

safe passages to adulthood

Final Report

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1 ACHIEVEMENT OF THE PROGRAMME'S OBJECTIVES

State the scientific/technical objectives of the programme as set out in the Project Memorandum and approved by DFID. Indicate any modifications to these objectives which have been agreed with DFID. Summarise achievements against broad statements of intent. Please ensure that all achievements are clearly linked to items in the log frame.

The *Safe Passages to Adulthood* (SPA) Programme was established in April 1999. Its goal was to work towards improving the reproductive and sexual health of young people in poorer countries. This final report summarises the main achievements of the programme during the past six years. Fuller details are available in the five submitted annual reports and activity plans, the report prepared for the triennial review and the many outputs from the programme.

Following the triennial review in 2002/03 and the development and adoption of the non-generic log frame, an amended set of objectives was agreed under the general heading of *the production and dissemination of a substantial and cohesive body of policy-relevant new knowledge of relevance to young people's sexual and reproductive health*. We believe that the programme's objectives have been substantially met. A summary of achievements under each section is provided below:

- a) *the nature and the magnitude and consequences of SRH among young people, and the key determinants of young people's sexual behaviour* - analysis of patterns and trends in young people's SRH behaviours and risks illuminated in selected countries including: in Eastern and Southern Africa, South Asia, South and Central America, and Middle East.
- b) *the barriers and opportunities to good SRH* - greater recognition of young people's sexual behaviour, rights and needs in the wider social, cultural and environmental context; Dynamic Contextual Analysis (DCA) approach developed, validated, disseminated and a revised version of the manual prepared.
- c) *the efficacy of innovative activities and existing interventions to improve young people's SRH* - good practice knowledge synthesis guides on *The Role of Education in Promoting Sexual and Reproductive Health, Working with Young Men, Working with Especially Vulnerable Young People, Stigma, Discrimination and Human Rights*; best practice and innovative interventions piloted, evaluated and, wherever possible, scaled-up in selected poorer country sites; guides to assessment and response developed on *HIV/AIDS Prevention among Especially Vulnerable Young People* and *HIV Prevention among Men who have Sex with Men*.
- d) *concepts and methods appropriate to the investigation of young people's SRH* - guidance on best practice in research on young people's SRH; evidence of research tool utilisation; over 70 policy-relevant research papers published in international peer reviewed journals; around 100 book chapters; over 160 invited and peer reviewed presentations at major conferences, including the 'peak' international conferences in HIV/AIDS and SRH; production of final project reports, key findings and executive summaries; recognition by and joint work with WHO, UNAIDS and other UN system agencies, and joint publications in relation to several areas of work.

2 SUMMARY OF THE RESEARCH WORK

Please provide a lay summary of the knowledge programme in no more than 500 words, which can be published on the DFID website. Please include the key achievements in the summary. Give an account of the main activities undertaken. Indicate whether any of the planned activities have been modified or have not taken place, and if so, why and how.

At the time of the commencement of the programme, there was a great deal of lip service paid to the needs of young people's sexual and reproductive health (SRH), but little by way of concrete action. We believe that the programme has helped substantially in raising awareness of this crucial area at a number of levels, from the highest echelons of the UN system through to a large number of national and regional settings in poorer countries. This has been achieved through encouraging solid research work within a rights framework, as well as emphasising the crucial importance of wider social and economic contexts as being key to understanding vulnerability. One of the initial activities was to develop - in collaboration with colleagues from six countries - an innovative means of rapidly assessing both what is known (or, more crucially, what is not known) about young people's SRH, priorities for future research and the development of suitable policies and services.

From the insights gained from these analyses, a range of activities followed in pursuit of the objectives of the programme. Drawing on the complementary areas of expertise of the collaborating partners, a series of basic and action research projects, using both qualitative and quantitative approaches, were carried out in various countries in Sub-Saharan Africa, Asia and Latin and South America. Amongst the foci of these projects were sexual activity and risk amongst young people, the use of peer education as a tool for improving young people's SRH, analysis of complex data-sets better to understand trends in young people's sexual activity, the risks faced by young internal and external economic migrants, exploring the needs of students in higher education, exploring reasons for early school-leaving in India, and others.

In addition to these extensive research activities, international knowledge synthesis meetings were held to assess the present state of understanding and practice with respect to key issues. These involved selected practitioner and policy makers drawn from local, national and international agencies. Amongst the issues covered were the role of education in promoting improved SRH, working with especially vulnerable young people, working with young men, the research-policy interface, communication of HIV messages, and stigma, discrimination and human rights.

In the policy arena, the programme has had a major impact on national SRH policies in some poorer countries, as well as major contributions to, and influence on, some key international agencies, including UNAIDS, WHO and the EC/UNFPA multi-country initiative.

Finally, a number of research and practical instruments have been developed to assist other researchers in developing the area for research on young people. These include the development of interviewer- and self-administered questionnaires, topic guides for in-depth interviews and focus group discussions with young people, a more focussed set of guidelines for talking with young people on sexual and related issues, and programme guides for working in particularly challenging areas.

Please include an annex to highlight up to 10 of your most important/significant findings, in no more than 500 words each. These can cover: 1) knowledge outputs, 2) impact on policy makers or practitioners (local, national or international), 3) capacity development and 4) other areas

In selecting the cases shown in Annex One, we have attempted to provide some examples of the range of activities that have been carried out by the *Safe Passages to Adulthood* team during the six years of the programme. The list is by no means exhaustive, nor is inclusion meant to imply that other aspects of the work are not of significance or importance. The ten aspects of the work selected are as follows:

- 1 Analysis of large and complex data sets
- 2 Reproductive health among young men in low income areas of Recife, Brazil
- 3 Challenging gender stereotypes in Mexico
- 4 Dynamic Contextual Analysis
- 5 Impact on UN agencies
- 6 Knowledge synthesis meetings
- 7 Improving young people's SRH in Nepal
- 8 Research tool development
- 9 Sponsorships and small grants scheme
- 10 Integrated research and intervention programme, and policy influence, in Mali

3 RESULTS/FINDINGS OF THE RESEARCH PROJECT

Summarise the results using tables, graphs or sketches where possible. How are the findings being disseminated? Include abstracts of all publications (draft and published) as an Annex. Highlight any influence (local, national or regional) achieved.

Summary of findings

There are simply too many findings from the many projects to include in a short overview summary of the programme's achievements. Annexes One and Two provide details of the activities and the key findings.

Dissemination and Communications Strategy

A major aim of the SPA dissemination strategy was to communicate new knowledge gained from the programme's activities to those working both within and outside of the research community using a variety of easily accessible methods. Emphasis was placed on reaching those currently working with young people in the field of sexual health including those who develop, implement and run activities. Furthermore, considerable effort was made in selected countries (for example, Nepal, Mali, Mexico and Peru) to communicate findings with those with the power and influence to change policy and practice. Of particular importance to the programme was the need to reach government ministers and officials, policy makers, church and community leaders, parents, youth and community workers, NGOs, practitioners, teachers and young people alike.

It was our aim to begin communication from the outset of each activity mainly through the involvement of key gatekeepers at the design stage and the establishment of steering groups and advisory committees where appropriate. Once research or research support activities had commenced, ongoing communication was made possible through interactive workshops, newsletters, leaflets and reports establishing a sense of ownership amongst the community being researched and ensuring sustainability and the application of the findings once funding was exhausted. The use of the media within each country setting was also investigated and exploited as each project developed.

Each of the collaborating institutions have also maintained their commitment to disseminating research findings to the wider academic and non-academic audience during the six years. This has been achieved through the publication of official reports, journal and book chapters, and conference and seminar presentations. Examples of some of the activities undertaken are provided below:

UK based activities

In the UK, we developed close links with a number of key organisations including JSI(UK), Panos, ID21, MSI, Action Aid and Save the Children (UK). Regular contact was kept with JSI(UK) for the dissemination of research findings, publications from expert meetings and methods guides. Furthermore, SPA had ongoing involvement in the development of the 'Getting research into policy and practice' (GRIPP) website initiative. Regular consultation with colleagues at ID21 resulted in the timely dissemination of SPA Programme outputs, including methods guides, knowledge synthesis meeting reports and research findings, via the ID21 website and the e-mail discussion group.

Local in-country activities

Local in country dissemination of the SPA programme work by in-country collaborators and SPA staff extend beyond giving workshops, seminars and talks. During overseas and fieldwork visits, major opportunities arose for various members of SPA staff to work closely with key policy makers and stakeholders; for example: Nepal (Ministry of Health, Department of Health Services, Ministry of Education and Sports, Ministry of Environment and Population, Faculty of Education, Tribhuvan University, National Centre for AIDS and STD Control, FPAN), Mali (Ministry of Youth, An official audience with the Minister of Health, Ministry for the Promotion of Women, Children and the Family), Uganda (Ministry of Health), Nigeria (Ministry of Health), Mozambique (Ministry of Health), Brazil (Ministry of Health, Programme of Prevention of STD/AIDS and Ministry of Education), Mexico (Ministry of Health, Ministry of Education and the Catholic Church).

Additionally, frequent interviews were given with local media and communication groups about the work of the programme and issues affecting young people's sexual health, and a large number of articles appeared in local and national newspapers and other outlets in, for example, Mali, Uganda, Brazil, Mozambique, Nepal, South Africa, Mexico,

Website (<http://www.socstats.soton.ac.uk/cshr/SafePassages.htm>)

Information provided includes research tools and instruments - providing items to download; knowledge synthesis reports - providing details of, and outputs from the knowledge synthesis meetings; other reports and publications, including key articles, and project profiles. The website will be maintained and updated for the foreseeable future.

Furthermore, the site also has direct links and is featured on a wide range of other organisations' web pages including the Global Reproductive Health Forum, Focus, FHI, Healthlink, IPPF, FAIA, WHO, UNAIDS Youthnet and Popnet. By the end of the programme, the site had received over 8700 unique users from at least 95 different countries. In the eight month period between February and October 2005 alone, there was an average of 45 unique users per week from 39 different countries, and over 1000 copies of downloadable reports were accessed (these are in addition to the large print runs mailed upon request). This translates as an average download for reports of **1500 per year**.

Mailbase

The electronic mailing list was created as a support forum to promote discussion, disseminate ideas and share research findings of relevance to young people's sexual and reproductive health in developed and developing countries.

SPA Publications

The SPA programme information flyers and leaflets advertising the published tools and instruments and knowledge synthesis publications were distributed widely at conferences and via established mailing lists. Publications themselves were widely distributed both in hardcopy (the normal print run is between 800 and 1000) and in downloadable pdf format.

International contacts

Throughout the six year programme, staff at CSHR, TCRU and CPS have maintained and extended their international contacts in the field of sexual and reproductive health, through advisory work, committee membership and consultancies among other means. Examples include:

Aggleton: has been senior adviser to UNAIDS in relation to the development of its youth strategy and with respect to work on gender, social inclusion and HIV prevention. PA has been secretary and senior technical adviser to the UNAIDS Inter-Agency Task Team on

Education and HIV/AIDS and is principal adviser to UNAIDS in relation to their strategy for intensifying HIV prevention in the context of treatment roll-out.

Cleland: serves as a member of STAG (Scientific, Technical and Advisory Group) of the Department of RHR, WHO.

Castle: has been a member of the WHO working group looking at female genital mutilation.

Castle and Juarez: have served on the advisory panel to the Alan Guttmacher Institute on 'Protecting the Next Generation' a four country study of adolescent sexual behaviour and sexual health outcomes funded by the Gates Foundation.

Aggleton: was a member of the advisory panel for the Alan Guttmacher Institute Men's Initiative.

Juarez: was head of the IUSSP Exploratory Mission on the Adolescent Life Course 2002-3 and is Chair of the Adolescent Committee of IUSSP.

Partridge: has been a member of the Private Markets for Public Health group run by IHSD.

Ingham, Zaba, Slaymaker: have had major involvement with the joint UN Taskforce to develop means by which the contexts relevant to young people's sexual and reproductive health can be monitored and evaluated

Ingham: was an invited member of small task force to discuss EC's future priorities in the field of young people's SRH

Aggleton and Ingham: have both been involved in a number of Ford Foundation sponsored meetings to discuss the future direction of, and priorities for, SRH research, and new ways of thinking about how to assess the outcomes and effectiveness of sex and relationships education.

Uptake and utilisation of SPA findings

There have been numerous examples throughout the life of the programme of ways in which the various activities have been utilised with positive benefit. A few examples are provided:

Brazil - In Brazil, a Portuguese-language translation of the DCA report was published by the Brazilian Interdisciplinary AIDS Association (ABIA), and was distributed to AIDS-service organizations and NGOs working with young people on SRH issues, as well as to federal, state and municipal STD and AIDS Programmes and Women's Health Programmes throughout the country. This report has been widely cited by both researchers and policy-makers, and served as the point of departure for discussions of SRH programming for young people.

Brazil - Also in Brazil, the peer-led condom promotion programme served as an example to how young people can be reached. As a result, the government is adopting a number of the strategies employed and the estimates obtained from the baseline survey were requested to guide their future young people's sexual health policy and intervention programmes.

Mali - The Ministry of Youth and Sport in Mali extended the DCA to two other areas of the country and used the findings to develop their 10 year plan.

Kazakhstan - The results of the DCA conducted in Kazakhstan were incorporated into ongoing governmental discussions regarding development of a sex and moral education programme in schools.

Peru - Participation in SPA resulted in great benefit for Peru. Not only has Redess Jovenes worked on a DCA which has been distributed in whole or in part among stakeholders (including Ministries), for whom it has become a relevant reference but, further, participation in expert meetings has facilitated the exchange of valuable information (in the form of case studies) with institutions across the world on subjects of cutting edge interest. Materials have been of interest to local colleagues with whom the information has been shared.

Botswana - Following participation in the meeting on *Successful Working with Young Men, the Men, Sex and AIDS Project* developed a funding proposal for a school volunteer programme for high school boys. This promoted approaches to peer counselling and is being supported by the Botswana National Youth Council

Bangladesh - Following participation in the meeting on *Successful Working with Young Men, the Bandhu Social Welfare Society* explored with in-country NGOs and with UNAIDS the possibility of extending its work so as to include a specific component on working with adolescent boys. These ideas met with a positive response and detailed proposals were developed. Linked to this, the same NGO persuaded UNAIDS to sponsor the participation of one young person from Bangladesh in the UNGASS meeting June 2001.

Mali and Kenya - as a result of the working with especially vulnerable young people meeting, Professor Baba Koumare from Point Ghospital in Bamako went to visit the Omari Project in Malindi, Kenya to exchange experiences in the treatment of substance use problems and the rehabilitation of substance users into the community.

Nigeria - the findings from the project in Ibadan have been used to inform the local community and council about the situation facing the young people living in the slum areas and for advocacy in obtaining possible funding for a suitable intervention in the area.

Sierra Leone - the results from the research project among young IDPs in Freetown provided Marie Stopes Society Sierra Leone (MSSSL) with information which was used to inform its providers to be able to tailor their services to best suit the young clients needs.

Nepal - the results of a study funded by SPA on teachers', parents' and young people's views on school based sex education led to the development of a new SRE curriculum being designed and implemented in schools, increased training activities and government requests for assistance with developing young people's SRH services.

Publications

See Annex Two for details of over 70 refereed journal publications and 97 book chapters and reports; additionally, SPA staff delivered over 160 invited or refereed conference presentations.

4 POLICY RELEVANCE

How are the findings relevant to policy? What are the recommendations for getting the research findings into policy and practice?

Some examples of the ways in which the activities of the programme have been relevant to, and influenced, national policies are provided in Section 3 above.

Additionally, SPA took an active role in the development of the JSI (UK) resource *Getting Research into Policy and Practice* (GRIPP). One of the staff was a co-author of the publication *Going beyond research: A key issues paper raising discussion points related to dissemination, utilisation and impact of reproductive and sexual health research*, and case studies were prepared for the GRIPP website.

Then at the international level, the work of the SPA programme has had a major impact. Of particular note must be the manner in which frameworks of vulnerability and risk developed within the context of the SPA initiative influenced the structure and approach adopted by the UNAIDS Task Team on Education and HIV/AIDS in their Strategy Framework published mid-way throughout the SPA programme. This places strong emphasis on the influence of political, economic, social and cultural context on young people's sexual lives, and the need for programmes and interventions to move beyond the individual to engage with social norms and community values. Such linkage was achieved through PA's participation as senior advisor to the UNAIDS Task Team, and the Strategy Framework has now been endorsed by Cosponsors and by six Bilateral agencies including DFID, USAID, DCI and SIDA.

Subsequently, the SPA programme and the approaches developed within it have influenced WHO's approach to rapid assessment and response - particularly in relation to work with especially vulnerable young people, for whom a specialist adaptation guide was developed by the TCRU SPA team - and programme development. In this latter capacity, the Southampton and LSHTM teams contributed to the development of WHO/UNAIDS indices for monitoring country-level contexts, and assisted with workshops to assist researchers and programme managers. These are significant achievements for a UK funded project, influencing policy, practicing and thinking at the highest levels of the UN system.

5 RESEARCH CAPACITY STRENGTHENING

How has the research project contributed to capacity strengthening in either the grant holder's institution or in partner institutions overseas? Cite specific contributions eg, training provided, qualifications gained. How sustainable are the capacity strengthening initiatives? What wider capacity strengthening activities has the knowledge programme has been involved with e.g. work with policy makers to understand research and using findings, with service users or NGOs to input into research at any stage.

The capacity of the consortium group to strengthen international work in the field of sexual and reproductive health has been developed in a significant number of ways:

- through the consolidation of existing research relationships and the development of new ones
- through opportunities for forge closer links with international agencies and NGOs working to promote young people's sexual and reproductive health
- through opportunities for the provision of technical assistance in circumstances that matter
- through opportunities to provide research training to enhance the capacity of other institutions, and
- through opportunities to learn from first hand experience

Annex Three lists a selection of the developing country institutions that have been closely involved in the SPA programme during the past six years including details of how the capacity of each institution has been enhanced through its involvement. (Additional developing country organisations and institutions have also been involved with knowledge synthesis meetings; see individual annual reports for full listings).

Other capacity strengthening activities

Details of other capacity building and training activities which have involved multiple users and organisations are highlighted below.

Tool and instrument development

During the last six years, the following research tools, instruments and guidelines have been developed by members of the SPA consortium. The aim of these tools is to assist in the development of technical expertise among researchers that will extend beyond the limits and life span of the SPA programme.

- Learning from What Young People Say ... about Sex, Relationship and Health: a web based resource and manual to conducted participatory semi-structured interviews with young people on sexual and reproductive health concerns (hard copies plus 100 downloads per year).
- Dynamic contextual analysis manual (DCA): a web guide and manual for researchers and practitioners to conducting a DCA of young people's sexual and reproductive health (hard copies plus 120 downloads per year).

- Annotated bibliography: a guide to up-to-date and relevant literature on young people's sexual and reproductive health (data not available from WHO website).
- Qualitative research instruments: suggested areas or themes for interviews and focus group discussions with young people; key elements, example questions and suggestions for probing.
- Quantitative research instrument: suggest question route for an interviewer administered questionnaire with young people; including suggested data analyses.
- Development of self-completion version of above questionnaire.
- Development of monitoring and evaluation indicators and manuals for NGOs involved in SRH services for youth as part of the EC/UNFPA Reproductive Health Initiative in Asia.
- Rapid Assessment and Response Adaptation Guides for WHO's Department of HIV/AIDS. The first of these focuses on assessing the needs and experiences of especially vulnerable young people, the second addresses the circumstances of men who have sex with men - including young men who have sex with men and male sex workers.

Training courses and workshops

Training activities and courses that have been conducted by SPA staff include:

- Focus group discussion training for Wellcome funded Public Health Masters Students at The University of Edinburgh.
- Proposal writing and research methods training for WHO HRP adolescent sexual and reproductive health programme grant applicants.
- Monitoring and evaluation training workshop for Nigerian state level Ministry of Health Officials.
- Analysis of South Africa DHS for South African researchers, including those from University of Cape Town, African Population Centre in Xlabisa, Wits, SA Ministry of Health, and others, February 2001, South Africa.
- In collaboration with the Centre for the Study of AIDS (Pretoria), DFID (South Africa) and UNFPA, training on DCA application and analysis
- In collaboration with the Centre for the Study of AIDS (Pretoria), training in the use of youth-focused evaluation methods and approaches
- In collaboration with SOLID Nepal (Kathmandu), training and advocacy workshops for researchers, teacher master trainers, service providers and the media on young people's SRH
- In collaboration with MSI Sierra Leone, training course on qualitative methods for researchers in Sierra Leone.
- Interviewing on sensitive topics for Deepak Charitable Trust (DCT), Gujarat, India
- As part of the EC/UNFPA Reproductive Health Initiative in Asia seven workshops have been conducted on the development of log-frames, selection of indicators, data collection methods, review of existing M&E systems and tools, developing M&E plans, and baseline surveys.
- The LSHTM short course in sexual and reproductive health research attracts over 30 students each year, mainly from developing countries. The participants are taught substantive and methodological issues relating to research on young people's sexual behaviour and are often able to incorporate what they have learned into their work when they return home. In addition, the participatory nature of the course and widespread use of group exercises makes for productive

exchange and the sharing of information and experiences across settings. Members from all three of the SPA consortium institutions contribute to the course.

Short-term study attachments, sponsorships and small-grants

A number of small grants have been awarded to colleagues to enable research, conference attendance and dissemination. A selection of these are listed in Annex One, part 9.

6 WORK OUTSTANDING

Have all the planned activities, including data analysis and dissemination, been completed? What action is proposed for completing any outstanding tasks?

By far the majority of activities planned have been accomplished to date but, as is inevitable with any major research programme, further outputs are envisaged over the coming months. Central among these are:

- A fully revised and updated guide to Dynamic Contextual Analysis, developed in the light of feedback from the first edition and with the support of the centre for the Study of AIDS at the University of Pretoria, South Africa and the School of Public Health at Yale University, USA. Additional funding from both Pretoria and Yale, together with resources from the year 6 SPA budget have allowed this development to occur. The guide will be published in late 2005 and will be disseminated via SPA networks and other means. An electronic version of the text will be downloadable from the SPA website.
- A Resource Book containing examples of innovative and effective practice with especially vulnerable young people and designed as a companion volume to *HIV/AIDS Prevention and Care among Especially Vulnerable Young People* published jointly by WHO and SPA. Case studies will be drawn from Nigeria, India, Kenya, Argentina and Iran. The resource book is in the advanced stages of finalisation, being slightly delayed pending the necessary approvals for the inclusion of the Iran case study, and will be published in late 2005. It will be disseminated by WHO as well as through SPA networks. An electronic version of the text will be downloadable from the SPA website.
- A guide to analysing discourses within what young people and adults say about sex, sexuality and sexual relationships, and originally planned as a companion volume to *Learning from what young people say ... about sex, relationships and health*. This was delayed due to staff illness, but it is still planned to try to complete this publication over the coming months. Material from two of the Knowledge Synthesis Meetings - on Working with Policy Makers and the Role of Communication in Promoting Young People's Sexual and Reproductive Health - will be incorporated into an edited collection being developed by the SPA team and to be published by Routledge in mid 2006. This volume is already under contract and in an advanced stage of preparation.

- Some of the small grant sponsored work (in Nepal and India) has been somewhat delayed for reasons beyond our control -in the former case by the civil unrest (and corresponding difficulties of travel and communication) and, in the latter case, by ill-health seriously affecting one of the key local researchers. These activities are, however, in an advanced stage and it is confidently expected that they will be completed shortly.
- Research papers relating to the activities of the programme will, of course, continue to be prepared and published.

7 INTELLECTUAL PROPERTY RIGHTS

Should the results of the work be protected by patent? Please give guidance on this and provide all necessary information to DFID to enable a decision to be reached.

Not relevant

8 FINANCIAL SUMMARY

Please provide details of total expenditure by financial year ie 1 April to 31 March for the period of the grant.

<i>year</i>		<i>budget</i>	<i>rounded expenditure</i>		
			<i>CSHR</i>	<i>TCRU</i>	<i>LSHTM</i>
1	1999-00	300000	165000	40000	95000
2	2000-01	300000	165000	40000	95000
3	2001-02	350000	198000	60000	92000
4	2002-03	350000	196000	60000	94000
5	2003-04	350000	200000	60000	90000
6	2004-05	350000	200000	60000	90000

9 LINKS WITH DFID

Please comment on the extent of interaction with DFID Advisers, Field Managers and DFID bilateral programmes. Have arrangements for monitoring and reporting been satisfactory? (Please include any suggestions for improvement).

Due to continued pressures within the DFID central office and a near constant programme of restructuring, the level of contact with advisory staff has been limited throughout the period of the programme. However, when formal and informal contact has been possible, this has been very supportive and positive. With regard to other DFID staff, the following are some examples of contacts made during the programme.

Discussions with David Clarke and Paul Wafer (DFID) concerning the contribution of education to the promotion of young people's sexual health. Briefing was provided for in-house planning and in relation to the World Education Forum (Dakar). Peter Bonner was consulted about the work in Kazakhstan including the DCA during a fieldwork visit in Almaty. DFID field managers with responsibility for Zimbabwe and Peru were contacted as part of the DCA activity in these countries. DFID representative in Mexico (Head of the British Council) was consulted in regard to the Safe Passages programme and its activities in the country. Liz Tayler and Arvind Mungur (DFID Nigeria) to discuss the monitoring and evaluation workshop carried out in Jos and the forthcoming project with young people in the slums of Ibadan. Recommendations for participants at our policy makers knowledge synthesis meeting were sought from Bob Fryatt (DFID India), Desmond Whyms (DFID Bolivia), Peter Zoller, Fiona Power (DFID communication specialist) and Charles Clift (DFID policy department). Michael O'Dwyer and Kevin Lillis (DFID Nepal) and Mark Waltham (DFID Education Advisor) regarding SPA work in Nepal. David Lewis (DFID Peru) in relation to the study of masculinities in Peru and the dissemination of findings in Peru and Bolivia. DFID Southern Africa Health Staff in regard to the ongoing research in Maputo Mozambique. Recommendations for participants in the role of education meeting were sought from David Clarke, Terry Allsop, Richard Arden, Louise Banham (DFID Bangladesh), Fiona Duby (formerly DFID Pakistan) and Paul Wafer. Representatives from DFID Education attended "The role of education" knowledge synthesis meeting. Representative from DFID attended Communications meeting in Oxford. Collaboration with the former DFID Education has taken place in connection with the development of the UNAIDS IATT Strategic Framework for Education and HIV/AIDS. Collaboration has occurred with DFID (South Africa) in relation to the possible joint funding of activities at the University of Pretoria.

If DFID were to arrange a seminar series about its funded research programmes please highlight 3 areas that you would wish to cover. We will use this information to ensure that the relevant policy teams are aware of your work and to inform DFID future seminar planning activities.

The importance of taking young people's SRH seriously in relation to development issues.

The importance of context(s) in understanding and responding to vulnerability and risk amongst young people.

Moving beyond rhetoric in the formulation of policies for the improvement of young people's SRH

ANNEX ONE

Project Highlights

1 Analysis of large and complex data sets (Cleland, Castle, Caraël, Wolff and Ali)

To assist in the understanding and explanation of young people's sexual behaviour a series of analyses were performed on large and complex data sets collected from Mali, Kenya and Côte d'Ivoire, Tanzania, Zambia and Thailand.

The research findings from the analysis of the sexual health survey data from Mali suggest that adolescents' psycho-social skills (in particular, self-esteem, assertiveness and locus of control) are strongly associated with their likelihood of having had intercourse and with the use of contraception among the sexually active when controlling for socio-economic factors such as schooling. In addition, analyses of the economic context of adolescents' sexual relations find that the exchange of money or gifts characterised the vast majority of sexual encounters. Interestingly, girls appeared to give to boys as well as boys offering financial rewards to girls after intercourse. These findings have direct programmatic implications and have already been used to design an intervention with Save the Children Fund.

In Kenya, statistical analyses have been performed on three national demographic surveys at 10 year intervals from 1978 to 1998 by Brent Wolff and Dr. Monica Magadi from the African Population and Health Research Centre in Nairobi (APHRC). The results show that age at marriage has been rising faster than age at first birth over the last 30 years, while age at first sex has risen only slightly. Consequently, an increasing proportion of first births is taking place outside marriage, while the window of reproductive health risk between first sex and marriage is growing wider. Two factors normally associated with increasing control over fertility - declining family size preferences among the adult population and increasing primary enrolment levels - have been found to account for most of the rise in premarital births over this period. Social change is obviously leading to a postponement of family formation but not to commensurate delays in onset of sexual activity or compensatory use of contraceptive methods.

The findings of the Kenya analysis suggest that rising aspirations and opportunities affect young people and adults alike, but young people do not have equal access to health resources, particularly family planning services, in order to cope with change. Access barriers to family planning for young people therefore need to be addressed, especially for those who enter school but stop before the secondary level. These analyses are to be used to justify a research proposal to conduct a longitudinal study in two districts of Kenya. The study will focus on social and community context factors hypothesised to underlie changing life-course transitions to adulthood, as well as the hidden tensions and hidden outcomes (including abortion) arising from changing adolescent transitions.

The relationship between premarital and extra-marital sexual activity (EMI) in men has been explored using data from the former Global Programme on AIDS (WHO/GPA) surveys (Côte d'Ivoire, Tanzania, Zambia and Thailand). It has been found that characteristics of pre-marital conduct such as age at sexual debut, length of acquaintance with debut partner and number of pre-marital partners are significantly associated with EMI in men later in life. This continuity in sexual conduct over the life-course is open to several competing interpretations but sexual socialisation in young

people is likely to be at least a contributory factor thus justifying the need for sexual health programs targeted at young people.

More recently, Cleland and Ali have been analysing trends in eight Latin American countries and 16 African countries. The Latin American results show increased sexual exposure before marriage, partially offset by greater condom use but not sufficient to stop pregnancy rates from rising among 15-24 year old single females. The African results show large and encouraging trends towards greater condom use but no consistent trend with regard to abstinence.

2 Reproductive health among young men in low income areas of Recife, Brazil (Juarez)

Findings arising from a project to design and evaluate a peer-led condom promotion scheme are summarised below:

- Young males appear to experience first sex with women slightly older than themselves. They see initiation as a learning experience and their first sexual partner is usually a young woman, not much older than themselves, but who has greater sexual experience. Initiation with a prostitute was mentioned in a few cases.
- The findings from the study highlight the importance of observing and understanding young people's colloquial terminology. Young males' language on sexual activity and relationships is extremely diverse; for example, women are talked about in many different contexts and grouped into a variety of categories based on the range of sexual activities engaged in and the emotional bonds and feelings towards a girl.
- Knowledge and awareness of sexually transmitted infections was found to be limited among the young men in Recife.

The objective of the intervention project was to design and evaluate an innovative approach to the reduction of unwanted pregnancies, STDs, and HIV/AIDS. A variety of elements from the successful *Gente Joven* programme of the Mexican family planning association (MEXFAM) such as peer-leadership, an outreach strategy, and participatory techniques were adopted. Furthermore, the design incorporated marketing methods guided by professional experts.

The Recife intervention named *Proteger* is aimed at boys of low income aged 13-19 years, both with and without sexual experience, regardless of their sexual orientation. Under this youth-to-youth scheme, young men were encouraged to instruct and motivate their peers to participate in the programme, and to distribute condoms. Young people with STDs or with other medical, mental or reproductive health problems were referred to specialised health facilities. Promotional activities were incorporated (parties, theatre plays, *capoera* performances, samba groups, etc.) with the support of local voluntary organisations working with young people.

The investigation evaluated the impact of the intervention, including a cost analysis.

Findings of the evaluation included:

- The proportion of young men using a method of protection at last intercourse increased from 62 to 69 percent in the intervention site during the 15 months intervention period. However, the prevalence of protection in control site remained the same at 70 percent. This increase was statistically significant ($p < .05$) once controlling for all other factors.
- Protection with condoms at last intercourse increased from 48 to 59 percent in the intervention site while it reduced in the control site (from 59 to 33 percent). The increase is border line statistically significant ($p < .07$) once controlling for all other factors.
- Knowledge of pregnancy and STI prevention and positive attitudes towards condom use significantly increased in the intervention site ($p < .01$).

The evaluation of the intervention demonstrated the gains that can be achieved by using a peer-led outreach approach to providing sexual health information and advice to young people, the need to seek involvement of the community and the benefits of using tried and tested marketing strategies.

3 Challenging gender stereotypes in Mexico (Marston)

This work in Mexico focused on the relationship between social constructs of femininity and masculinity, and their relationship to sexual behaviour. Concepts of gender and gender differences are widely seen as crucial in understanding relationships between men and women, particularly sexual relationships. Ethnographic and narrative work from Mexico shows that men and women use different communication styles that can act as a barrier to good communication between them - for instance, men may be socially permitted to speak graphically about physical sex acts, using "explicit" vocabulary not available to women. Stereotypes about men and women act to reinforce social expectations about behaviour and may make communication more difficult.

The unquestioning articulation of gender stereotypes by researchers and policy makers may increase the social divide between men and women, and muddy research into topics particularly prone to stereotype such as sexual coercion, where men are expected to pressure women into sex, but not vice versa. Ethnographic research in Mexico shows that coercion is far more complex than a physical act by one individual toward another. Very similar events may be interpreted in entirely different ways depending upon what occurs subsequently and how the individual positions him or herself in relation to prevailing norms. Interventions aiming to reduce coercion and violence risk reinforcing existing stereotypes if they emphasise simplistic ideas of men as perpetrators and women as victims and do not acknowledge the social structures that can disadvantage both sexes.

4 Dynamic Contextual Analysis (all)

At the outset of the programme, it was realised that comparatively little was known about young people's sexual activity, nor the contexts in which it occurs or the factors that affect vulnerability to exposure to unplanned pregnancies, sexually transmitted infections or negative psychological sequelae. One of the initial activities of the programme was to develop a means whereby this lack of understanding could be addressed within limited budgets and time constraints.

Selected colleagues and organisations from six poorer countries (two from each of Kazakhstan, Peru, Mexico, Mali, Zimbabwe and Brazil) were invited to a workshop to develop a new approach. The resulting Dynamic Contextual Analysis (DCA) method was piloted in these countries and draft reports were prepared. A second workshop considered these reports and made appropriate changes to the guide; this was then published both in hard copy and made available in pdf format on the SPA website.

The guide covered a range of approaches that were recommended to enable a comprehensive overview of the situation in countries (or regions for larger countries). These approaches covered the use of existing data from population and other surveys to extract data of relevance to young people, the use of archived local research studies carried out by universities and colleges, etc., ways of exploring the content and delivery of sex and relationships education in school and non-school settings, the delivery of services to young people, the importance of understanding young people's cultures and assumptions regarding sexual activity, interviewing key policy makers (in a range of ministries and other agencies) at national and local levels to explore both the official policies and their implementation at ground level, some media analysis of coverage of issues of relevance, and other areas.

The DCA approach was designed to obtain a 'snapshot' of the situation regarding young people and sexual issues and to act as a spur for action, be this prioritisation of research activities, the development of improved and more relevant services, the identification of possibly conflicting policies and legal contexts, and so on.

The reports produced were extremely valuable in focussing attention on key priorities, and informed a great deal of work, not only in the six initial countries, but in others as well.

Towards the end of the life of the programme, it was felt that a revised version would be helpful in the light of SPA experiences of having used the guide as a teaching resource as well as the changing wider contexts. Accordingly, a workshop was held in South Africa (co-organised with the Centre for the Study of AIDS at the University of Pretoria and the Centre for Interdisciplinary Research on AIDS, Yale University) in 2004. The guide has been extensively re-written in the light of these discussions, with a much sharper focus on the importance of five key contexts as means to understand young people's vulnerability - these are the legal, economic, social/cultural, interpersonal and programmatic. The revised DCA guide will be published in the autumn of 2006; 1000 hard copies will be printed for distribution and the report will be available for downloading in pdf format.

5 Impact on UN agencies (Aggleton, Ingham, Zaba, Slaymaker)

Work with UNAIDS Inter-Agency Task Team (IATT) on Education and HIV/AIDS

Aggleton played a major role (as lead writer) in assisting IATT in the development of their *Strategy Framework on Education and HIV/AIDS*. Endorsed by nine UN and seven bilateral agencies (including DFID), this document identifies the key role of education in HIV prevention, care and impact mitigation. It also details the manner in which education systems are being impacted upon by HIV and AIDS, especially in the poorer countries of the world. In badly affected areas the demand, supply and quality of education are being reduced, and young women in particular are being denied opportunities essential to their health and well-being as well as that of their communities.

With respect to HIV prevention, the importance of tackling risk reduction and vulnerability reduction simultaneously as part of a strategic approach is essential. The framework employed in the *Strategy Framework for Education and HIV/AIDS*, that differentiates between individual risk and social/contextual vulnerability, emerged directly from earlier work by SPA partners and has influenced the work of a wide range of national authorities, international agencies and non-governmental organisations working in the field.

Work for WHO's Department of HIV/AIDS

As part of an extensive programme of research support for WHO's Department of HIV/AIDS, Aggleton, together with Malcolm and Boyce, have developed two Rapid Assessment and Response Adaptation Guides for WHO's Department of HIV/AIDS. The first of these focuses on assessing the needs and experiences of young people, the second addresses the circumstances of men who have sex with men - including young men who have sex with other men and male sex workers. These guides have been published by WHO and are available on their website.

Additional work for the same Department includes the development of a guide to programme development entitled *HIV/AIDS prevention and care among especially vulnerable young people* (already published) and a set of case studies of innovative and effective work in this field (to be jointly published by SPA and WHO in late 2005). Advice and support has been provided to WHO in relation to its work with especially vulnerable groups of young people, including sex workers, young migrants and refugees and young people facing complex vulnerabilities.

Monitoring changes in contexts of sexual health in countries

Ingham, Zaba and Slaymaker were invited to prepare literature reviews, contribute to workshops and assist in the preparation of the outputs for the development of new means of monitoring contexts; this activity, run under the auspices of UNAIDS and WHO, was intended to provide a companion set of key indicators of contexts to be used alongside the existing key indicators of young people's sexual activity and risk-taking.

6 Knowledge synthesis meetings (all)

Throughout the life of the programme, a series of Knowledge Synthesis Meetings was held to focus on particular aspects of SRH amongst young people. These meetings followed a standard format - invitations were issued to key people with particular experience and expertise in the selected area, be this in terms of international or national policy level involvement, programme design and implementation and/or practical experience. Specific themes were identified within the general area, and prepared papers and lengthy discussions were held to draw together key issues, examples of best practice and to identify future priorities. In addition to the value of these meetings in identifying best practice, they also served to provide network support to many people working in often isolated and difficult contexts within their own countries and communities. The specific foci of the meetings and the countries from which at least one participant attended are listed below:

Successful Working with Policy-Makers (Pakistan, India, Chile, Brazil, Senegal, Thailand, Botswana, China, South Africa, Uganda, Chile, Peru, Ghana, The Philippines, Australia, USA, UK)

The Role of Education in Promoting Young People's SRH (Australia, Botswana, China, India, Kenya, Malawi, Peru, The Philippines, Senegal, South Africa, Trinidad and Tobago, UK, Vietnam, USA, France, Mozambique)

Working with Young Men to Promote SRH (Bangladesh, Botswana, Brazil, Chile, Costa Rica, India, Kenya, Nigeria, Peru, The Philippines, South Africa, USA, UK)

Preventing HIV/AIDS and Promoting Sexual Health among Especially Vulnerable Young People (Ethiopia, South Africa, Tanzania, Mali, Kenya, Liberia, Tanzania, Guinea, Nicaragua, Costa Rica, Argentina, Brazil, India, Russia, The Philippines, USA, Switzerland, UK, USA)

Communicating Sexual Health Messages to Young People (South Africa, Senegal, India, Mali, The Philippines, Zambia, Ecuador, the Dominican Republic, USA, UK)

Stigma, Discrimination and Human Rights (Guyana, Zambia, Ghana, South Africa, Brazil, Mexico, India, USA, The Philippines, Namibia, Peru, Switzerland, UK)

For several of these meetings, contributions towards the attendance of participants was received from WHO, UNAIDS, Population Council, Youthnet/FHI and JSI (USA). In addition, reports have been jointly published with these agencies, where appropriate, to maximise credibility and reach.

7 Improving young people's SRH in Nepal (Ingham, Stone)

A local non-governmental organisation 'The Society of Local Integrated Development Nepal' (SOLID Nepal), in conjunction with the Safe Passages to Adulthood team, undertook a study to investigate the challenges facing Nepal in its development of a more comprehensive sex and sexuality education curriculum in secondary schools. Using a combination of qualitative and quantitative research techniques information was gained on young peoples', teachers' and parents' knowledge, experiences and attitudes towards school based sex education, perceived barriers to improving the curriculum, and opportunities for change. Preliminary findings arising from the analysis of the questionnaire survey were: schools play an important role in informing young people about sexual health matters. However, in class only the more easily taught, less challenging, factual and biological issues are readily being covered, whereas the broader issues such as feelings and relationships are often being overlooked; teaching methods appear to be predominately didactic in nature thus preventing young people from challenging and exploring many of the issues through discussion, role-play and other active learning methods; pupils feel unable to ask questions and are not consulted on what should be taught; overwhelming support was evident among young people of the use of outside speakers as an integral part of sex education. Crucially, there was wide acceptance amongst parents and teachers for new and improved effort in the area of sex and relationships education (SRE).

In the light of these findings, the Ministry of Education invited SOLID Nepal and SPA to assist them in their efforts to improve SRE in Nepal, and to generally change the culture regarding sexual health issues in the country. A comprehensive range of activities were conducted, including a national awareness-raising conference involving policy makers, teachers, parents, the media, the research community and young people, in-country curriculum development training for staff at the Department of Education (in-school and out of school) and the Ministry's Centre for Curriculum Development (CDC), a series of training and curriculum development workshops on SRE for CDC Master Trainers, SRE Education Curriculum Development Workshop, sensitisation and training workshop for media personnel, research training workshops for staff at Tribhuvan University education and health departments, and others.

As a result of these activities, the school based curriculum has been re-written for most of the secondary school years and new guidelines have been developed for non-formal educational settings.

Later, the Ministry of Health invited SOLID Nepal and SPA to assist in the development of youth friendly SRH services. Accordingly, training and sensitisation workshops were held for managers and staff working in such settings, and efforts made to link services more directly to school sites on a locality basis.

Other activities supported by SPA include the launch of a SRH magazine aimed at young people, a study visit to the UK from key people from Nepal, encouragement of higher quality research by Masters students and others, an evaluation of the new curriculum in selected schools, and an externally conducted evaluation of the impact on working practices and policies of all aspects of the programme over the past six years.

8 Research tool development (Cleland, Ingham, Stone, Aggleton, Warwick)

At the invitation of the World Health Organisation, members of the SPA consortium have assisted in the development of new research tools to assist researchers working in the field of sexual and reproductive health with young people.

Cleland, Ingham and Stone developed a model questionnaire in two formats - one for interviewer administration and the other for self-completion. These covered a wide range of issues including demographic background material, sources of learning about sexual issues, detailed partnership and sexual histories, contraceptive use, gender attitudes, risk awareness and attitudes, etc. An analysis framework and suggested research questions were also developed to accompany these tools

Ingham and Stone developed a Topic Guide for individual interviews and focus group discussions with young people regarding their family backgrounds, learning about sexual issues, friendship patterns, relationships, feelings, reactions, risk attitudes, and so on. Advice on conducting interviews and focus group discussions was also incorporated.

These tools are available on the WHO website.

Warwick and Aggleton (TCRU, IoE) have also produced a guide entitled *Learning from what young people say ... about sex, relationships and health*. This valuable resource - the first of its kind -- contains practical advice on ways of obtaining improved information from young people regarding sexual and reproductive health concerns. It focuses on their own perceptions and interpretations of important issues in these areas, preparation, analysis, ethical considerations, and so on.

The guide is available in hard copy and on the SPA website.

Although no formal recording has taken place, we are aware from various sources that these tools are widely used in many settings. For example, by October 2005, the Topic Guide for interviews and FGDs had been downloaded from the SPA site over 3000 times, whilst the *Learning from what young people say ...* resource had been downloaded over 3500 times (as well as the 600 hard copies being exhausted). We are not able to monitor activity from the DFID virtual library or from the WHO website.

9 Sponsorship and small grants scheme (all)

Throughout the life of the programme, a number of small grants were awarded to conduct feasibility studies, surveys, qualitative research studies, research training, and other activities. Some finance was also made available to enable colleagues to attend international conferences to present their work and to network with colleagues. Amongst the small grants awarded were the following examples:

Sexual health needs and knowledge among young people in slum districts of Ibadan, Nigeria - conducted by an NGO and a researcher from the University of Ibadan. The study involved both qualitative and quantitative data collection. The two principal researchers came for a 3 week short term attachment in the summer of 2002 to the University of Southampton to obtain training and supervision for the quantitative data analysis and preparation of the final report.

Improving the provision of Sexual Health services and education to young internally displaced people (IDPs) in the camps of Freetown, Sierra Leone - in collaboration with Marie Stopes Society Sierra Leone (MSSSL) and Marie Stopes International (MSI), London, a research project was carried out among a group of young people aged between 12 and 20 years old living in the IDP camps of Freetown, Sierra Leone. The results of this study provide information to MSSSL and other service providers on ways to better tailor the services to meet the needs of young people living in refugee or IDP camps, particularly in the context of Sierra Leone.

Addressing the HIV/AIDS-related needs, concerns and interests of students in higher education in South Africa - SPA supported work at the University of Pretoria (UP) has been to assist in the development of a programme to re-orient the work of university faculties to address HIV/AIDS by way of the formal and informal curriculum. A small-scale exploratory study was developed with staff and volunteers at the Centre for the Study of AIDS (CSA) at the University of Pretoria. This study aimed to help develop the research skills of staff and volunteers in the Centre and provide an indication of the HIV- and AIDS-related issues facing students at UP. Data were collected from eight 'key informants' at UP (such as the Head of Student Services, the Head of the Student Medical Centre and the Head of the Student Union) and from 204 students. Key informants recognised that the University as whole had to address HIV/AIDS, that a programme would need to reach students and staff, and that there already existed a student bill of rights with which to mobilise resources. Students were concerned or confused about issues related to: the biology of HIV/AIDS and testing; care, treatment and prognosis; "cures"; local and national epidemiology; transmission and prevention; and the 'ultimate origins' of HIV/AIDS.

Supporting the work of peer educators in a semi-rural area in South Africa - SPA's role was to develop a participatory programme of evaluation with youth centre-based peer-educators to assist them identify the strengths and areas for development of peer education lessons in a selection of schools in which they worked. After an initial period of observation at the youth centre and in schools, a series of options for evaluation were discussed. Peer educators were asked to consider which activities would be produce credible, trustworthy and useful findings, yet would still be feasible to carry out. Two feedback forms were developed with peer educators and data were collected from 1,519 learners and 29 teachers in five schools. These were supplemented with observations of lessons in schools. Findings suggested that the peer education lessons were valued by learners and teachers and its key messages learned - although there were also unexpected learning outcomes. The peer education team used evaluation findings to review their practice and developed a more intensive peer education programme with a selected set of schools.

Young people and migration in Nepal - this work analysed perceptions of risk among migrant garment factory workers in Kathmandu, Nepal, including girls' experience of sexual coercion. The findings demonstrate that young people often do not recognise the potential adverse outcomes of their sexual risk-taking, which result in part from newly found independence and distance from traditional restrictions placed on behaviour in rural villages, and suggests that while appropriate sexual health and prevention interventions are urgently required in destination settings such as garment and carpet factories, such services also need to be initiated for young people residing in rural communities.

Abortion decisions amongst young couples in Nepal - the SPA funding permitted a large survey and some qualitative research to be carried out regarding decision pathways and sources of influence amongst young couples in Nepal who experienced unplanned pregnancies.

Qualitative research on abstinence and condom use in Uganda - funds enabled a series of focus group discussions with young people and community gatekeepers on sexual risk amongst young people, the factors that affect risk and to explore potential ways of reducing vulnerability. This work supplemented an earlier large scale survey in the same rural areas of Uganda.

Sexual risk taking amongst trekker guides and clients in Nepal - there is some evidence of risky sexual activity occurring between trekking guides and their clients in Nepal. SPA funding helped to enable a larger survey to be conducted involving a mix of quantitative and qualitative approaches. Early results do indeed suggest that this is a potential route of transmission of STIs.

Incentives for Masters level research and journalistic excellence in Nepal - modest amounts of funding were made available to encourage Masters students at Tribhuvan University to carry out research to explore the acceptability and impact of the new SRE programmes and curricula. Similarly, annual prizes were offered to journalists who wrote (or presented in the case of audio/visual media) supportive pieces on young people's SRH.

Early school-leaving amongst young Indian women - an NGO was engaged to explore reasons for early school drop-out in a rural area of India. Results indicate that potentially unsupervised contact with young men was regarded as one not infrequent reason for withdrawal from school, alongside other more practical considerations.

Workshop and conference attendance - three colleagues from Botswana, Kenya and South Africa, who participated in the earlier Safe Passages to Adulthood knowledge synthesis meeting on working with young men to promote sexual and reproductive health, were sponsored to attend an international workshop on promoting young men's involvement in sexual and reproductive health in August 2002. Organised by Instituto Promundo, with the support of PAHO, UNFPA and JSI (USA), the meeting took place in Rio de Janeiro, Brazil.

10 Programme of activities in Mali (Castle)

A series of ongoing projects in Mali during the course of the Safe Passages programme have included the following topics of research:

- First sexual encounters among urban young people in Mali;
- Psychological factors and their association with young people's sexual health;
- Economic transactions associated with intercourse among Malian adolescents;
- Trafficking of children;
- Peer education intervention.

A major activity has been the creation of an intervention in central Mali which seeks to evaluate the impact not only of a peer education programme focussing on life-skills but in addition, create an enabling environment among community leaders and societal gatekeepers to facilitate young people's acquisition and application of sexual health information. Fourteen communities of the Mopti region of central Mali received improved health services. Half the communities were randomised to receive an additional peer intervention that focuses on improving young people's psychological skills (namely self-esteem, assertiveness and perceived self-efficacy) to enable them to apply good quality sexual health information. The same seven communities also get a parallel peer education programme aimed at societal gatekeepers, such as caste members, praise singers, traditional healers. The intervention is being evaluated by looking at changes in behavioural indicators such as condom use, multiple sexual partners and in the incidence of the herpes simplex virus type-two. The formative qualitative research together with the quantitative baseline survey have been completed and analysed. The intervention is continuing with final evaluation scheduled for end-2005. Preliminary indications suggest that the programme has succeeded in reducing partner numbers and in increasing condom use.

A study was carried out in two major Malian cities of young people's beliefs, attitudes and behaviours in relation to HIV/AIDS. The most striking finding was that a large number of respondents said they did not believe in the existence of AIDS. Among the young people interviewed, over half the participants who voiced an opinion on the subject claimed not to believe in the illness. Highly educated individuals were very sceptical of the existence of the illness, thinking it to be a Western plot to encourage condom use in order to halt the growth of the African population.

The trafficking of children between Mali and Côte d'Ivoire is currently high on the agenda of those concerned with child welfare in the region and impinges on issues associated with human rights, labour practices, educational opportunities and sexual and reproductive health. In Mali, many NGOs and government agencies are implementing specific policies to counteract the phenomenon. However, research showed that labour migration is an integral part of many rural economies and many young people work abroad without experiencing intimidation, danger or exploitation. Over-simplified characterisation of labour migration as "trafficking" appeared to be doing more harm than good. The study provoked fundamental policy reviews.

ANNEX TWO

Selected Publications - Refereed Journal Articles

Title	Authors	Year	Journal	Abstract Number
Young people and HIV in Cambodia: meanings, contexts and sexual cultures.	Chou Meng Tarr Peter Aggleton	1999	<i>AIDS Care</i> , 11, 3, 375-384	1
Planning research in Epidemiology and Population Health to meet the challenges in the 21 Century	Fatima Juarez	1999	<i>Medical Journal (Gaceta Médica)</i> , (Mexico) September Issue	2
Factors and processes in heterosexual competence and risk: an integrated review of the evidence.	I Vanwesenbeeck G van Zessen Roger Ingham Emily Jaramazovic Di Stevens	1999	<i>Psychology & Health</i> , 14: 25-50	6
Exploring young people's difficulties in talking about contraception; how can we encourage more discussion between partners?	Lester Coleman Roger Ingham	1999	<i>Health Education Research: Theory and Practice</i> , 14 (6): 741-750	
Parents' views on the use of visits and visitors within school sex education programmes	Nicole Stone Roger Ingham Cristina Carrera	1999	<i>Sex Education Matters</i> 18: 3-4	
What constitutes evidence in HIV/AIDS education?	Paul Van de Ven Peter Aggleton	1999	<i>Health Education Research</i> , 14, 461-471 ISSN 0268 1153	3
Evaluating outcomes in HIV and AIDS-related health promotion.	Peter Aggleton	1999	<i>Impact</i> , 5, 22-24.	
Sexual practices, sexually transmitted diseases and AIDS among young people.	Peter Aggleton	1999	<i>Reflexiones</i> (Mexico) 12, 34-36.	
Social science and AIDS.	Aggleton P	2000	<i>National AIDS Bulletin</i> (Australia), 13, 6, 22-24.	

Title	Authors	Year	Journal	Abstract Number
Young people, sexuality and relationships: editorial introduction.	Aggleton P Ball A Mane P	2000	<i>Sexual and Relationship Therapy</i> , 15: 213-220	
Working with young people - towards an agenda for sexual health.	Aggleton P Campbell C	2000	<i>Sexual and Relationship Therapy</i> , 15: 283-296	7
Young people's sexual health: a framework for policy debate.	Campbell C, Aggleton P	2000	<i>Canadian Journal of Human Sexuality</i> , 8: 249-262.	8
Sigue siendo necesaria la prevención del VIH/SIDA cuando ya se dispone de terapia antiretroviral.	Aggleton P, Mazin R	2000	<i>Revista Panamericana de Salud Pública</i>	4
Links between premarital sexual behaviour and extramarital intercourse: a multi-site analysis.	White R, Cleland J, Caraël M	2000	<i>AIDS 2000</i> , 14: 2323-2331	5
The role of couple negotiation in unmet need for contraception and the decision to stop childbearing in Uganda.	Wolff B, Blanc AK, Ssekamatte-Ssebuliba J	2000	<i>Stud Fam Plann</i> . 31(2): 124-37	41
Who decides? Women's status and negotiation of sex in Uganda.	Wolff B, Blanc AK, Gage AJ	2000	<i>Culture, Health and Sexuality</i> . 2(3): 303-322	42
The promotion of condom use in non-regular partnerships in urban Mozambique.	Agha S, Karlyn A, Meekers D	2001	<i>Health Policy and Planning</i> . 16(2).	45
Integrated STD prevalence and behavioral surveillance (ISBS) in Mali, West Africa..	Baganizi E, MacLachlan E, Maiga O, Bougoudogo F, Castle S, Gorbach P, Parker K, Ryan C	2001	<i>International Journal of STDs & AIDS</i> . 12 (Suppl 2): 49.	
Gender and decision making over condom use in two districts in Uganda.	Blanc A, Wolff B	2001	<i>African Journal of Reproductive Health</i> 5 (3): 15-28.	43
"The tongue is venomous": perception, verbalisation and manipulation of fertility and mortality regimes in rural Mali.	Castle S	2001	<i>Social Science and Medicine</i> , 52(12):1827-1841.	46
Male sexual debut in Orissa: context, partners and differentials.	Collumbien M, Das B Bohidar N	2001	<i>Asia Pacific Population Journal</i> 16(2):211-224	9
Timing of first intercourse among Malian adolescents: implications for contraceptive use.	Guèye M, Castle S, Konate M	2001	<i>International Family Planning Perspectives</i> , 27 (2):56-62.	10

Title	Authors	Year	Journal	Abstract Number
Understanding safe sex: gender narratives of HIV and pregnancy prevention by rural South African school-going youth.	Harrison A, Xaba N, Kunene P	2001	<i>Reproductive Health Matters</i> 9(17):63-71	12
Understanding young women's risk for HIV/AIDS: Adolescent sexuality and vulnerability in rural KwaZulu/Natal.	Harrison A, Xaba N, Kunene P, Ntuli N	2001	<i>Society in Transition: Journal of the South African Sociological Association</i> , 32(1), 69-78.	11
Gender and HIV/AIDS: what do men have to do with it?	Mane P, Aggleton P	2001	<i>Current Sociology</i> , 49(6) 23-37	13
Reflection and dialogue for HIV prevention among young gay men.	Middleton A-L, Aggleton P	2001	<i>AIDS Care</i> , 13, 4, 515-526	54
Education and HIV/AIDS prevention among young people.	Aggleton P, Warwick I	2002	<i>AIDS Education and Prevention</i> . 14, 3, 263-267.	55
HIV/AIDS and sexuality education must change to meet their promise.	Aggleton P	2002	<i>SIECUS Report</i> , 31, 1	
Breaking the silence, ending the stigma: stigma, HIV/AIDS and the prevention of mother to child transmission in Zambia.	Bond V, Chase E, Aggleton P	2002	<i>Evaluation and Program Planning</i> . 25, 347-56	56
(Re)defining reproductive health with and for the community: an example of participatory research from Mali.	Castle S, Traore S, Cisse L	2002	<i>African Journal of Reproductive Health</i> 6 (1): 20-31.	14
The feasibility of integrated STI prevalence and behavior surveys in developing countries.	MaLachlan E, Bougoudougou F, Baganezi, E, Castle S <i>et al</i>	2002	<i>Journal of Sexually Transmitted Infections</i> 78: 187-189	47
Survivors' narratives of childhood sexual abuse in Mexico City.	Marston C	2002	<i>Journal of Marriage and the Family</i>	15
Communication and condoms in Mexico: using ethnographic research to guide sexual health interventions for young people.	Marston C, Juarez F	2002	<i>Journal of Health and Social Behaviour</i>	16
Young people's use of contraception at first intercourse: The role of partner communication.	Stone N, Ingham R	2002	<i>Perspectives in Sexual and Reproductive Health</i> 34 (4): 191-197	17
Trends in reproductive behaviour among single women in Colombia and Peru: 1985-1999.	Ali M, Cleland J, Shah I	2003	<i>Demography</i> . 40(4):659-673	18
Doubting the existence of AIDS: a barrier to voluntary HIV testing and counselling in urban Mali.	Castle S	2003	<i>Health Policy & Planning</i> . 18(2):146-55.	19
Factors influencing young Malians' reluctance to use hormonal contraceptives.	Castle S	2003	<i>Studies in Family Planning</i> . 34(3):186-99.	20
Rural Malian children's attitudes to those with HIV/AIDS: an exploration of the causes of stigma.	Castle S	2003	<i>Culture, Health and Sexuality</i>	21

Title	Authors	Year	Journal	Abstract Number
Qualitative research as a means to accessing medium risk groups for surveillance in urban Mali.	Castle S, Baganizi F, Bougoudogo P, Gorbach E, MacLachlan K, Parker C, Ryan	2003	<i>Sexually Transmitted Diseases</i>	
Contraceptive use before and after marriage in Shanghai.	Che Y, Cleland J	2003	<i>Studies in Family Planning</i> 34(1):44-52	44
Racism, HIV/AIDS and Africa: some issues revisited.	Crewe M, Aggleton P	2003	<i>South African Journal of International Affairs</i> , 10, 1, 139-150.	23
Adolescent sexual and reproductive health in Latin America: evidence, theories and interventions.	Juarez F	2003	<i>Poverty, Fertility and Family Planning</i> . Paris, CIGRED.	24
HIV and AIDS-related stigma and discrimination: a conceptual framework and implications for action.	Parker R, Aggleton P	2003	<i>Social Science and Medicine</i> . 57(1):13-24.	25
Thai Success in Controlling the Spread of HIV/AIDS: Effective intervention or Coincidence?	Puri M	2003	<i>Population</i> , July 2003 1(1).	
Knowledge of sexual health issues amongst unmarried young people in Nepal.	Stone N, Ingham R, Simkhada P	2003	<i>Asia-Pacific Population Journal</i> : 18 (2): 33-54	26
When and why do young people first use sexual health services.	Stone N, Ingham R	2003	<i>Perspectives on Sexual and Reproductive Health</i> ; 35 (3): 114-120	27
Context matters: the educational potential of gay bars revisited	Warwick I, Douglas N, Aggleton P, Boyce P	2003	<i>AIDS Education and Prevention</i> . 15(4):320-33.	28
Young Gay Men and HIV/AIDS. Towards Contextual Understanding of Sexual Risk.	Warwick I, Douglas N, Aggleton P, Boyce P	2003	<i>Sex Education</i> ; 3, 215-229	29
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Safe sex versus safe love? Relationship context and condom use among adolescent boys in the favelas of Recife, Brazil	Juarez F, Castro T	In press	<i>Archives of Sexual Behavior</i>	
The sexual and reproductive health of internally displaced young people in the IDP camps of Freetown, Sierra Leone.	Partridge R, Greene P, Ingham R		<i>Forced Migration Review</i>	38
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The use of a community controlled trial to evaluate an intergenerational relationship programme in Brazil	de Souza E, GrundyE	submitted	<i>Social Science and Medicine</i>	53

ABSTRACTS

1) Young people and HIV in Cambodia: meanings, contexts and sexual cultures

Tarr and Aggleton

Like many other countries in South East Asia, Cambodia is experiencing a rapidly developing AIDS epidemic. Groups reported as being particularly seriously affected include sex workers and their clients. Young people too may be at heightened risk: some young women find sex work a lucrative option in the context of low wages and poor employment opportunities, and some young men pay for sex either as individuals or as part of group socializing. These same young men may subsequently have sex with other partners, thus extending networks of transmission. While there is limited knowledge about the form of such sexual networks, little is known about the meanings that underpin young people's sexual relations and partnerships, the sexual identities associated with such meanings, and prevailing socio-sexual cultures. This paper reports on findings from an in-depth qualitative study conducted among two groups of young people: one urban, the other rural. Following an initial Rapid Assessment Process, data was collected via individual interviews, focus group interviews and participant observation. The research team included young people themselves. Data is presented on dominant discourses about sex and sexuality in Cambodia; contemporary patterns of sexual behaviour; sexual meanings and sexual practices; sexual relations among young people involving payment; and sexual relations not involving payment. The implications for more effective HIV prevention efforts are discussed.

2) Planning Research in Epidemiology and Population Health to meet the Challenges in the 21st Century

Juarez

Many changes have occurred in the research of Epidemiology and Population Health in the last decades. Modifications are occurring as a response to the emerging priorities of population health, to the practice of public health, and the technical and methodological advances.

This paper presents the challenges of research at the turn of the century for DCs and LCDs and identifies areas of research that need expanding:

- 1) New directions in cancer research
- 2) Climate change and human health
- 3) Population Ageing
- 4) Preventing Childhood death and malnutrition, the unfinished agenda
- 5) Reproductive Health, a new priority.

The paper emphasises that research should aim to inform public health and social policies. It should also contribute to the translation of research findings into programmes of action and policy, and to develop new methodologies (and extend existing ones) to design and analyse our studies in the most efficient way. Examples are given to illustrate the type of work needed to make advances in the field of Epidemiology and Population Health.

3) What constitutes evidence in HIV/AIDS education?

Van de Ven and Aggleton

It is clear that many sources of evidence have contributed to our grasp of what does and does not work in HIV/AIDS education. Despite this, there has recently been a distinct move to narrow the

evidence of success in this field to experimental and comparative work, with randomized controlled trials positioned as the 'gold standard'. Here we take up the question of what constitutes evidence in HIV/AIDS education. We explore the social and historical factors which 'privilege' certain kinds of evidence above others and question whether there exists but one way of understanding what works best in HIV/AIDS education. We draw expressly upon earlier insights and experience in educational evaluation per se and put a case that evidence gleaned through a range of research methods is more useful than exclusive reliance on experimental and comparative work.

4) ¿ Sigue sendo necesaria la prevencion de VIH/SIDA cuando ya se dispone de terapia antiretroviral?

Aggleton and Mazin

El síndrome de inmunodeficiencia adquirida (sida) se consideró, hasta hace muy poco tiempo, un problema de salud con una alta letalidad, para el cual no existía un tratamiento efectivo. La aparición de fármacos antiretrovirales y, particularmente el uso combinado de los mismos en esquemas conocidos como Terapia ARMA (Antiretroviral muy activa o HAART, por las siglas en inglés) cambió drásticamente el escenario. En muchos pacientes se demostró una notable mejoría clínica asociada a una reducción marcada del número de partículas virales en sangre circulante. Además se comenzó a documentar un descenso en la mortalidad asociada a las complicaciones del sida como resultado del uso de la Terapia ARMA en sitios en los que era posible tener acceso a ella y además cubrir su elevado costo. Los resultados satisfactorios cambiaron la percepción del público acerca del problema, el que se consideró como "bajo control". Hasta entonces, la principal (y única) estrategia para contener la diseminación del virus de la inmunodeficiencia humana (vih), responsable por los daños que precipitan el cuadro clínico del sida, había sido la prevención primaria, o sea la evitación de nuevas infecciones con el vih. Las acciones de prevención emprendidas en diversos sitios del mundo han resultado muy exitosas y casi seguramente han reducido la velocidad de crecimiento de la pandemia. Existen evidencias, sin embargo, que la percepción de que existe una respuesta terapéutica que hace el problema parcialmente manejable, aunque no curable, ha modificado la actitud del público ante la necesidad de realizar acciones preventivas. Este artículo presenta algunas ideas que podrían explicar la hegemonía de un paradigma curativo-reparador del cuidado de la salud, que interfiere con el despliegue de acciones preventivas y señala la necesidad de mantenerse alerta, "sin bajar la guardia" porque la solución no es de ninguna manera definitiva y encierra riesgos sociales, clínicos, de salud pública y de desarrollo humano.

5) The link between age at sexual debut, pre-marital sexual behaviour and extra-marital sexual conducts

White, Cleland and Caraël

This paper uses data from the Global Program on AIDS (GPA) surveys of Côte d'Ivoire, Tanzania, Lusaka (Zambia) and Thailand to explore the relationship between premarital and extra-marital sexual activity in men. This analysis was restricted to male respondents currently married or in a regular partnership for a year or more. The outcome measure is extra-marital sexual (EMI) intercourse in the last year. Bivariate analysis shows that older age at sexual debut, marriage of the sexual debut partner and a lower number of sexual partners before first marriage are significantly associated with reduced odds of EMI in the last year, in later life. There is also weaker evidence to suggest that there is an association between later age at marriage and lowered odds of EMI. Multivariate methods were used to adjust for other known predictors of EMI. The adjusted ORs indicate age at sexual debut is associated with EMI in the last year in Côte d'Ivoire and Tanzania, Lusaka and Thailand.

6) Social and cultural effects on teenage sexual conduct

Ingham, Vanwesenbeeck, van Zessen, Jaramazovic and Stevens

This paper reports data from a detailed qualitative study carried out with young people, and draws attention to some of the dynamic contextual processes which appear to affect sexual outcomes. The notion of 'sexual competence' is used to distinguish between young people - this relates to communication between partners regarding contraceptive use prior to intercourse, reported levels of use, reasons for first intercourse, and levels of regret after first ever intercourse. Amongst the factors which are associated with these outcomes are early relationships with parents, friendship patterns during early teenage years, the timing and nature of sex education, and gender relationships. The policy implications of the results will be discussed.

7) Working with Young People - towards an agenda for sexual health

Aggleton and Campbell

In this paper, we outline key elements of a human rights-based framework for sexual health promotion that takes account of young peoples' needs and interests. This framework is located against the backdrop of a critique of the way in which negative definitions of 'sexual health' and of 'adolescence', as well as restrictions on open and appropriate sex education in schools, undermine the likelihood that young people will achieve optimal benefit from existing services and strategies in countries such as England and Scotland. Central to our analysis is an affirming and positive definition of sexual health -- which focuses on the attainment of sexual pleasure and which links sexuality to an expression of individual and collective needs and broader human rights and responsibilities. We point to ways in which such a framework might inform the provision of appropriate information about positive sexual health, and of more accessible and integrated sexual health services. We also highlight the need for measures to improve young peoples' confidence and aspirations, and to increase youth participation in decision-making in matters relating not only to their sexual health, but also to the wider social and community environments within which young peoples' sexuality is negotiated.

8) Young People's Sexual Health: A Framework for Policy Debate

Campbell and Aggleton

This paper seeks to stimulate debate about policy directions for sexual health promotion for youth. We first examine the reasons why some young people might be more at risk than others for sexual health problems, highlighting a number of the structural and environmental factors that can contribute to young people's sexuality-related risks and vulnerabilities. We then propose ways that policy-makers might help to reduce these risks not just by improving access to high quality information and services but also by creating health-enabling environments that facilitate young people's efforts to protect and enhance their sexual health. In this context, we pay particular attention to the impact of home, community, and macro-social factors (e.g., poverty, discrimination, social exclusion) on the sexual behaviour of youth.

9) Male sexual debut in Orissa: context, partners and differentials

Collumbien, Das and Bohidar

This paper presents results from a comprehensive study of male sexual behaviour in the state of Orissa in eastern India. Qualitative data from in-depth sexual case histories are integrated with survey data among a general population sample of rural and urban men age 18-35 to describe sexual initiation. Sexual debut is very late in coastal Orissa with large differentials by levels of education. The median age at first sex is 24.5, but as late as 28.3 for men with an education beyond secondary

level. Only 27 percent of men have sex before marriage, despite a pattern of late marriage. Most first encounters are with single girls from the neighbourhood, and only 2 percent of men reported a sex worker as their first partner. The main implication for HIV-control policies in Orissa is that preventive activities should be targeted at potentially core risk groups rather than the general population. Core groups include men who have sex with men (which appears to be particularly prevalent in Puri district), and sex workers.

10) Timing of first intercourse among Malian adolescents: implications for contraceptive use Guèye, Castle and Konate

Context: Research in Mali found that adolescents appear to have a greater sexual freedom compared with those of previous generations. However, changing gender relations, decreasing parental control and exposure to modern media impose new obligations and dilemmas.

Methods: A survey of 1686 adolescents revealed that nearly half of sexually active urban boys declared that they would have preferred to have delayed their first intercourse compared with about one fifth of other groups. Focus group discussions provided complementary insights as to the context of adolescents' first sexual encounters.

Results: The findings revealed that urban boys' experience of peer pressure (including pressure from their girlfriends) resulted in their engaging in sexual relations earlier than they would have wished. Girls described how they were often motivated to begin sexual relations to gain cash to meet modern material needs. Satisfaction with the timing of first intercourse was associated with patterns of contraceptive use in bi-variate analyses. However, multi-variate analyses indicated that, for urban girls, a large part of this effect was mediated by psychological factors. In particular, high self-esteem was strongly associated with an increased likelihood of girls' ever use of contraception. In multi-variate analyses for boys, the timing of first intercourse was only weakly associated with contraceptive use, although the independent effect of self-esteem was very strong.

Conclusions: The data suggest that girls' psychological characteristics are strongly associated with their sexual experience (including the timing of their first sexual encounter) and ultimately with their ability to protect themselves from sexual health risk. The implications for sexual health interventions are discussed.

11) Understanding Young Women's Risk for HIV/AIDS: Adolescent Sexuality and Vulnerability in Rural KwaZulu/Natal

Harrison, Xaba, Kunene and Ntuli

In most HIV epidemics where heterosexual sex is the primary mode of transmission, women become infected at younger ages than men, and in greater numbers. In South Africa, over one-third of teenage women attending public antenatal clinics are HIV-infected. Why? Common stereotypes of adolescent sexual behaviour point to multiple partners, relationships with older men, sex for money, and coercive sex. Findings from this study, which consisted of repeat group discussions with 14-15 year old girls in rural KwaZulu/Natal, confirm many of these stereotypes. Yet the findings also provide a context for these stereotypes, particularly through insight into how young people initiate and conduct their relationships. In this study, participants discussed their ideal partners, the importance of status, and also how girls - as well as boys - engage in sex out of a desire to explore, in response to pressure from male and female friends, or because they were afraid they could not say no. Girls in this study were surprisingly knowledgeable about sex, but at the same time their understanding of sexuality was largely governed by misinformation. These findings suggest the need for a deeper understanding of adolescent sexual behaviour, in particular the social construction of young women's sexuality and how this contributes to HIV risk. Importantly, this study also suggests that not all young women are at equal risk; however, those who are sexually active at a very young age

may form a very high risk group. Prevention programs need to emphasise basic information about sexuality as well as HIV/AIDS.

12) Understanding safe sex: gender narratives of HIV and pregnancy prevention by rural South African school-going youth

Harrison, Xaba and Kunene

In South Africa's HIV/AIDS epidemic, young people, especially women, are at high risk due to an apparent gap between awareness and practice. In repeated peer group discussions with girls aged 14-15 and boys aged 16-19, we explored influences on safe sex behaviour. Separate male and female safe sex paradigms emerged, with boys less likely to perceive themselves as 'at risk' and more likely to use condoms. Girls had not used condoms, would have preferred to delay sexual relationships and feared pregnancy as well as HIV/AIDS. Both sexes deemed it difficult for girls to initiate condom use, although both sexes viewed condoms favourably. Girls saw condoms as a sign of love and protection, whereas boys tended to use them with casual partners. A lack of decision-making autonomy within relationships further constrained girls' ability to practice safer sex. Involvement of peer participants in review of their own narrative data helped to ensure representation of participants' voices in the findings. Overall, these findings point to the need for programmes to address gender inequalities and emphasise behavioural skills in the years before sexual activity begins.

13) Gender and HIV/AIDS : What Do Men Have to Do with It?

Mane and Aggleton

The world is facing an unprecedented crisis as a result of HIV/AIDS. The global epidemic is the most devastating in human history - shortening many lives and affecting the economic and social structure of many countries. Central among the factors influencing vulnerability to infection and its consequences are systems and structures of gender. Dominant ideologies of gender influence how women and men see themselves and the social relations into which they enter. While growing attention is being given to the position of women in the epidemic, less attention has been focused on men. This article explores the usefulness of concepts of masculinity for our understanding of HIV/AIDS-related risk and vulnerability. It examines the variable nature of masculinity, as well as its dominant, subordinate, alternative and oppositional forms, and how these impact on the vulnerabilities of men in this epidemic. It highlights the necessity for a more balanced understanding of gender as a set of structures created by, and affecting, both women and men. Some strategies and options for change are also discussed.

14) (Re)defining reproductive health with and for the community: an example of participatory research from Mali

Castle, Traore and Cisse

Qualitative research was carried out in central Mali with the view to informing the design of curricula for an intervention to improve young people's reproductive health. Both the young people and 'societal gatekeepers' (including the religious leaders, traditional healers, praise singers) interviewed perceived reproductive health to comprise, not just the biological aspects of sexual relations and fertility, but also the social and community dynamics in which reproductive health decision-making is embedded. Their definitions of reproductive health reflected social taboos about pre-marital sex, infidelity and illegitimate children and broader issues pertaining to gender and marital relations. In addition, within the definition, they emphasised the importance of child-rearing as a means to long-term happiness and divine benediction. Furthermore, pre-requisites for reproductive health comprised holistic notions of bodily and spiritual cleanliness. It is argued that

the IPCD or 'Cairo' definition sees many of the social factors identified by the respondents as comprising the context or background of reproductive health. In fact, the findings presented here indicate that local populations may see them as integral to the concept itself. The definitions elicited from the qualitative research were presented back to the communities in a series of workshops to elicit their ideas for curricula development and became the operational bases for the intervention. It is discussed how the 'Cairo' definition of reproductive health needs to be made culturally specific in order to facilitate programme design and implementation.

15) Survivors' narratives of childhood sexual abuse in Mexico City

Marston

Studies of child sexual abuse have almost exclusively been carried out in rich countries and even in rich countries, we know very little about the nature or extent of the problem in because of its taboo nature. This study examines the experiences of child sexual abuse disclosed in life history narratives from 152 young people in Mexico City. One in three of the female interviewees and one in five of the male interviewees reported having been sexually abused in childhood. It is likely that experiences were underreported, particularly by the young men and these figures probably represent a low estimate of true levels of childhood sexual abuse. The first part of the paper describes levels and types of abuse disclosed in the study. The second part presents a conceptual framework outlining the process of child sexual abuse in this context. Barriers to ending abuse are discussed with respect to this framework. There is a failure to educate children and the wider community about sexual abuse, failure to communicate with children, and either a failure to act on disclosure of abuse, or acting against the interests of the child. The levels of abuse found in this study are likely to reflect levels in the general population. Child sexual abuse is widespread and requires urgent and concerted community action for child protection.

16) Communication and condoms in Mexico: using ethnographic research to guide sexual health interventions for young people

Marston and Juarez

Effective interventions for young people's sexual health are urgently needed. Design of targeted interventions requires better understanding of sexual behaviour. In low-income areas of Mexico City, condoms are widely available and knowledge about their use is good, yet premarital first intercourse is frequently unprotected - an outcome previously ascribed to coitus being "unexpected". This ethnographic examination of circumstances of first premarital coitus and use or non-use of modern contraceptive methods, shows that young people reinterpret traditional gender roles within friendship groups to allow premarital sex under certain circumstances. Spontaneity is favoured, potentially making planning of condom use difficult. Prior discussion of coitus, however, and verbal agreement in advance, leads to condom use even when the event is considered "unplanned". Good communication allows the desired spontaneity without jeopardising protection. To increase use of contraception, interventions must prioritise improvement of communication skills.

17) Factors Affecting Teenagers' Contraceptive Use At First Intercourse: The Importance of Partner Communication

Stone and Ingham

Context: The last decade has seen a growing body of knowledge relating to young people's sexual behaviour and relationships. However, the complexities and diversities of young people's sexual lives are only just beginning to be understood. Much of the earlier quantitative work failed to consider the broader social contexts in which young people's sexual behaviour takes place, thus leading to a

narrow view of the explanatory factors and the consequent implications for interventions. Methods: Using data collected from a survey of almost 1,000 young people aged 16-18 years in full-time education, logistic regression analyses were conducted to investigate how individual, contextual and background factors interact to determine whether a modern method of contraception is used during first sex. Results: Findings show that parental ability to discuss sexual matters openly and provide a positive impression of sex to their children, young people's age, capacity to communicate and negotiate their wishes and desires, the length and type of a relationship and the utilisation of sexual health services are central to the effective use of a modern method of contraception on the first occasion. Conclusions: Efforts to increase young people's sexual competency, and thereby reduce unintended pregnancies and STI transmission, should be multifaceted. Providing a climate that is supportive to both children and young people, where it is acceptable to talk about sexual issues and in which both parents and children feel comfortable talking openly is essential.

18) Trends in reproductive behaviour among single women in Colombia and Peru: 1985-1999 Ali, Cleland and Shah

Data from detailed histories of contraceptive use together with information on age at sexual debut and pregnancies are used to reconstruct trends in sexual risk behaviour and reproductive outcomes over a 15 year period. The focus is on unmarried women aged 15-24 years. Within this age span the proportion of time protected by virginity fell between the late 1990s: from 81% to 62% in Colombia and from 81% to 73% in Peru. Though contraceptive protection has increased in both countries, it has been insufficient to offset the decline in virginity with the net result that pregnancy rates have increased. The reported percent of pregnancies that end in abortion is constant at about 9% in Peru but increased from 6% to 13% in Colombia. In both countries, a marked decline has occurred in the percent of pre-marital conceptions reported as wanted, together with a less pronounced decline in births that are 'legitimised' by marriage or cohabitation. The detailed analysis of contraceptive use shows a welcome increase in resort to condoms. The contribution of condoms to overall contraceptive protection rose from less than 10% in the late 1980s to over 20% in the late 1990s in both countries. Periodic abstinence is commonly used, especially in Peru, but correct knowledge of the fertile period has not improved.

19) Doubting the existence of AIDS: a barrier to voluntary testing and counselling in urban Mali. Castle

Qualitative research was carried out in the Malian cities of Sikasso and Bamako with a view to setting up HIV Voluntary Testing and Counselling (VCT) services and a separate programme to enable young people to improve their sexual health. The most striking finding was that a large number of respondents said they did not believe in the existence of AIDS. Among the young people interviewed, over half the participants who voiced an opinion on the subject claimed not to believe in the illness. Reasons for disbelief were related to the perceived lack of AIDS cases in China, the inability of the virus to be transmitted by mosquitoes and confusion about mother-to-child transmission. Highly educated individuals were very sceptical of the existence of the illness thinking it to be a Western plot to encourage condom use in order to halt the growth of the African population. Those who were more likely to believe in the existence of the illness were less educated or uneducated people who had personally seen someone sick with AIDS, often when they had been on labour migration to Côte d'Ivoire where HIV prevalence is higher. It is likely that this scepticism will limit the use of VCT services and widespread awareness-raising campaigns are needed before any centres can be set up. Experiential and participatory education programmes are required to address HIV in the context of other health risks. This would allow people to inter-actively shape the debate about HIV/AIDS to fit their own needs. Currently, they are presented with information about the

illness in a uni-directional manner via the media or health educators which seems to fuel their scepticism.

20) Factors influencing young Malians' reluctance to use hormonal contraceptives

Castle

During a qualitative evaluation of three peer-education programs in urban Mali, young people stated that they were wary of using either the pill or injectable contraceptives because they believed that these methods would make them sterile. Unmarried women's contraceptive decision making was not primarily driven by a current need to limit fertility, but rather by a future need to maximize it in order to gain status through childbearing in their marital households. Further interviews explored notions of conception, menstruation, and the perceived action of hormonal methods on the reproductive system. Findings revealed that menstrual disruption (in the form of amenorrhea or prolonged bleeding) appeared to have dire repercussions, including accusations of witchcraft and immoral behavior that could result in a woman's being divorced or in her husband's acquiring an additional wife. The social consequences of side effects were perceived to be more important than their biological manifestations, and together with the fear of sterility, resulted in a preference for the condom.

21) Rural Malian children's attitudes to those with HIV/AIDS: an exploration of the causes of stigma

Castle

Qualitative research was carried out among young people and other community members in rural Mali to elicit knowledge and attitudes with regard to HIV/AIDS. The findings indicated that rumours concerning methods of infection are likely to increase the stigmatisation of those with the disease. The most frequently reiterated mode of transmission involved urinating in a place where someone with 'AIDS' had already urinated. Shared clothes, food and water were seen as sources of infection. Both children and teachers recommended that those with AIDS be isolated and said that that even talking to them would lead to a risk of infection. These discriminatory views were likely to have been reinforced by parents and community elders who possessed the same misinformation. The notion that AIDS results from sexual encounters between young women and dogs belonging to white people in Côte d'Ivoire was also widespread. These discourses may reflect perceived xenophobia and risk to migrants associated with current tensions between the two countries together with misgivings about Western sexual liberalism. A holistic educational programme is proposed to address not just HIV/AIDS, but the social context in which infection occurs with view to combating stigma, discrimination and isolation associated with not just HIV but also with migration in this setting.

22) Premarital sex and its consequences in Shanghai

Che and Cleland

Data for this paper came from a unique cohort study of over 7,000 newly married couples in Shanghai. At the first interview conducted 15 months after marriage, couples were questioned about sexual activity, contraception and abortion before their marriage. A little over one in ten (12.2%) reported pre-marital intercourse. This proportion is higher among the less educated couples with blue-collar jobs. Among the sexually active, 63% became pregnant before marriage. This high proportion reflects non-use of contraception by the majority, together with use of ineffective methods by others. Couples who initiated sex at young ages were more likely to conceive than others but educational differentials were modest. Among couples who became pregnant, 25% underwent pregnancy termination while the remaining majority married before delivery. The probability of abortion was very much higher among the small number of teenage women, because regulations

prevent marriage for women under age 20. The main policy message of the results is that a pressing need exists for better contraceptive information and services for the minority of sexually active single people.

23) Racism, HIV/AIDS and Africa: Some issues revisited

Crewe and Aggleton

Much has been written about the epidemic of HIV/AIDS in Africa, and many countries are facing the gravest health and development crisis in their history. Despite this, there continues to be a tendency to misunderstand the nature of the African situation and response. Not infrequently, in both official and popular discourses, 'Africa' is presented in an overly homogeneous way - as a socially undifferentiated but chaotic continent, characterised by exotic peoples and practices. Where do such ideas come from, and what forms of racism do they generate? This paper offers a critical reading of 'African AIDS' and the discourses upon which it feeds. It highlights the role of colonialism and neo-colonialism in producing and reproducing images of Africa as helpless and in need of 'assistance'. It points to the continued impact of such ideas on international development policy and practice. Finally, it sketches out an alternative framework for understanding: one more sensitive to diversity and difference, and one likely to prove more empowering in the generation of an differentiated but regional response.

24) Adolescent sexual and reproductive health in Latin America: evidence, theories and interventions

Juarez

Adolescent reproductive health has become a research priority, but the field is still new and challenging. Current scientific knowledge of adolescent sexual and reproductive health is patchy in the developed world and almost non-existent in less developed countries. Several factors have contributed to the scanty evidence on the topic of adolescent reproductive health. The objective of this paper is to examine theories developed in the field of sexual behaviour and research findings for Latin America. The review of the evidence and theories has identified several factors as key to sexual behaviour. The study proposes an alternative conceptualisation to the study of sexuality and sexual risk, the dyad sexual interaction approach. Also the paper illustrates how knowledge of adolescent reproductive health and programmes, particularly those directed at low-income groups, can be improved through the incorporation of different theoretical frameworks from other disciplines and analysis of already existing data. Finally it calls for partnerships between scientists and those in the field of action (NGOs, government departments) to find the optimal strategy of programmes to improve adolescents' sexual and reproductive health, so urgently needed.

25) HIV and AIDS-related stigma and discrimination: a conceptual framework and implications for action

Parker and Aggleton

Internationally, there has been a recent resurgence of interest in HIV and AIDS-related stigma and discrimination, triggered at least in part by growing recognition that negative social responses to the epidemic remain pervasive even in seriously affected communities. Yet, rarely are existing notions of stigma and discrimination interrogated for their conceptual adequacy and their usefulness in leading to the design of effective programmes and interventions. Taking as its starting point, the classic formulation of stigma as a 'significantly discrediting' attribute, but moving beyond this to conceptualize stigma and stigmatization as intimately linked to the reproduction of social difference, this paper offers a new framework by which to understand HIV and AIDS-related stigma and its effects. In so doing, it highlights the manner in which stigma feeds upon, strengthens and

reproduces existing inequalities of class, race, gender and sexuality. It highlights the limitations of individualistic modes of stigma alleviation and calls instead for new programmatic approaches in which the resistance of stigmatized individuals and communities is utilized as a resource for social change.

26) Knowledge of sexual health issues amongst unmarried young people in Nepal

Stone, Ingham and Simkhada

Evidence from other country settings shows that sex education delivered in school can make a positive contribution to children and young people's knowledge and personal and social development, helping to prevent negative health outcomes such as unintended pregnancies and sexually transmitted infections. Using data collected from a survey of just over 1,000 students from six secondary schools in Nepal, this paper explores young people's knowledge of sexual health issues and sources of information.

The data show that detailed knowledge regarding many sexual health issues is low amongst both young men and women, although exposure to visual media messages and access to informative sources of literature can have a positive impact. Schools do appear to play an important role in informing young people about sexual health matters, however, further curriculum and teacher training material development is required with a shift away from superficial biological coverage towards a more inclusive programme.

27) When and Why Do Young People First Use Sexual Health Services?

Stone and Ingham

Context: Many young people think about and take steps to obtain adequate protection only after having sexual intercourse for the first time. Consequently, they are at increased risk of unintended pregnancy and sexually transmitted infections.

Methods: Between June and August 1999, a self-administered questionnaire was distributed to attendees at youth-targeted sexual health services to investigate when and why they first use a sexual health service, reasons for delaying use, and sexual behavior and contraceptive practice before first use.

Results: Of the 747 respondents, 29% had used a sexual health service before ever having sex, most commonly "to be prepared." In contrast, 61% of respondents had used a service after sexual debut; some of these had obtained condoms elsewhere (25% of women and 33% of men who gave a reason for delay) or had not known about services or their location (11-19%). Among the women, 20-24% had been embarrassed or scared, or concerned about confidentiality or age; 32% had visited a provider because they had had unprotected sex. Sixty-three percent of men who had delayed using a service reported that the ability to obtain free condoms had prompted their first visit. Only 43% of respondents who postponed service use had practiced contraception consistently before visiting a provider. **Conclusions:** Young people need to be realistic about the possibility of having sex. Service use could be increased by providing more youth-specific services and by improving publicity and links between the youth, education and health sectors to dispel fears and myths about services.

28) Context matters: the educational potential of gay bars revisited

Warwick, Douglas, Aggleton and Boyce

Gay bars have been frequently identified as suitable environments in which to conduct HIV prevention activities among homosexually active men. In theory, they provide easy access to a relatively diverse group of men. However, gay bars are environments in which the primary purpose is a social one. Gay men use them to take time out, to socialize, and, on occasions, to find new sexual

partners. They are also settings in which social reputations often have to be managed. This study examined the HIV/AIDS educational potential of four gay bars in London, Britain. Semistructured observations and interviews took place in four contrasting bars with a focus on men's perceptions of HIV/AIDS-related health promotion activities including condom promotion, the use of posters and small media, and understandings of safer sex. Respondents were ambivalent about AIDS-related health education activities being undertaken. The implications of such responses for the development of HIV primary prevention activities in such settings are discussed.

29) Young Gay Men and HIV/AIDS. Towards Contextual Understanding of Sexual Risk

Warwick, Douglas, Aggleton and Boyce

Recent research in the USA, some European countries and Australia points to an increase in rates of HIV and other sexually transmitted infections amongst young gay men. Urgent action needs to be taken to meet the health promotion needs of those who are most vulnerable. HIV/AIDS awareness and sexual health promotion strategies aimed at young gay men have frequently focused on problems and needs. In contrast, the strengths and capacities of young gay men have largely been ignored. With these issues in mind, the research described here sought to explore the HIV/AIDS awareness and prevention needs of young gay men within the context of the other issues in their lives. As part of a larger project focusing on gay and bisexual men's HIV primary prevention needs, data was collected from 77 self identified gay and bisexual men under the age of 25 living in the Greater London area. Through group interviews and other means, both written and oral accounts were generated. Data was analysed thematically so as to identify recurrent issues and concerns. Findings illustrate the strengths of young gay men in coping with a range of challenging life and relationship issues, including those related to HIV. The capacity of young gay men to identify their own sexual health education needs is emphasised and processes through which such stated needs may be incorporated into HIV prevention and sexual health promotion strategies are discussed.

30) Trafficking and Health

Busza, Castle and Diarra

Trafficking in women and children is now recognised as an international public health concern, as well as a global crime and violation of human rights. However, studies conducted by staff from the Centre for Population Studies found that some efforts to reduce trafficking among young people make conditions worse for migrants. Research into the experiences of Malian children returning from Côte d'Ivoire and Vietnamese sex workers in Cambodia suggest that organisations working to counter trafficking can over-simplify or misinterpret the cultural context of migration. Measures such as strengthening border controls or forcible "rescue" and repatriation may exacerbate health risks associated with labour migration.

In both contexts, community members offering support and assistance became criminalised as "traffickers", increasing young people's reliance on more exploitative means to reach their destinations. Clandestine migrants are generally more difficult to reach with appropriate services, as they may be reluctant to seek health care or other help if they fear being detained. In Mali, young people who were forcibly repatriated reported leaving for the border again almost immediately, which required additional payments to facilitate travel. In Cambodia, disruptive police presence decreased sex workers' ability to earn income, thus creating pressure to take on additional clients, including those who refuse to use condoms. These findings suggest that a more flexible and realistic approach is required to improve the conditions of young migrants, including deeper investigation of local realities so that interventions reflect the needs of the populations they aim to serve, rather than emotive assumptions about "trafficking."

31) Gendered communication among young people in Mexico: implications for sexual health interventions

Marston

Effective communication is key for good sexual health, yet in practice such communication is often difficult to achieve. This qualitative study shows how gendered communication can act as an important barrier to successful dialogue between men and women. Both content and manner of speaking are often gendered: not only can topics of conversation be socially defined as more or less appropriate for a speaker according to his or her sex, but also men and women can even differ systematically in terms of the phrases and words they use. This may lead to a lack of the common forms of expression that are needed for effective communication. The study examines communication about sexuality among young men and women in low-income areas of Mexico City. The relationship between gender stereotypes of sexual behaviour and the gendered nature of communication strategies is explored. The negative consequences of gendered communication for effective dialogue between men and women are illustrated. Interventions that can enhance communication between men and women would be expected to have a positive impact on sexual health. This paper argues that research and interventions intended to improve sexual health may instead inadvertently reinforce communication barriers not only by failing to address the social pressures that exacerbate gendered communication, but also more insidiously, by using language that actively contributes to these pressures. An example of an intervention that avoids this problem is the Mexican programme *Gente Joven* (Young People).

32) Young unmarried men and sex: Do friends and partners shape risk behaviour?

Marston, Juarez and Antonio Izazola

Young people's sexual health is of growing concern. Past studies have been limited by their focus on the individual. More useful are "interaction-orientated" approaches that focus on partners and on the social context, rather than on the individual alone. This paper describes a study of 8068 men in Mexico City that takes this new approach. Multivariate techniques were used to examine use of contraception for pregnancy prevention and for sexually transmitted disease prophylaxis among unmarried, heterosexually active men aged 15-24. Friends and sexual partners were found to play an important role in shaping risk behaviour. To explain such behaviours adequately we need to take account of more than the characteristics of individuals isolated from their social contexts.

33) In Forests and Factories: Sexual Behaviour among Young Factory Workers in Nepal

Puri and Busza

In Nepal, rural poverty and unemployment have led to increased economic migration among young people to Kathmandu Valley, where they commonly seek work as carpet and garment weavers, and find accommodation in group-living arrangements with other workers. One common assumption has been that distance from the social norms and controls of rural villages, combined with exposure to large mixed-sex social networks, has led to early sexual experimentation and more casual sexual encounters among these migrants than might otherwise be the case. Despite these assumptions, a recent survey of 1050 factory workers found that among unmarried, sexually experienced youth, most had their first sexual experience while they were still living in their home village, prior to migrating to Kathmandu. This paper presents the qualitative findings from the same study, composed of in-depth interviews with 23 young people (12 girls and 11 boys) working in carpet and garment factories in Kathmandu Valley. It examines experiences of sexual debut and subsequent sexual relationships among the factory workers. Findings show that despite parents' efforts to control young people's behaviour, particularly that of girls, rural adolescents frequently go unaccompanied to work in the fields or fetch firewood from the forests, which offers them

opportunities for both planned and unplanned sexual encounters. In many cases, the consequences of sexual behaviour in the home community, such as unplanned pregnancy, fear of disclosure and shame, or coercive behaviour from sexual partners, contribute to the decision to leave the village and seek employment in a factory. Once in Kathmandu, a culture of sexual opportunism (among boys), and financial incentives or coercive pressure from both employers and colleagues (among girls) dominate young people's narratives surrounding their sexual experimentation in factories. There is also evidence of changing attitudes toward premarital sex, including an acknowledgement among young people that love, curiosity, and pleasure are valued by both boys and girls. Exploration of how young people perceive sex and sexual risk in these quite different settings suggest that new strategies may need to be identified to adequately address the sexual health needs of young people in Nepal.

34) Building on Experience: a formative evaluation of a peer education sexual health project in South Africa

Warwick and Aggleton

In South Africa, as elsewhere in the world, the promise of peer education as a means of promoting sexual health has contributed to its increasing popularity. While structural and organisational constraints can compromise the success of peer education, many of those involved in modest local programmes in South Africa are able to address the sexual health and well-being of young people through knowing about and making the most of proximal salutogenic factors—personal qualities and local contextual characteristics that influence health. Participatory formative evaluation

can contribute to the development of peer education practice by providing opportunities for educators

to extend their pedagogic knowledge and skills and review and re-orient their work. However, to embed new ways of working, sustained partnerships will be necessary.

35) What is heterosexual coercion? Interpreting narratives from young people in Mexico City.

Marston

Sexual health implies more than the simple absence of disease and unwanted pregnancy. An important element of sexual health is freedom from sexual coercion. The extent and nature of violence against women means that studies of sexual violence and coercion often focus exclusively on women. Common discourses about male/female relationships and coercion reflect this: coercion "is" men pressuring women. This paper presents the case of Mexico. It examines young people's narratives about their sexual experiences and shows that men and women can be both perpetrators and victims of sexual coercion. By examining discourses of gender, and young people's positioning of themselves within these discourses, the paper provides an explanatory framework for coercion and coercive experiences.

Men's and women's experiences of coercion are different not only because of the different meanings that sexual intercourse can have for them personally, but also because these different meanings are continually created, reproduced and refined in dialogue. The ways that young men and women construct and understand their own specific experiences can also be viewed as a dialogic process.

Coercion is far more complex than a physical act by one individual toward another. Very similar events may be interpreted in entirely different ways depending upon what occurs subsequently and how the individual positions him or herself in relation to prevailing norms. Interventions aiming to reduce coercion and violence risk reinforcing existing stereotypes if they emphasise simplistic ideas of men as perpetrators and women as victims and do not acknowledge the social structures that can disadvantage both sexes.

36) Sexual and reproductive behaviour among single women age 15-24 in eight Latin American countries: a comparative analysis

Ali and Cleland

A comparative analysis of exposure to sexual activity, contraceptive use, conceptions, and pregnancy resolutions among single women aged 15-24 in eight Latin American countries is presented. Using data from Demographic and Health Surveys complete contraceptive and reproductive histories are constructed for single women aged 15-24 for the five years preceding each survey. Pre-marital conception rates and overall and cause-specific life-table probabilities of contraceptive discontinuation are estimated. Pregnancy outcome and intention status of births are summarized. Trends in virginity, contraceptive protection, and conception rates for five sites are documented. In all eight countries, virginity accounts for over half of all single woman-years of exposure between aged 15-24. The percentage of sexually active time protected by contraception is less than 20% in five countries, is about 30% in Peru and 50% in Brazil and Colombia. The contribution of condoms to contraceptive protection ranges from one-tenth to one-fifth. Pre-marital conception rates among sexually active single women range from 14.1 per 100 woman-years in Nicaragua to 25.8 in Bolivia. Most pre-marital conceptions ended in live birth, and births that are legitimized by marriage or cohabitation are more likely to be wanted. In five settings, virginity has fallen over time, especially in Northeast Brazil and Colombia, and uptake of condoms has increased faster than use of other methods. Because of pervasive declines in the protective effect of virginity, conception rates among single women in Latin America are rising. Contraceptive uptake, particularly of condoms, is increasing but not sufficiently to offset the decline in virginity.

37) Sexual Behaviour and condom use among young unmarried men in Cambodia

Douthwaite

Cambodia has one of the highest HIV prevalence rates in Asia, but recent data from the Behavioural Surveillance Surveys suggest recent behavioural changes, and a fall in prevalence. This paper looks at the dating and sexual behaviour of unmarried men aged 15 to 25 years living in slum areas of Kratie town and Phnom Penh. Half of respondents had had sexual intercourse by the time they were 23. Transactional sex with commercial and non-commercial female partners was common. Most experienced transactional sex in the company of male peers. Peers appeared to positively influence condom use. Condom use varied significantly by type of female partner. Logistic regression results found that after adjusting for selected factors those who had sex with an entertainment worker were significantly (OR 10.1; 95% CI 3.85-26.4; $p < 0.001$) more likely to use a condom than those whose last partner was a female friend/girlfriend. Also young men not currently attending an educational institution were significantly less likely to have used a condom (OR 0.08; 95% CI 0.02-0.72; $p < 0.01$). HIV prevention campaigns must emphasise the need to use condoms in all sexual encounters and address the needs of young men not attending educational institutions. Further research into the positive association between transactional sex in the company of male peers and increased condom use would be valuable.

38) The Sexual and Reproductive Health of Young Internally Displaced Young People in Freetown, Sierra Leone

Partridge, Greene and Ingham

It has been estimated that worldwide, there are currently about 125 million international migrants and 15 million refugees seeking better lives for themselves and their families abroad, or fleeing wars, civil strife, famine and environmental destruction. Another 20 million people are classified as

internally displaced within their own countries. (UNFPA, 2000) More than half of these are children and adolescents under the age of 18. (UNHCR 1999)

Sierra Leone is a country which has been characterised by widespread population movements, triggered by over a decade of civil war and political unrest. A large proportion of this internally displaced and refugee population are young people whose health, in particular sexual and reproductive health, is thought to have been severely compromised by their current situation.

The project was a collaboration between Marie Stopes Society Sierra Leone (MSSSL), Marie Stopes International (MSI), London and the Centre for Sexual Health Research, University of Southampton as part of the Safe Passages to Adulthood Programme. The aim of this study was to gain an understanding of the sexual and reproductive health service needs of the young people in the IDP camps of Freetown, Sierra Leone using a set of complimentary qualitative techniques.

This paper presents the findings of the twenty Focus Group Discussions, which were carried out with groups of young men and women aged 12-15 and 16- 20 years old in five IDP camps. It describes the situation regarding sexual and reproductive health knowledge, behaviour and needs of the young people, both in their own view and also those perceived by the gatekeepers in the community. It also highlights some of the barriers to using sexual and reproductive health services in the IDP camps, and provides recommendations and suggestions for Marie Stopes Society Sierra Leone and other sexual health service providers to improve services to better meet the needs of internally displaced young people.

39) Sexual behaviour and perceived risk of HIV/AIDS among young migrant factory workers in Nepal

Puri and Cleland

The purpose of this paper is to analyse the sexual behaviour, perceived risk of contracting STIs and HIV/AIDS and protective behaviours of migrant workers aged 14-19 years in carpet and garment factories in the Kathmandu Valley, Nepal. A common assumption in Nepal is that young migrant workers experience an increase in vulnerability. Moving away from the social controls of family and community, they become exposed to mixed-sex environment and therefore might initiate sex earlier or have more casual encounters than might otherwise be the case. The analysis is based on a representative sample survey of 1050 factory workers. Information was also obtained from 23 in-depth case histories. Both bivariate and multivariate techniques were applied to identify the factor associated with involvement in risky sexual behaviour. Despite religious and cultural restrictions, one in five boys and one in eight unmarried girls reported experience of sexual intercourse. Early sexual experimentation, multiple partners, low and irregular use of condoms were not uncommon. Instances of sexual exploitation by factory owners or managers were documented but were uncommon. Most non-regular sex partners were described as friends from the same factory or community. Despite high-risk behaviour, relatively few young people considered themselves to be at risk of infection with STIs or HIV/AIDS. Information on the risk of unsafe sex and its consequences is inadequate. In conclusion, programmes aimed at promotion of safer sex practices and life-skills training that facilitates communication and utilisation of sexual health services should target vulnerable migrant young people.

40) Extent of sexual coercion among young female migrant carpet and garment factory workers in Nepal

Puri and Cleland

This paper explores sexual coercion of young female migrant workers in the carpet and garment factories in the Kathmandu Valley. Information is drawn from 12 in-depth case histories and a sample survey of 5550 respondents aged 14-19 years. The survey found that one in ten young women had ever experienced sexual harassment or coercion in their lifetime. Perpetrators included co-

workers, boyfriends, employers and relatives. In-depth interviews revealed that the inability of young working women to communicate effectively with their peers and sex partners, lack of self esteem, job insecurity and other socio-economic problems made them vulnerable to these abuses. Notably, none of the victims of severe sexual abuse notified parents, guardians or law enforcement agencies, because of the shame attached to the incident. This result highlights the need for radical changes in attitudes towards sexual violence. Perpetrators need to be prosecuted as a signal that such behaviour will no longer be condoned and perhaps NGOs could take the lead here. The results also suggest the need for a range of factory-based interventions.

41) The role of couple negotiation in unmet need for contraception and the decision to stop child bearing in Uganda

Wolff, Blanc and Ssekamatte-Ssebuliba

This study uses survey and focus group data from the Negotiating Reproductive Outcomes project in two districts in Uganda to 1) describe the nature of the decision to stop childbearing and 2) critically examine the assumption of consensus decision making implicit in much demographic research on unmet need. Negotiation is characterized in four stages from normative precedent for decision making to communication, disagreement, and conflict resolution. Indirect forms of communication between couples predominate, contributing to the tendency of both men and women to overestimate each other's demand for additional children. The results show a significant effect of partner opposition on unmet need and method choice among women (but not men) who want to stop. For women, partner opposition may account for as much as 20 percent of unmet need in urban areas, 12 percent in rural areas and 15 percent overall.

42) Who decides? Women's status and negotiation of sex in Uganda

Wolff, Blanc and Gage

Women's ability to negotiate the timing and conditions of sex with their partners is central to their ability to control a variety of reproductive health outcomes. Focus group discussions and survey data from 1356 women and their regular male partners in two districts in Uganda are analyzed to explore the nature of sexual negotiation and to test hypotheses about the influence of women's work and marriage institutions on norms and behavior regarding sexual decision making. Sexual negotiation is defined as a process of interaction leading to the decision to have sex. It is characterized by four stages starting with normative precedent for decision making about sex and progressing to communication, disagreement, and conflict resolution. Multivariate analysis of indicators of these elements of sexual negotiation shows that education, urban residence, and sole or shared control over women's income generally enhance women's ability to negotiate sex, while bridewealth payments involving livestock generally reduce this ability. No individual or couple characteristics were found to significantly predict outcome of the most recent dispute, but significant correlation was found between norms and attitudes reflected in sexual negotiation indicators and outcomes of specific disputes.

43) Gender and decision-making over condom use in two districts in Uganda

Blanc and Wolff

Based on a survey of couples in long-term unions in Masaka and Lira districts in Uganda, we critically examine the role of gender inequality in the domain of decision-making about fertility and sex in the discussion and use of condoms. First, we document the sexual context and process of condom negotiation from the perspectives of women and men. Next, we test the hypothesis that increases in the relative influence of women, compared to their male partners, in decision-making about sex and

fertility should enhance the likelihood of discussion and use of condoms. The result point to barriers that exist for both men and women but show a clear disadvantage for women. They also suggest that, for both partners, a sense of control over fertility has a positive effect on condom use, and that the effect of women's empowerment does not seem to diminish the effect of men's empowerment.

44) Contraceptive Use Before and After Marriage in Shanghai

Che and Cleland

Data from a cohort study of 7,336 newly married fertile couples conducted between 1987 and 1995 were used to analyze contraceptive method choice, switching, and discontinuation in two districts of Shanghai. Twelve percent of couples reported that they had had sexual intercourse before marriage. Only one-third of those exposed to premarital risk of conception were protected by some form of contraception, mostly by withdrawal and periodic abstinence. As a consequence, a majority of these couples conceived, prompting rapid marriage in most cases and induced abortion among one-fourth of them. After marriage, about half of the couples used contraceptives to postpone the birth of their first child, but of these, 40 percent experienced an unintended pregnancy. Method choice was dominated by condoms, withdrawal, and abstinence. After the birth of their first child, almost all couples (98 percent) adopted contraceptives, but one-third of them used ineffective methods. Failure and discontinuation rates were high, giving rise to a high incidence of induced abortion. Increasing numbers of couples switched to the IUD, and this was the preferred method for the majority by the third year following childbirth. These results suggest that wider method choice that includes hormonal contraceptives should be provided to meet couples' needs in Shanghai and that the family planning program's attention should be focused specifically on sexually active unmarried individuals and on the availability of postpartum services.

45) The promotion of condom use in non-regular partnerships in urban Mozambique

Agha and Karlyn

This study uses data from a representative sample of sexually active adults in urban Mozambique to examine the effectiveness of the JeitO condom social marketing (CSM) project in increasing condom use among men and women at risk of contracting HIV. More specifically, this study tests the hypothesis that exposure to programme interventions (communications and access) increases condom use with non-regular partners.

Exposure to the CSM programme is high, and multivariate analyses show that exposure to CSM advertising and communications and knowledge of a condom source are associated with higher reports of condom use with non-regular partners. Analyses of regional differences in condom use show that knowledge and use of condoms with non-regular partners are higher than the national average in all four provinces where the CSM project has been operating for longer (18 months vs. 6 months). Multivariate analyses show that the above-average level of condom use in the capital, Maputo, can be attributed to the higher socioeconomic status of this population, but the above-average level of condom use among men and women in Sofala and Manica provinces is due, in part, to their high level of exposure to the CSM programme. These findings indicate that the JeitO CSM project's behaviour-change communications and condom distribution are effective in encouraging safer sex practices among persons engaged in sex with non-regular partners.

46) "The tongue is venomous": perception, verbalisation and manipulation of mortality and fertility regimes in rural Mali

Castle

Demographic theory frequently assumes that pre-transitional populations adopt fatalistic attitudes to fertility and mortality. Fertility decline is said to require a "pro-active" mentality incorporating a

newly conceived idea of numeracy about children and a new-found awareness by individuals of where they stand in relation to demographic norms. Non-numeric responses to questions about desired family size are interpreted as meaning that women are unable to conceptualise their ideal number of children and are unaware of their demographic environment. However, ethnographic evidence from the Malian Fulani will show how women accurately appraise their mortality and fertility regimes and how they actively seek to manipulate them via a series of ritual behaviours. It is described how women do think numerically about demographic outcomes but are reluctant to verbalise this numeracy as it is believed that it will incur supernatural risks. The implications for demographic research of the widespread belief in the danger of verbalising numbers of children are discussed.

47) The feasibility of integrated STI prevalence and behaviour surveys in developing countries MacLachlan, Baganizi, Bougoudogo, Castle, Mint-Youbba, Gorbach, Parker and Ryan

Background: In countries where STI/HIV prevalence data and behavioural data are scarce UNAIDS second generation HIV surveillance guidelines recommend measuring STI/HIV prevalence and risk behaviours in vulnerable populations but do not recommend conducting these surveys concurrently because of concerns about participation rates, cost, and provision of services. Objectives: To assess the feasibility of conducting a national combined STD prevalence and behaviour survey in Mali among vulnerable populations with the intention of institutionalisation. Methods: From March to June 2000 an integrated STI prevalence and behaviour survey was conducted using cluster sampling among five risk groups in four sites in Mali, west Africa. 2229 individuals in non-traditional settings such as taxi/bus stations, market areas, households, and brothels participated in any one or all components of the study: (1) behavioural questionnaire, (2) urine sample for *Neisseria gonorrhoeae* (GC)/*Chlamydia trachomatis* (CT) testing, (3) a fingerstick drop of blood for syphilis, and/or (4) HIV testing. Results: High participation rates of 84%-100% were achieved despite specimen collection and HIV testing. Rates fell only slightly when participants were asked to provide biological samples and participants were more likely to provide urine than blood. Rates among the different groups for HIV and syphilis testing are similar and suggest that refusal was most probably because of a reluctance to give blood rather than because of HIV testing. The cost of the biological component added approximately \$30 per participant. Included in the \$30 are the costs of training, participant services, laboratory personnel and supplies, STI drugs, and STI testing costs. The total cost of the survey was \$154 905. Biomarkers aided in validation of answers to behavioural questions. Consenting individuals received HIV pretest and post-test counselling and referral to a trained health provider for treatment of STI and the provision of services provided the framework for interventions in the groups following the survey. Conclusion: This represents an effective methodology for collecting risk behaviour and STI/HIV prevalence information concurrently and should be considered by countries expanding STI/HIV surveillance as part of UNAIDS second generation HIV surveillance. (c) 2002 Sexually Transmitted Infections

48) Unintended Pregnancy Among Newly Married Couples in Shanghai Che and Cleland

Though contraceptive failure and induced abortion in China have both attracted research attention, the somewhat broader topic of unintended pregnancy has been neglected. A total of 7,872 newly married couples, enrolled between 1987 and 1988, were followed up until 1994-1995; only 2% were lost to follow-up. During face-to-face interviews, background and fertility-related data were collected. Chi-square tests and logistic regression were used to assess associations with unintended pregnancy. By three months after marriage, 461 couples had conceived; 57% of nonpregnant wives said that their preferred interval between marriage and conception was no more than three months. Twenty-one percent of pregnancies occurring between marriage and first birth were reported as unintended; 81% of these resulted from contraceptive failure. The majority of unintended

pregnancies were carried to term; 13% were aborted. The younger the wife and the greater her desired interval between marriage and conception, the greater the likelihood that a pregnancy occurring before first birth was unintended. After first birth, 43% of couples experienced one or more unintended pregnancies, 98% of which were aborted in accordance with the one-child policy. The majority of these pregnancies occurred in the 12 months after first birth, when couples tend to rely on ineffective methods of contraception. The odds of having an unintended pregnancy after first birth were slightly elevated if at least one spouse desired a second child. In conclusion unintended pregnancies are common among married couples in Shanghai. Policies to reduce unintended pregnancies, and abortions, should focus particularly on postpartum contraception.

49) Early Sexual Debut among Young Men in Rural South Africa: Heightened Vulnerability to Sexual Risk

Harrison, Cleland, Gouws and Fohlich

Sexual behaviour data for young men aged 15-24 from a district survey in ZwaZulu-Natal are used to examine age at sexual debut and subsequent risk behaviour. Young men in rural South Africa with early sexual debut exhibit a constellation of risk factors for HIV infection, and also later sexual risk. Young men reporting sexual debut <age 15 were more likely not to use condoms at first sex, to have had multiple and casual partners, and to say they "had not been ready and wanted to have sex". Young men with early sexual debut were ten times more likely to have had multiple partners, even after controlling for duration of sexual activity, reinforcing evidence that early sexual experiences may determine sexual risk behaviours throughout the life course. Importantly, risk behaviours, once established, may be difficult to change. Qualitative findings indicate reasons that young men initiate sexual activity: peer pressure, asserting masculinity, relations with older women, and sexual abuse, which is likely under-reported. Although only 3.5% of young men reported sexual debut <age 12, other South African studies indicate high levels of childhood sexual abuse.

50) Intimacy revealed: Sexual experimentation and the construction of risk among young people in Mozambique

Karlyn

The expanding AIDS epidemic in Mozambique is fuelled principally by heterosexual transmission, with young people identified as a key group for prevention efforts. However, little is known about the sexual behaviour of young people in Mozambique and the protective practices they adopt. This paper seeks to identify the contexts and rules governing sexual risk-taking among young people in Maputo. In doing so, the paper affirms the importance of context in understanding risk practices, but highlights the fluidity of practice as an important limitation for the use of contextual analysis in prevention interventions. By focusing on one innovation, the *saca cena* (one-night stand), this paper shows how a subgroup of young people in Maputo has redefined a "risky" sexual practice to include exclusive condom use. As a risk context, the *saca cena* dictates a set of implicit rules emphasizing anonymity, discretion, verbal and non-verbal cues, and for a set of select innovators, condom use. The *saca cena* challenges the hegemonic gender roles found among many young people in Maputo of male dominance through sexual conquest and female acquiescence. Instead, the practice allows young people to be both adventurous and responsible. The discourse demonstrates how sexual identities have been redefined to combine risk reduction with sexual experimentation and the satiation of desire.

51) Factors influencing boys' age at first intercourse and condom use in the shantytowns of Recife, Brazil

Juarez and LeGrand

Despite the general recognition that the sexual practices of adolescent boys place them at high risk of acquiring sexually transmitted infections (STIs), including HIV, and of causing unwanted pregnancies, advance in mapping their sexual behaviors have been slow. This study uses data recently collected from low-income areas of the city of Recife, Brazil, to study boys' age at first sexual intercourse and factors that hinder their use of condoms. These boys become sexually active at early ages, and despite their general awareness of HIV, they rarely use condoms, especially at ages younger than 15. Sustained family involvement in guiding boys is associated with later first intercourse and an increased use of condoms. Boys who describe themselves as shy with girls have later first intercourse, although the probability of their using condoms does not differ from that of other boys of their age. Higher socio-economic status leads to earlier sexual activity for boys (in contrast with girls), but also to a greater likelihood of using condoms during first intercourse.

52) Premarital sexual behaviour and condom use among young men in Cambodia: a cross-sectional survey of 15 to 24 year olds

Douthwaite and Saroeun

The objective of this paper is to describe the sexual behaviour of 665 unmarried men aged 15 to 24, and explore factors associated with condom use at last intercourse. We use data from a cross-sectional survey conducted in economically marginal areas of Phnom Penh and Kratie town, Cambodia. One third of respondents reported intercourse and half had had sex by the time they were 23. Of these, 39% had given money or gifts in exchange for sex. Transactional sex often occurred in the company of other males, and condom use was higher among those males compared with those who were alone. Of all sexually active respondents, half reported three or more partners, and 71% used a condom at last sex. Regression results showed that condom use varied by type of partner, was less likely among males outside the education system, and higher among those more positive and informed about condoms. Our findings highlight the need for HIV prevention efforts to encourage young men to use condoms with all intimate partners, promote advantages of condoms for both disease and pregnancy prevention, and address the needs of young men no longer in education. Further research to understand the positive influence that peers have on condom use in certain circumstances, would be useful.

53) The use of a community controlled trial to evaluate an intergenerational relationship programme in Brazil

de Souza and Grundy

The interest in intergenerational programmes as a means of building social capital for health has been increasing. The purpose of this study was to use community controlled trial to evaluate the impact of an intergenerational intervention on participants' perceptions of self-rated health status and the cognitive components of social capital such as trust and norms of reciprocity. Between February and December 2002 an intergenerational programme was implemented in Ceilândia, Distrito Federal of Brazil and evaluated using a combination of community controlled trial, and focus group technique. Samples of 253 students aged 12 to 18 years old from a secondary school and 266 elders aged sixty and over from the local area were randomly allocated to control and experimental groups. Over four months, 111 students and 32 elders met weekly to share their life histories. Before and after the intervention, control and experimental groups were administered a questionnaire including the outcome variables. The findings from the adolescent sample suggested a positive effect of the intervention on self rated health status. The results for elderly people also showed a positive association between the intervention and the variable related trust and norms of reciprocity with neighbours. The findings suggested that the intervention had a positive impact. This study is the first to include a controlled trial design to evaluate this type of intervention. It is valuable in showing that this method of evaluation can be used in interventions of this kind.

54) Reflection and dialogue for HIV prevention among young gay men

Middelthon and Aggleton

Considerable interest has been expressed in young gay men's enhanced vulnerability to HIV-related risk. Relatively little research has, however, been conducted into the circumstances in which risk may be greatest and the strategies young gay men can use to reduce their vulnerability. This paper reports on findings from a recent exploratory in-depth study conducted in Norway. Twenty young gay men participated in repeated dialogic and reflective interviews in which situations of real and potential risk were discussed. Central among the factors enhancing vulnerability were found also to be general social codes such as configurations of 'reciprocity', as well as context-specific factors and individual biographic variables. A mode of intervention is described that seeks to empower young men more fully in sexual communication and negotiation. Such an approach has been operationalized in 'man-to-man dialogues' facilitated by members of the Norwegian Gay Health Committee.

55) Education and HIV/AIDS prevention among young people

Aggleton and Warwick

Discusses the Safe Passages to Adulthood Programme review meeting (2001) held to examine the role of education in preventing HIV/AIDS & promoting sexual health in young people throughout the world. Focus is on three specific settings: in-school settings, out-of-school contexts, & higher education. Several principles & future priorities, which include partnership & sharing of ideas, involvement of young people in the program, rights of young people to knowledge & resources, support & training of adults to manage programs, & the planning for local ownership of programs, are identified as keys for successful implementation of the program. Future challenges to success are also identified: the loss of a substantial number of educators to HIV/AIDS, children & young people being withdrawn from school to care for parents & other family members, & educators with other commitments not having the time nor flexibility in their part-time work & job-sharing to continue in employment.

56) Stigma, HIV/AIDS and prevention of mother-to-child transmission in Zambia

Bond, Chase and Aggleton

This report evaluates the extent of perceived and enacted HIV/AIDS-related stigma in a rural setting in Zambia. Stigmatisation is abundant, ranging from subtle actions to the most extreme degradation, rejection and abandonment. Women with HIV and pregnant women assumed to be HIV positive are repeatedly subjected to extensive forms of stigma, particularly once they become sick or if their child dies. Despite increasing access to prevention of mother to child transmission initiatives, including anti-retroviral drugs, the perceived disincentives of HIV testing, particularly for women, largely outweigh the potential gains from available treatments. HIV/AIDS related stigma drives the epidemic underground and is one of the main reasons that people do not wish to know their HIV status. Unless efforts to reduce stigma are, as one peer educator put it, "written in large letters in any HIV/AIDS campaign rather than small", stigma will remain a major barrier to curbing the HIV/AIDS pandemic.

57) Sexuality, HIV prevention, vulnerability and risk

Aggleton

Since early in the epidemic, sex and sexuality have been central to discourses of HIV/AIDS prevention. Yet the manner in which these terms are used and the way in which we have been

encouraged to understand risk and vulnerability in the face of the epidemic have varied. Drawing on a review of relevant literature as well as experience globally, this paper charts a gradual shift in paradigm from a focus on sexual behaviors and individual risk to a more broadly based analysis which emphasises sexuality, sexual identity and sexual expression; the contexts in which sexual acts occur and become meaningful; and the societal and environmental factors that predispose towards vulnerability. The implications of this shift for policy and program development across the fields of HIV/AIDS and sexual health are discussed.

58) Contextualizing group rape in post-apartheid South Africa

Wood

Collective male sexual violence is part of a continuum of sexual coercion in South Africa. This paper is based on long-term ethnographic work in an urban township in the former Transkei region. Drawing on intensive participant observation and interviews with young men in particular, it attempts to make sense of emergent narratives relating to streamlining, a local term for a not uncommon form of collective sexual coercion involving a group of male friends and one or more women. The paper begins with an overview of existing anthropological literature on collective male sexual violence, going on to elaborate the different scenarios associated with group sexual violence in the fieldsite. It seeks to provide a multi-layered contextualization of the phenomenon by considering prevailing gender discourses, subcultural issues pertaining to the urban tsotsi phenomenon, the rural practice of ukuthwala (bride capture), young working-class Africans' experiences of marginalization, and the complex links between political economy and violence in this setting.

59) Information, education and communication: HIV/AIDS and injecting drug use

Aggleton, Jenkins and Malcolm

Information, education and communication (IEC) has an important role to play in HIV/AIDS education and harm reduction among injecting drug users and their sexual partners. This paper reviews what is known about the effects of IEC within this context. It distinguishes between six types of individual level intervention in which IEC has a role to play (mass reach intervention, outreach work, harm minimisation, drug cessation/treatment programmes, voluntary and confidential counselling and testing, and risk reduction counselling), and two different styles of structural intervention (structural and environmental outreach work to tackle the structural vulnerabilities associated with HIV/AIDS). Though the evidence base is weak, evidence relating to IEC's contribution and effects in each of these fields is reviewed. Overall, and by itself, IEC can do little more than raise levels of knowledge, awareness and understanding; however when combined with other measures, including service provision and a supportive social environment, more positive and sustainable effects can be achieved.

60) Young people, social support and help-seeking: an international review

Barker, Olukuya and Aggleton

The article critiques existing research on adolescent help-seeking and examines evidence of factors influencing help-seeking behavior using a literature review and a questionnaire and key informant interviews with adolescent health professionals in Latin America, Asia, the Middle East and Western Pacific. Results confirm the need for a more nuanced definition of help-seeking behavior that incorporates individual motivation and social factors, and for a focus on adolescent needs beyond rigid service categories or health problems alone.

Selected publications - Other Documents and Publications

title	authors	date	source(s)
The value of demographic data for assessing adolescent sexual and reproductive health in Latin America: advantages and limitations	Juarez F, Castro T	1999	European Commission
Adolescent Sexuality, Gender and the HIV Epidemic.	Rivers K, Aggleton P	1999	New York, United Nations Development Programme.
Adolescent reproductive health: The experience of community-based programmes in India	Mamdani M	1999	LSHTM
Behavioral Interventions for Adolescents.	Aggleton P, Rivers K	1999	In L. Gibney, R. DiClemente and S. Vermund (eds.) <i>Preventing HIV Infection in Developing Countries</i> . New York, Plenum Press.
<i>Families and Communities Responding to AIDS</i> (edited)	Peter Aggleton Graham Hart Peter Davies	1999	London, UCL Press.
Sex and Youth: contextual factors affecting risk for HIV/AIDS	Aggleton P, Dowsett G, Warwick I, Rivers K, Scott S	1999	UNAIDS
Interviewing on sensitive topics.	Ingham R, Vanwesenbeeck I, Kirkland D	1999	In <i>Handbook of the Psychology of Interviewing</i> . pp145-164. Edited by Memon A & Bull R. John Wiley & Sons Ltd.
Le VIH/sida et la recherche en sciences sociales en Europe de l'Ouest - quels défis se posent?	Aggleton P	2000	In <i>Suisse-Sida-Recherche</i> . Bern, Fonds National Suisse de la Recherche Scientifique (FNS)
Educando sobre Aids: uma perspectiva global.	Aggleton P	2000	In T. Pinto and I de Silva Telles (eds.) <i>AIDS e Escola</i> . São Paulo, Cortez Editora
Promoting Young People's Health : Towards a European Strategy for the Promotion of Young People's Health and Development.	Aggleton P	2000	Unpublished paper prepared for WHO/Europe.
The HIV/AIDS Epidemic and its Gender Implications. Report of an Expert Group Meeting, Windhoek, Namibia, 13-17 November.	Aggleton P	2000	New York: UN Division for the Advancement of Women, Department

title	authors	date	source(s)
A dynamic contextual analysis of young people's sexual and reproductive health in Peru	Caceres C, Perez-Luna G, Rosasco AM, Fernandez-Davila P	2000	for Economic and Social Affairs. Network for Youth Education, Sexual Health and Development, Peru
ASDAP's peer education programme to improve young people's reproductive health: educators' activities, efficacy and impact	Castle S, Konate M	2000	Report to CEDPA/USAID.
Annotated bibliography of young people's sexual and reproductive health	Marston C	2000	WHO
A dynamic contextual analysis of young people's sexual and reproductive health in Mexico	Juarez F, Gayet C	2000	El Colegio de Mexico, Mexico
Design and design assessment of a peer-led programme for the promotion of condom use among adolescent males in Recife, Brazil	Juarez F	Jun & Dec 2000	DfID
A dynamic contextual analysis of young people's sexual and reproductive health in Kazakhstan	Kaliakbarova G Keshileva Z	2000	National Healthy Lifestyles Centre, Almaty
HIV Prevention in Industrialized Countries.	Kim Rivers Peter Aggleton	2000	In J. Peterson & R. DiClemente (eds.) <i>Handbook of HIV Prevention</i> . New York, Plenum Press.
A dynamic contextual analysis of young people's sexual and reproductive health in Mali	Konate M, Castle S	2000	CERPOD, Mali
A dynamic contextual analysis of young people's sexual and reproductive health in Brazil	Parker R, Pimenta C, Brito I, Rios LF Terto Jr. V	2000	ABIA, Rio de Janeiro
Successful Approaches to HIV Prevention - Case Studies	Aggleton P, Chase E, Rivers K, Tyrer P	2000	UNAIDS
<i>Framing the Sexual Subject - Studies in gender, sexuality and power</i>	Parker R, Barbosa R, Aggleton P	2000	San Francisco, University of California Press.
A dynamic contextual analysis of young people's sexual and reproductive health in Zimbabwe	Runganga A	2000	Human Behaviour Research Centre, Harare
A Saude Reproductiva de Adolescentes Masculinos em Area de Baixa Renda no Recife	Santos TF, Juarez F, Moreira MM	2000	Anales no XII Encontro Nacional de Estudos Populacionais, ABEP
HIV and Sexual Health Education in primary and secondary schools - Findings from selected Asia-Pacific Countries	Smith G, Kippax S, Aggleton P	2000	National Centre in HIV Social Research, University of New South Wales, Australia

title	authors	date	source(s)
Protocol for monitoring HIV risk behaviour for Phase III vaccine trials	Wolff B	2000	Second Generation surveillance for HIV: compilation of basic materials CD-ROM format. WHO/CDS/CSR/EDC/2000.8 and UNAIDS/00.43/E Geneva, UNAIDS
India: HIV and AIDS-related Discrimination, Stigmatization and Denial.	Bharat S, Aggleton P, Tyrer P	2001	Geneva, UNAIDS
Qualitative research to inform the design of sexual health services for young people in Mali	Castle S	2001	A Report to Population Services International. Bamako: PSI.
Dynamic Contextual Analysis of young people's sexual health	Chalmers H, Stone N, Ingham R, Aggleton P	2001	SPA
Young People's Reproductive Health: Theories and Evidence	Juarez F	2001	<i>Chapter in Fertility and Poverty: an international vision.</i> Instituto de Investigaciones Sociales, Mexico.
The Impact of a Targeted Radio Campaign to Prevent STIs and HIV/AIDS in Mozambique.	Karlyn A	2001	PSI Research Division Working Paper No.40
A man gets as far as a woman wants him to? Sexual behaviour change among young people in Mexico.	Marston C	2001	Doctoral thesis, University of London 2001
Uganda: HIV and AIDS-related Discrimination, Stigmatization and Denial.	Mukasa Monica S Otolok Tanga E Nuwagaba A, Aggleton P, Tyrer P	2001	Geneva, UNAIDS
HIV/AIDS-Related Stigma and Discrimination: A Conceptual Framework and Agenda for Action.	Parker R, Aggleton P	2001	Washington DC., Horizons Project.
Working with Men for HIV Prevention and Care. Geneva, UNAIDS	Rivers K, Aggleton P	2001	Geneva, UNAIDS
Young People's Sexual Health in Nepal	Simkhada P, Stone N, Ingham R	2001	SPA report to DFID
Learning from what young people say... about sex, relationships and health	Warwick I, Aggleton P	2001	SPA
Estimation of levels and trends in age at first sex from surveys using survival analysis	Zaba B, Boerma T, Pisani E, Baptiste N	2001	North Carolina, MEASURE Project Working Paper (in press) (Short version submitted to Population Studies)
HIV/AIDS Stigma and Discrimination. A Conceptual Framework and Basis for Action. Geneva, UNAIDS	Aggleton P, Parker R	2002	Geneva, UNAIDS
Going beyond research: A key issues paper raising discussion points related to Safe Passages to Adulthood	Askew I, Matthews Z,	2002	SPA

title	authors	date	source(s)
dissemination, utilisation and impact of reproductive and sexual health research	Partridge R		Opps and Choices FRONTIERS
Knowledge, attitudes and behaviours relating to HIV/AIDS in selected villages of Kolondieba Cercle: a qualitative study to inform the development of HIV/AIDS prevention messages within and beyond the community schools	Castle S	2002	Report submitted to School Health Programme, Save the Children USA, Bamako, Mali.
Peer education programmes implemented by CEDPA's partners in Bamako and Sikasso: a qualitative exploration of their dynamics, challenges and impact.	Castle S	2002	Report to the Centre for Education in Population and Development Activities (CEDPA). Bamako, Mali: CEDPA CPS/LSHTM
Comparative Risk Assessment: Unwanted births and unsafe abortions from non-use and use of ineffective methods of contraception	Collumbien M, Gerressu M, Cleland J	2002	WHO Global Burden of Disease: Comparative Risk Assessment, Majid Ezzati, Alan Lopez (Eds)
The influence of culture as an obstacle to condom use among young Mexicans.	Gayet C, Juarez F	2002	Collection of Papers from the XIV International AIDS Conference, Barcelona, Spain, 7-12 July 2002, Monduzzi Editore, International Proceedings Division, Italia.
Monitoring and Evaluation of Sexual and Reproductive Health Interventions: A manual for the EC/JUNFPA initiative for reproductive health in Asia	Horstman R, Cleland J, Douthwaite M, Ambegaokar M, Salway S	2002	LSHTM NIDI
A review of sexual health policies and trends in the US, Australia and New Zealand	Ingham R, Partridge R	2002	A paper prepared for the Health Education Board of Scotland
Successful working with Policy Makers: Maximising the synergy between research and Policy Making	Ingham R, Partridge R	2002	SPA
Policies of HIV/AIDS prevention for adolescents in practice. The case of Mexico."	Juarez F, Gayet C, Ingham R	2002	Papers from the XIV International AIDS Conference, Barcelona, Spain, 7-12 July 2002, Monduzzi Editore, International Proceedings Division, Italia.
Knowledge of STIs/HIV/AIDS, risk perceptions and condom use among young people living in the slums of Ibadan, Nigeria	Partridge R, Jagha T, Adedimeji A	2002	SPA/Opps and Choices Factsheet series
Young people's sexual and reproductive health in IDP camps of Freetown, Sierra Leone	Partridge R, Greene P	2002	SPA/Opps and Choices Factsheet

title	authors	date	source(s)
Working with Young Men to Promote Sexual and Reproductive Health	Rivers K, Aggleton P	2002	series SPA
Preventing HIV/AIDS and Promoting Sexual Health among Especially Vulnerable Young People	Shaw C, Aggleton P	2002	SPA
Reaching men who have sex with men.	Parker R, Caceres C, Khan S, Aggleton P	2002	In P. Lamprey and J. Gayle (eds) <i>HIV/AIDS Prevention and Care in Resource Constrained Settings: A handbook for the design and management of programs</i> . Washington, DC., Family Health International
Stigma, Discrimination and HIV/AIDS in Latin America and the Caribbean.	Aggleton P, Parker R, Maluwa M.	2003	Washington, DC., Inter-American Development Bank. Sustainable Development Department. Technical Papers Series SPA
Young people's condom use - What do we currently know and what do we need to know? The case of Tanzania	Bakilana B	2003	SPA
The International Migration of Young Malians: tradition, necessity or right of passage?	Castle S	2003	CPS/Save the Children USA, Mali
Young people's condom use- What do we currently know and what do we need to know: The case of South Africa	Maharaj P	2003	SPA
The Sexual and Reproductive Health of Internally Displaced Young People in the camps of Freetown, Sierra Leone	Partridge R	2003	Marie Stopes International Working Paper Series. SPA
Young people's condom use- What do we currently know and what do we need to know: The case of Mexico	Stern C	2003	SPA
Quality condom use amongst young people: Methodological issues and research findings	Stone N, McEachran J, Ingham R	2003	Background paper submitted to the WHO by CSHR
HIV/AIDS Prevention and Care among Especially Vulnerable Young People. A Framework for Action.	Aggleton P, Chase E, Rivers, K	2004	Geneva/Southampton, World Health Organisation/Safe Passages to Adulthood Programme.
Sexual health and young people: the contribution and role of Psychology	Ingham R	2004	In Brooks-Gordon, B., Gelsthorpe, L., Johnson, M. and Bainham, A. for the Cambridge Socio-Legal Group (eds.) <i>Sexuality Repositioned: Diversity and the Law</i> , Hart Publishing, Oxford

title	authors	date	source(s)
Sexual health policies and trends in the USA, New Zealand and Australia	Ingham R, Partridge R	2004	In Burtney E & Duffy M (eds) <i>Young people and Sexual Health: Individual, social and policy contexts</i> , Palgrave, Macmillian
Superficial knowledge of HIV as a barrier to condom use among Latin American youth.	Juarez F, Castro T, Gayet C	2004	Collection of papers from XV International AIDS conference, Bangkok. Monduzzi Editore, Italy, pp.300-304.
Adolescent sexual and reproductive health in Latin America: evidence, theories and interventions	Juarez, F	2004	In <i>Poverty, Fertility and Family Planning</i> . ed: CICRED Paris
Comportamento Sexual de Adolescentes do Sexo Masculino de Baia de Renda	Moreira A, Juarez F	2004	Seminário quantos somos e quem somos no Nordeste (www.fgf.org.br)
National AIDS programmes: a guide to indicators for monitoring and evaluating national AIDS prevention programmes for young people	Slaymaker E	2004	WHO, Geneva.
HIV-related Stigma and Discrimination. Geneva,	Wood K, Aggleton P	2004	Geneva, UNAIDS. Scenarios for the Future Programme.
Promoting Young People's Sexual and Reproductive Health: Stigma, discrimination and human rights.	Wood K, Aggleton P	2004	Southampton, Safe Passages to Adulthood Programme.
Conexiones Intimas: La salud sexual y el desarrollo económico	Aggleton P	2004	In C Cáceres, T. Frasca, M. Pecheny and V. Terto (eds.) <i>Ciudadanía Sexual en América Latina: Abriendo el debate</i> . Lima, Universidad Peruana Cayetano Heredia
Lifeskills-based education for HIV prevention - a critical analysis.	Boler T, Aggleton	2004	London, Action Aid
HIV-related Human Rights Violations, Stigma and Discrimination: Case studies of successful interventions.	Aggleton P, Wood K, Parker R	2005	Geneva, UNAIDS.
HIV/AIDS - Lessons from and for health promotion.	Aggleton P	2005	In A. Scriven and S. Garman (eds). <i>Promoting Health: Global perspectives</i> . Basingstoke, Palgrave.
Pitfalls in measurement of sexual coercion: what are we measuring and why?	Marston C	2005	In Jejeebhoy S et al (eds) <i>Sexual Violence and Young People: Perspectives from the Developing World</i> . London: Zed Books
Economic transactions associated with intercourse among Malian adolescents:	Castle S, Konate M	In	In Agyei-Mensah and Casterline J.

title	authors	date	source(s)
Implications for sexual health		press	(eds.) <i>Fertility in Sub-Saharan Africa: A Collection of Micro-Demographic Studies</i> . Greenwood Press, Westport USA
The Use of Demographic and Health Surveys to Monitor the Sexual and Reproductive Behaviour of Young Women	Cleland J, Ali M	In press	Proceedings of the 2004 Chair Quetelet Seminar.
Young people's reproductive health: Theories and evidence	Juarez F	Under revision	In <i>Fertility and poverty: an international vision</i> , Eds. C. Ravell and Ma. Eugenia Zavala de Cosío, Instituto de Investigaciones Sociales, Mexico Southampton, SPA
Dynamic Contextual Analysis Revised edition	Chambers H, Aggleton P, Ingham R, Stone N	2005	
Introduction	Ingham R, Aggleton P	2006	in Ingham, R. and Aggleton, P. (2006) <i>Young People and Sexual Health: cultures, contexts and concerns</i> (provisional title) Routledge
Uses and abuses of surveys for understanding young people's sexual health and change	Ali J, Cleland J	2006	- ditto -
The importance of contexts	Ingham R	2006	- ditto -
Qualitative approaches	Marston C, King E	2006	- ditto -
In transition: young people detached from community support networks	Chase E	2006	- ditto -
Understanding same-sex sexualities	Warwick I	2006	- ditto -
Violence, sexual health and political economy in developing countries: intersections	Wood K	2006	- ditto -
For love or money: the role of exchange in young people's sexual relationships	Busza J	2006	- ditto -
Gender issues (provisional)	Barker R and colleagues	2006	- ditto -
Evaluation to promote sexual health	Collumbien M	2006	- ditto -
Communication of sexual health messages	McDowall W	2006	- ditto -
Using participatory approaches	Marston C	2006	- ditto -
Young people and the promotion of safer sex	Stone N, Ingham R	2006	- ditto -
The research-policy process: key players, strategies and approaches	Ingham R	2006	- ditto -
Afterword	Aggleton P	2006	- ditto -

ANNEX THREE

Collaborative Institutions

Institution	Level and nature of collaboration	Training activities	Capacity enhanced
Association of the welfare of the family (BEMFAM-NGO), headquarters in Rio de Janeiro and Recife Office Brazil	Collaborative evaluative research Assist in the design of adolescent intervention		This activity has derived in training and exchange of experience benefiting the evaluative research and the capacity to responding more effectively to the RH needs of young people.
Programma de Controle de DST/AIDS, Secretaria de Saude do Estado de Pernambuco, Recife. Brazil	Assist and support the design of adolescent intervention		Exchange of experiences has enhanced the project currently being developed and other developed by the government of Brazil on Adolescent STD/AIDS
ABIA Brazil	Lead institution in the DCA	DCA Workshop participation	The DCA carried out in Brazil has enabled the Brazilian research team to systematise and analyse existing data from research and interventions related to the sexual health of young people. This process, in turn, has proved useful research training for their staff, and has strengthened our capacity to respond to these issues both in providing services for young people as well as in designing intervention research aimed at evaluating the effectiveness of different intervention models.
Fundacao Joaquim Nabuco (Government research institution), Recife, Brazil	Collaborative evaluative research Assist in the design of adolescent intervention		This activity has derived in training and exchange of knowledge.

Institution	Level and nature of collaboration	Training activities	Capacity enhanced
ILPES Costa Rica	Collaborative proposal submission to the EC Collaborative working on a framework for discursive analysis	DCA Workshop participation	Involvement in the Safe Passages programme has provided ILPES with an arena for cross-country skill transfer and knowledge sharing
Deepak Charitable Trust India	Collaborative working on a qualitative research study. Participation at the 'Role of Communication' Expert meeting Involvement in research on early school leavers	Technical assistance with the development of qualitative research tools and survey design. Research training	This activity has derived in training and exchange of knowledge Financial assistance. New skills in research tool/instrument design advisory role in methodological issues, Enhanced ability to conduct quantitative and qualitative research in the community
Swaasthya India National Healthy Lifestyles Centres and Venereology Research Institute Kazakhstan	Lead institutions in the DCA	Study visit Quantitative methods training DCA Workshop participation Qualitative research methods training Training of life skills trainers	New skills in research tool/instrument design and data analysis techniques. Very little work has been undertaken in the country to investigate issues affecting the sexual health of young people. By being involved in the Safe Passages programme the NHL-C and VRI have been able to establish themselves as leading institutions in the field. Research skills have been enhanced greatly and the techniques and methodologies available to the researchers increased. Capacity has also been greatly enhanced through working with other poorer countries that have experienced similar problems.
African Population and Health Research Centre Kenya	Joint survey data analysis Presentations Publication writing		Application of demographic techniques and theory to analysis of standard DHS-style data - including: innovative use of life table methods construction of community level variables from individual record Attendance of Kenyan co-author at international conference (PAA, 2000, Los Angeles California) Opportunity for publication

Institution	Level and nature of collaboration	Training activities	Capacity enhanced
Seven NGOs (including Save the Children US, UK), UNICEF and Ministry for the Promotion of Women, Children and the Family, Mali	Research question identification and proposal development for child trafficking study.	Introduction to notion of research questions and hypotheses; Methodological review of qualitative methods Development of training programme for qualitative data analysis	Capacity to work collaboratively on identifying study aims and appropriate research questions to answer them. Development of training programme for qualitative data analysis
GERPOD Mali	Lead institution in the DCA Collaborative proposal submission to the EC, DFID, Rockefeller and other local sources Joint survey data analysis	DCA Workshop participation Enrolment on LSHTM short course	Data collection for the DCA strengthened links with a wide range of organisations and projects working with young people. Application of demographic techniques analysing large and complex data sets Proposal writing and successful funding application Attendance of co-author at international conference (PAA, 2000, Los Angeles California) Opportunities for publication
Ministry of Health Mali	Foreign Office grant for technical support from LSHTM .	Internet training and information technology training for NGOs and Ministry officials with emphasis on those intervening with young people.	Tools to access to internet disseminated Access to free publications via HINARI set up for over 10 institutions Email discussion group started within health sector
Mexican Family Planning Association (NGO) Mexico	Collaborative evaluative research General scientific support		Advisory role in methodological issues, knowledge sharing.

Institution	Level and nature of collaboration	Training activities	Capacity enhanced
Colegio de Mexico Mexico	Participant at WHO workshop investigating the choreography of condom use Involved in a collaborative multi-site study on investigating the correct use of condoms amongst young people DCA lead institution	Technical assistance with project proposal DCA Workshop participation Post-graduate teaching	This activity has derived in training and exchange of knowledge Financial assistance Proposal writing skills and tool/instrument design CEDDU involvement in the Safe Passages programme has enabled them to foster links with other organisations working in the field of young people's sexual health. They have also benefited from research training provided by Safe Passages staff.
University of Ibadan, Nigeria	Involved in collaborative study of young people's sexual health and knowledge in slum areas, Nigeria.	Technical assistance with the development of qualitative research tools and survey design. Technical assistance with analysis of quantitative data. Short term attachment to the University of Southampton for data analysis and report writing.	Financial assistance. Advisory role in methodological issues, knowledge sharing. Quantitative data analysis training. Opportunities for international presentations and publication (PAA). Study and training visit to the UK.
Association for Reproductive and Family Health (ARFH), Nigeria.	Involved in collaborative study of young peoples sexual health and knowledge in slum areas, Nigeria.	Technical assistance with the development of qualitative research tools and survey design.	Financial assistance. Advisory role in methodological issues, knowledge sharing.

Institution	Level and nature of collaboration	Training activities	Capacity enhanced
SOLID Kathmandu Nepal	Involved in collaborative study investigating the delivery of sex education at secondary schools	<p>Provided qualitative and quantitative research training to University staff, NGOs and GOs</p> <p>Technical assistance with the development of qualitative research tools and quantitative survey design.</p> <p>Technical assistance with analysis and report writing</p> <p>Master teacher trainers 3-day training workshop</p> <p>Curriculum development training workshop</p> <p>Young people's services training workshop</p> <p>Media training workshop</p> <p>Development of teachers guide</p> <p>Hosting of Masters Student small grants scheme</p>	<p>Since working with SPA, SOLID Nepal has become one of the leading institutions in Nepal working on young people's sexual health issues and the chairperson has been made an advisor to the Ministry of Education.</p> <p>Financial assistance.</p> <p>Training and advisory role in methodological issues, knowledge sharing.</p> <p>Application of demographic techniques analysing quantitative and qualitative data</p> <p>Opportunities for international presentations and publication</p>

Institution	Level and nature of collaboration	Training activities	Capacity enhanced
Redess Jovenes Peru	Lead institution in the DCA Collaborative proposal submission to the EC Involved in collaborative studies of 'Masculinity in Peru - Implications for Sexual Health'	DCA Workshop participation In-country provision of technical assistance and support, including the development of interview schedules	REDESS went through an internal discussion and planning process in order to carry out the DCA, and now sees the latter as an institutional accomplishment and foresees many avenues for the utilisation of this endeavour in further work REDESS also thinks it learned much from the process and now has the technical ability needed for conducting this kind of assessment in other arenas REDESS has gained recognition from this initiative, which contributed to its consolidation as a key social actor in young peoples sexual health A greater proportion of staff can now participate in research activities since members of other departments in the institution participated in data collection and part of the analysis
Marie Stopes Society Sierra Leone	Involved a collaborative study of young people's sexual health needs in IDP camps.	Training of fieldworkers in data collection and focus group discussions. Technical assistance on the development of qualitative research tools.	MSSSL staff have received training in data collection and technical assistance in qualitative research tools design. MSSSL have gained recognition for their work in Freetown and greater knowledge has been gained about the issues facing young people in the IDP camps. This has helped MSSSL discuss and consider modification of their services to better meet the needs of these young people.
African Centre for Population and Reproductive Health Durban South Africa	Collaborative study on investigating socio-cultural factors that influence sexual risk	Advisor to researchers	Since being involved with the SPA programme ACPRH have received a series of advisory visits to assist in project development.

Institution	Level and nature of collaboration	Training activities	Capacity enhanced
University of Natal South Africa	Participant at WHO workshop investigating the choreography of condom use Involved in a collaborative multi-site study on investigating the correct use of condoms amongst young people	Technical assistance with project proposal	This activity has derived in training and exchange of knowledge Financial assistance Proposal writing skills and tool/instrument design
University of Cape Town South Africa	Participant at WHO workshop investigating the choreography of condom use Involved in a collaborative multi-site study on investigating the correct use of condoms amongst young people	Technical assistance with project proposal	This activity has derived in training and exchange of knowledge Financial assistance Proposal writing skills and tool/instrument design
University of the Witwatersand, South Africa	Monitoring visits to field in order to upgrade local research staff's skills in qualitative study design, data collection and analysis On-going technical assistance to the qualitative research component of microfinance and gender equity training social intervention research	Supervision of participatory assessment conducted with young people on sexual communication, relationships, and behaviour	Ongoing collaboration with view to publishing in peer reviewed journals
Behavioural Surveillance Study (BSS) team, National AIDS Control Programme. Tanzania	Workshop on how to improve methods of data analysis and refine BSS questionnaire for future rounds	Practical exercises Discussion groups	Capacity enhanced with regard to data collection and interpretation.
Muhimbili University, Institute of Public Health Tanzania	Involved in developing a proposal for a collaborative study of young urban migrants sexual health needs in Dar Es Salaam		Developing a research proposal project application for funding. Ongoing collaboration.

Institution	Level and nature of collaboration	Training activities	Capacity enhanced
Reproductive Health Network (Collaboration between Central and South America and Europe - REPSAL)	Forum for the sharing of Information and skill transfer Development of priority research agenda	Training workshops Seminars Discussion groups	REPSAL has contributed to the capacity strengthening of all the countries involved (Ecuador, Mexico, Spain, Belgium). In the previous year several meetings have been held. Activities have included skill transfer seminars on young peoples reproductive health issues to local staff and students discussion with post-graduate students. We estimate that more than 50 staff and students have benefited in each country visited directly. The REPSAL network has established mechanisms of constant communication to update each other on relevant issues of young people's sexual health.
Population Concern Bangkok and local NGO partners: PDA (Thailand), ICOMP(Malaysia) CHETNA and CINIC (India) and LKGNU (Indonesia)	Training workshop on monitoring and evaluation strategies for reproductive health programmes for young people conducted in Bangkok.	Practice-based workshop to introduce participants to the principles and practice of monitoring and evaluation strategies for reproductive health, provided technical assistance for the development of intervention-specific logical framework, and provided in-depth analysis of possible indicators for each NGO project.	Significant impact on capacity of NGOs to implement appropriate monitoring and evaluation activities for the RH interventions aimed at young people
WHO, Department of RHR	RI and JC were consultants at one-week workshop in Geneva with applicants from twelve Eastern and central European countries	Formal sessions on quantitative and qualitative approaches, and one-on-one consultations with teams of researchers	All participants benefited from input and some successful applications resulted

Institution	Level and nature of collaboration	Training activities	Capacity enhanced
Human Behaviour Research Centre Zimbabwe	Lead institution in the DCA Collaborative proposal submission to the EC	DCA Workshop participation In-country technical support including assistance with data collection and analysis, report structuring and writing	Data collection for the DCA fostered closer links between the HBRC and a wide range of organisations and projects working with young people. Training received during the DCA enhanced the capacity of the HBRC to undertake further work of this kind.