth economic group activities and family planning services

- Activities:** Provide the education and the health services through existing youth centres. In Tanzania the Umoja wa Vijana Youth organization is well structured with committees and full time staff from village level to national level and in many places there are youth centres. These can be used as places where sexual and reproductive education and services can be provided. The youth leaders should be trained to perform these tasks in the youth centres (peer counselling) and health personnel trained and sensitized to youth problems could come in on specific days and give counselling and health services to the youth. Appropriate training material for peer educators should be prepared and made available to the centres.

TOGO

THE REPRODUCTIVE HEALTH OF YOUNG PEOPLE

- Objective:** Help young people between the ages of 14 and 24 become aware of the health issues and risks they run in matters of sexuality and reproductive health including too-early sexual relations, self-medication, and hazards of drug use
- Activities:** Provide training for 30 youth volunteers to organize seminars and train others
- Hold informal discussion groups, produce a play for the theatre on the subject, present radio/television programmes, and create and distribute posters
- Establish a centre for counselling young people

UGANDA

YOUNG PEOPLE'S WELFARE

- Objectives:** To promote the well being of young people by reducing the transmission of STD and AIDS, and reduce the prevalence of teenage pregnancies through appropriate use of contraceptives
- Activities:** Review of policies in special workshops and sensitising the general public to policies
- Develop education and training programmes, e.g. strengthen family life education (FLE) in schools, provide appropriate training for key groups such as trainers, counsellors, service providers, parents and peers
- Adapt and develop IEC materials
- Use mass media to disseminate information
- Make contraceptives available

ZAMBIA

OUT OF SCHOOL POPULATION AND FAMILY PLANNING SERVICE PROVISION

Objectives: To strengthen and promote out of school health education and services through an integrated approach into existing youth programmes in order to promote the health of youth and prevent the consequences of uninformed and unprotected sexual relations among youth

Activities: Pilot projects will be set up in four rural centres in four different districts and run for a two year period. Activities will include:

Review of school curricula

Situation analysis

Train trainers who will be the providers of information to youth

Improve IEC and education materials

Initiate collaboration with the mass media

Implement family planning into project areas

Monitor and evaluate the pilot projects

ZIMBABWE

YOUTH SERVICES

Objective 1: Advocate for a policy document for youth

Activities: Conduct an orientation workshop for influential leaders at national, provincial and district level; consciousness raising among parliamentarians, youth related organizations and youth panels

Objective 2: Develop ways and strategies to reach adolescents

Activities: Production of youth publications, posters, photonovelas, newsletters, magazines, hot-line, mail-in, radio and TV programmes for youth

Add the AIDS component to FLE and education materials

Objective 3: Improve communication techniques between peers and between young people and parents by imparting communication skills

Activities: Conduct peer to peer counselling workshops for youth and young adults

Objective 4: Foster coordination between (state) youth advisory services and NGOs

Activities: Arrange meetings and distribute responsibilities concerning areas of action