



TOOLKIT "GET YOUTH ON BOARD!"

Youth Health

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Health concerns of young people

Young people are especially vulnerable to risky health behaviour which can have serious consequences on their future lives and their chances of developing their full social and economic potential. Approaches for the promotion of a healthy lifestyle among the youth should be participative and interactive and should consider the special needs and questions of young people – even on subjects that are normally “taboo”.

Background information

At first sight young people (12-24) seem to be a relatively healthy age group as they suffer less from serious diseases than older people and their death rate is less than 3 percent.

But these facts are just a partial reflection of reality as youth are especially vulnerable to risky behaviour that can have enormous negative impacts on their future lives (e.g. alcohol, tobacco and drug abuse, early and unprotected sex, dangerous driving). Every year, an estimated 1.7 million young men and women between the ages of 10 and 19 lose their lives – mostly through accidents, suicides, violence, pregnancy-related complications and other illnesses which are either preventable or treatable.

In their youth, people experience a decisive phase of their personality development and their search for identity. They are curious and willing to take risks. But decisions for risky health behaviour in their youth have long-lasting, negative impacts on their health in adulthood, and on young people's chances for social and economic integration. Awareness raising on health issues, especially in the field of sexual and reproductive health, helps young people to take informed decisions and to develop their potential to live a productive and self-determined life.

As specified in the Convention of the Rights of the Child (article 24), healthy development is a human right that young people should enjoy. However, in many cases the living conditions of young people – characterised by poverty, disintegration of family structures, lack of access to education and a lack of future prospects – constrain their healthy development and lead to frustration and an increase in risky behaviour.

Health risks affecting the youth

Young people face various interrelated health risks. The main areas of risky behaviour during youth are listed below.

Sexual and reproductive health

Sexual development is a normal part of adolescence and most young people go through these changes without significant problems. However, for millions of youth, sex is linked with coercion, violence and abuse. In many societies traditional behavioural rules promote the submission of young women to men, and these women find it difficult, or impossible, to refuse early marriage and unprotected sex.

Furthermore, young people are often poorly informed about sexuality and reproduction. Sexuality is a subject off limits in numerous societies. Policy makers, public opinion leaders and parents believe that sexual education and information lead to earlier and increased sexual activity among adolescents.

These circumstances all lead to increased incidence of teenage pregnancies and sexually transmitted diseases, especially HIV/AIDS, among youth.

Teenage pregnancy

Between 14 and 15 million adolescent girls give birth each year. Adolescents, aged 15-19, are more likely than older mothers to die in childbirth, while very young mothers aged 14 and under are at highest risk. For every young woman who dies in childbirth, between 30 and 50 others are left with an injury, infection or disease.³ Furthermore, the early responsibility for a child reduces young women's chances to tap their full potential for social and economic integration.

STDs and HIV/AIDS among young people

Each year, one third of new cases of curable sexually transmitted diseases (STDs) - more than 100 million - are among women and men below the age of 25.⁴

Particularly alarming is the ongoing spread of HIV/AIDS, especially in sub-Saharan Africa but also in Eastern Europe and Asia. According to the AIDS Epidemic Update 2007, almost two thirds of all HIV positive citizens live in sub-Saharan Africa and the region's 2.1 million AIDS-related deaths represent 72 percent of the respective global death toll. In Eastern Europe and Central Asia an estimated 150,000 people were newly infected with HIV in 2007, bringing the number of people living with HIV in Eastern Europe and Central Asia to 1.6 million compared to 630,000 in 2001, an increase of 150 percent. Across Asia, an estimated 4.9 million people were living with HIV in 2007, including the 440,000 people who became newly infected in the past year.⁵

Adolescents are at the centre of the HIV/AIDS pandemic in terms of its transmission and impact, as well as the potential for changing the attitudes and behaviour that underlie the disease. An estimated 9.8 million young people aged 15 to 24 are living with HIV today, 63 percent of them in sub-Saharan Africa.⁶

HIV prevalence among young people aged 15 to 24 varies widely according to their sex. Surveys conducted in Burkina Faso, Cameroon, Ghana, Kenya, Mali, Uganda and Zambia suggest the HIV prevalence rate for young women is at least twice that of young men (World Youth Report 2007). Worldwide, young women are 1.6 times more likely to be HIV positive than young men.⁷ "In sub-Saharan Africa, 57 percent of adults with HIV are women, and young women aged 15 to 24 are more than three times as likely to be infected as young men. Despite this alarming trend, women know less than men about how HIV/AIDS is transmitted and how to prevent infection, and what little they do know is often rendered useless by the discrimination and violence they face" (UNFPA; Women and HIV/AIDS 2004).

Sociocultural norms that reinforce gender inequalities, for example the dictate that women and girls should be ignorant and passive about sex, are also important factors that leave girls and young women more vulnerable to HIV than their male peers. Gender norms in many societies also reinforce a belief that men should seek multiple sexual partners, take risks and be self-reliant. Studies amongst 15 to 19-year-olds in sub-Saharan Africa investigating age differences between girls and their sexual partners show a gap of six or more years, which limits their power to resist unsafe sexual practices.

Traditional sexual practices also lead to a higher risk of young women getting infected with HIV (e.g. puberty rites, circumcision rituals and initiation ceremonies; "dry sex" and the general use of herbs to boost sexual performance; polygamy and the extension of sexual relationships to younger sisters of the wife). In some parts of Africa, so-called "dry sex" is frequently practised whereby girls and women attempt to dry out their vaginas in an effort to provide more pleasurable sex to men. In Zambia, dryness is achieved by using certain herbs and ingredients that reportedly reduce vaginal fluids and increase friction during intercourse. Given the likelihood that dry sex will cause lacerations in the vaginal wall, especially among adolescent girls, the practice increases the risk of HIV transmission.⁸

By contrast, male circumcision effectively reduces sexual transmission of HIV from women to men. The partial protective effect of male circumcision (approximately 60 percent reduction in risk of heterosexually acquired HIV infection) is remarkably consistent across observational studies. According to an international expert consultation in March 2007, convened by the World Health Organization (WHO) and the UNAIDS Secretariat, male circumcision can be recognised as an additional important intervention to reduce the risk of heterosexually acquired HIV infection in men.⁹

Progress in HIV/AIDS prevention

In 2001, the United Nations' Declaration of Commitment on HIV/AIDS outlined a goal of reducing HIV prevalence by 25 percent in young people aged 15 to 24 in the most affected countries by 2005. A UNAIDS/WHO working group conducted a Global HIV/AIDS and STI surveillance in 35 countries in 2006 and 2007. This survey showed some improvements. There have been encouraging changes in behavioural trends among young people in some countries (Cameroon, Haiti, Kenya, Zimbabwe, Malawi, Rwanda, Togo, Tanzania and Zambia). These trends, combined with the evidence of significant declines in HIV prevalence among young pregnant women in urban and/or rural areas of five countries (Botswana, Côte d'Ivoire, Kenya, Malawi and Zimbabwe) suggest that prevention efforts are having an impact in several of the most affected countries. Unfortunately, more than 20 of the 35 countries had insufficient or no data on HIV prevalence and/or sexual behaviour trends among young people - including several countries with exceptionally high HIV prevalence in southern Africa.

Although there is some progress, the fight against HIV/AIDS remains a major challenge for the future. "In the 2006 five-year assessments of progress towards the goals of the Declaration of Commitment on HIV/AIDS, not one country was able to report it had reached the target of ensuring that 90 percent of youth aged 15 to 24 were able to identify correctly ways of preventing HIV transmission and reject major misconceptions about HIV transmission" (World Youth report 2007).

Effects of the HIV/AIDS pandemic on the lives of young people

Young people suffer both from the consequences of being infected with HIV themselves and from the infection and death of family members. Their own infection generally incurs social stigmatisation, exclusion and the loss of chances for economic integration. As HIV develops into AIDS with a lag of up to 10 years, it takes its toll on young people in their most productive age.

Even if they are not infected themselves, young people are affected by the loss of their parents or by the need to care for infected family members. Consequences include the consolidation of poverty (loss of family income, property grabbing by family members), reduced ability to attend school and maltreatment by relatives who care for young people if their parents have died.

Substance abuse

The abuse of alcohol, tobacco and other drugs causes enormous damage to young people's health and is a major contributing factor to accidents, suicides, violence, unwanted pregnancies and sexually transmitted diseases among young people in many countries.

Tobacco

Tobacco is the most widely distributed and commonly used drug among the youth. It has been predicted that if current patterns continue, a lifetime of tobacco use would result in the deaths of 250 million children and young people living today, most of them in developing countries.¹⁰ The vast majority of smokers begin using tobacco products well before the age of 18. The health consequences of smoking include respiratory and non respiratory effects, addiction to nicotine and an increased risk of lung cancer, heart disease and strokes. Smoking also impairs young people's physical fitness in terms of both performance and endurance.¹¹ Many young people start smoking because they believe it will boost their social acceptability and image. The family also influences young people's attitude to smoking. Adolescents whose parents or siblings smoke are more likely to use tobacco.

⁹ www.unaids.org/en/PolicyAndPractice/Prevention/MaleCircumcision/
¹⁰ www.who.int/tobacco/research/youth/about/en/index.html

¹¹ www.who.int/tobacco/research/youth/health_effects/en/index.html

Alcohol

There is a global trend for young people to begin drinking alcohol increasingly early. For a long time alcohol abuse was mainly a problem of young men. However, in several countries levels of drinking among young women have started to equal, or even surpass, those of young men. Data on drinking habits among young people in developing countries are relatively scarce. Reports covering the past decade indicate that current alcohol consumption (either past-year or past-month use) in Central and South America ranges from 37.8 percent (among 15 to 19-year-olds in the Dominican Republic) to 43.8 percent (among urban secondary school students in Sao Paulo, Brazil).¹² In the Russian Federation approximately 40 percent of adolescent males and 30 percent of adolescent females consume alcohol excessively.¹³

Illicit drugs

The use of illicit drugs (e.g. cocaine, heroin, methamphetamine and steroids) is increasingly prevalent among young people in many countries. Reliable data is scarce, especially in developing countries. In Central Asia and Eastern Europe, for example, up to 25 percent of those who inject drugs are estimated to be below 20 years of age, and the use of all types of drugs has increased significantly among young people across the region since the early 1990s.¹⁴

Of all illicit drugs, cannabis is by far the most widely and most frequently used, especially among young people. However this differs according to the context and the region. Whereas in sub-Saharan Africa and South America cannabis is the most widespread drug, among young people in Central America tranquilizers and abuse of inhalants predominate, and in Asia amphetamines are the most common drugs.

The adverse consequences of drug use include dependence, overdose, accidents, physical and psychological damage, and premature death. Drug dependency increases the likelihood that young people will resort to crime and prostitution to finance their drug habit.

Other substances

Adolescents, especially disadvantaged young people, tend to use substances that are affordable and readily available. These include various inhalants, such as glue, petrol and aerosols, and pharmaceutical preparations such as cough mixtures and sedatives.

Road traffic injuries

Road traffic injuries are the leading cause of death worldwide among young people aged 10 to 24. Each year nearly 400,000 people under 25 die on the world's roads – an average of more than 1,000 a day. Risky behaviour in road traffic and high speed are often linked to alcohol or drug use.¹⁵

¹² UN (2005) *World Youth Report*, Chapter 6: Youth and Drugs
¹³ www.unicef.org/russia/youth_health_development.html

¹⁴ UN (2005) *World Youth Report*, Chapter 6: Youth and Drugs

¹⁵ www.who.int/features/factfiles/youth_roadssafety/en/index.html

Concepts and approaches of youth health promotion

Effective and sustainable youth health promotion needs an integrated approach that considers the specific situation and problems of young people as well as the socio-cultural environment. Furthermore, health-promoting approaches should strengthen networking between institutions and organisations of the health, education and employment sectors, and involve other social service providers as well as sports clubs, youth centres and cultural initiatives. To prevent risky health behaviour among young people, it is essential to create better prospects for their social and economic integration and to offer meaningful recreational activities.

Approaches at the institutional level

- **Policy advice** at national and local levels to promote the development, implementation, monitoring and evaluation of integrated youth and health strategies (see also Fact Sheet “Youth Action Plans”).
- **Capacity development** of health staff and experts of NGOs, schools and vocational training institutions in the implementation of youth friendly, participatory and interactive methods to help provide information and raise awareness on health issues.
- **Establishment of youth friendly health services.** Counselling on health issues and the treatment of less serious health problems should be provided at places where young people normally stay (e.g. at youth centres, schools, and non-formal or vocational training facilities). This can reduce the constraints on young people's access to help. The health services can range from consulting hours arranged on special days, to the establishment of permanent medical services (e.g. at schools) and emergency hotlines.
Another possibility is the establishment of youth health centres close to institutions frequently visited by young people (e.g. schools, sport clubs etc.). The youth should be actively involved in the establishment of the centres and the development of the health services. The services should respond to the special needs and questions of youth, and should accommodate their sexual curiosity and openness. It is of the utmost importance that young people can feel their concerns are kept in confidence. Young people with more severe health problems should be referred to other medical or counselling facilities.

Direct approaches

- **Peer counselling** is a very successful approach in youth health promotion. Especially when discussing personal and intimate matters, young people are more ready to be open with their peers than with grown up experts. Young people can speak more candidly among themselves, particularly about socially taboo subjects such as sexual and reproductive health issues. The youth chosen as peer educators (e.g. from youth organisations) should be recognised and respected by their contemporaries. They should possess leadership skills, be good communicators and able to deal with complex subjects. Furthermore, special training courses should impart well-founded knowledge of the health issues the peer educators are supposed to communicate, as well as communication and conflict-solving skills.
- The **formation of self-help groups** is an approach that supports and empowers young people facing similar health problems or needs, such as HIV-positive young people, young women affected by early pregnancy or those with sexually transmitted diseases (see example 1). These young people can also get involved in sensitisation work within the community and act as peer counsellors for others in the same situation – or for those at risk of getting in the same situation. When forming a self-help group it is important to consider the sociocultural circumstances in the country or community and to involve – as far as possible – parents or other family members.
- **Health-promoting schools:** The aim of these schools is to establish a healthy working climate and to spread health awareness among the pupils, teachers and parents as well as in the community. Health issues can be addressed as part of the curriculum in normal classes (e.g. in sports, biology, social studies, mother tongue and language classes) or in additional school projects. These projects should be identified, planned and implemented by the pupils themselves, with the support of teachers, parents and, if required, community organisations and initiatives. Thus cooperation and mutual understanding between the pupils, teachers, and parents can be strengthened and the integration of schools in the community can be promoted. Health-promoting schools create a positive learning atmosphere and prevent psychosocial problems, aggression and apathy amongst the pupils; they also

discourage low levels of motivation and energy amongst the teaching staff. Pupils' health problems can be recognised at an early stage and they can be referred to medical services.

- **Information or awareness-raising measures** on health issues should actively involve young people at the planning and implementation stage. In this way they will be more likely to address the real problems and questions of the youth, and to communicate to young people in "their" language.

Sensitisation measures can be organised by NGOs, youth organisations or institutions of the health sector. They may include information desks, workshops on special health issues, open days, theatre performances and awareness raising through ICT (see example 2). The activities are more effective if they are interactive and inspire people to think again about their behavioural patterns. One successful approach for dealing with health issues in a playful way is the "Join-in Circuit on Aids, Love and Sexuality" (see example 3). The media can also be used to spread information and raise awareness.

Sports clubs can play an important role in imparting health information to the youth. Many young people, especially disadvantaged youth, face constraints or aversions to health services. By contrast, sporting activities are attractive to youth. For the promotion of a healthy lifestyle sport clubs can be beneficial in a double sense. On the one hand, they provide meaningful leisure time activities that keep young people off the street. On the other hand, exercises or messages on health issues can be integrated into their regular programme, for instance on HIV/AIDS, drug prevention and gender issues (see example 4).

- **Generational dialogue:** A dialogue is promoted between adults and young people (grandparents, parents and children) with the aim of creating mutual understanding and respect, reducing prejudices and to strengthen the common search for solutions to social and health problems. The generational dialogue can address the social, traditional and cultural implications of HIV/AIDS, genital mutilation, sexual morals, reproductive health, and issues such as violence in the family, gender equality and family planning. A facilitator should establish the rules for the cooperation and ensure an atmosphere that is comfortable for everybody. As existing forms of dialogue and communication are usually strongly defined by cultural factors, the participants' social and cultural context should be taken into account, and reflected in the choice of techniques used in the workshop (e.g. narrative elements, interactive techniques, music and the use of symbols). It is also important that the didactic methods are suitable for both the younger and older persons.

There should be no more than 15 participants from each generation. To achieve a degree of sustainability for the whole community, they should each play some kind of representative role for the people of their generation (e.g. youth multipliers, youth group leaders and community authorities). In a strongly religious context, religious authorities should also be included.

- **Production of youth-oriented sensitisation and information materials:** In many countries existing materials for sensitisation and information about health issues are often moralising and boring, and they do not address the specific questions of young people. Working with the youth themselves, new material can be produced that is oriented to their experiences and needs and designed in a style suitable for them. A youth survey can be conducted at the beginning to assess young people's knowledge, attitudes, behaviour and questions in relation to specific health issues.

Examples

Relevance for development cooperation

In international development cooperation there is broad agreement that the promotion of healthy development among the youth is essential for the social and economic well-being of society. In most cases lifestyles that put health at risk develop in youth and are continued in adulthood. The consequences of risky health behaviour in younger ages appear in adulthood and cause enormous costs to the public health system.

The promotion of youth health and the realisation of young people's right to health services and health information are priority areas of intervention on the agenda of several international institutions (e.g. World Bank and UN-Organisations such as WHO, UNAIDS, UNODC and UNICEF). Furthermore, young people are a major target group for the Millennium Development Goal 6 on combating HIV/AIDS, Malaria and other diseases. The international community of states has committed itself to reducing the HIV Prevalence among 15 to 24-year-old pregnant women, to increasing the use of condoms and to providing young people with comprehensive knowledge of HIV/AIDS.

German Development Cooperation

Health promotion and the fight against the spread of HIV/AIDS are also priority areas of German Development Cooperation, for which youth are an important target group, especially in the field of sexual and reproductive health.

"The German government will support direct access, especially for young people, particularly girls, to family planning services. The availability of contraceptives helps women to assert their right to sexual self-determination and to decide how many children to have."¹⁶

German Development Cooperation has long experience in advisory services for health policy, the promotion of youth-friendly health services, in capacity development for health staff and the establishment of peer-to-peer programmes.

The "Little Aunties" – Cameroon

Women in Cameroon start their active sexual lives early, and about 95 percent of sexual contacts are unprotected; 21 percent of girls become pregnant before their 18th birthday. In many cases, neither the fathers nor the families take care of the young mothers or their babies, so most girls opt instead for abortions, which can have severe consequences for their health (sterility, chronic illnesses etc.).

Deciding to keep a child usually means that the young mother must drop out of school, which also means giving up the chances of a career and an independent future. In 2001, GTZ launched the "Aunties" programme which borrows from the Cameroonian tradition that a girl's Auntie used to be her most trusted teacher and counsellor on sexual matters. Since it began, the programme has recruited more than 6,000 unmarried young mothers who became pregnant while still in their teens, and has trained them in sexual and reproductive health issues. These women became known as "Aunties" and formed local Aunties' associations. The Aunties give testimony, provide information and give individual advice to other adolescents in schools and neighbourhoods as a way of helping them avoid the difficulties they themselves have gone through.

The programme was established in seven stages: (1) Situation analysis; (2) mobilisation of and cooperation with decision makers and other social service providers at community level; (3) participatory and interactive training courses to qualify young mothers as Aunties; (4) building local Aunties' associations; (5) promoting community, school and individual interventions; (6) awareness raising through the media; (7) on-going management, monitoring and evaluation.

By early 2007, Cameroon's trained "Aunties" had formed more than 140 local associations. Almost 500 Aunties were experienced and skilled at providing sexual education in schools and, working in pairs, they had the capacity to reach from 38,000 to 48,000 students a year.

Life Choices: an interactive film for youth – Uganda

The “Promotion of Children and Youth” project (PCY) was a collaboration between the Ugandan Ministry of Gender Labour and Social Development, and GTZ. As a way of incorporating approaches to HIV/AIDS prevention in the project, an innovative tool for sensitising youth was developed and introduced in 2005 – the interactive film “Life Choices”.

The new medium should complement and improve the usual repertoire of sensitisation methods available in Uganda (role playing, workshops and brochures etc.), and it should help integrate the principles of participation and empowerment more firmly into the methodology.

The interactive DVD shows young people in typical life situations (at a party, on the way home from school, in a bar etc.). After each scene, the young audience gets to decide how the virtual young person in the film should react, with a set of possible choices at the end of each scene to determine how the film continues. A discussion can be held at the end, and the alternative scenes can be played to show the choices which were not made. An additional handbook provides background information and information about methods of group work with young people.

Join-in Circuit on HIV/AIDS, Love and Sexuality

The “join-in circuit” was first devised by the German Federal Centre for Health Education (BZgA) in Cologne, for use in Germany. In collaboration between GTZ and BZgA, it was adjusted to fit the situations of selected partner countries of German Development Cooperation (e.g. Russia, El Salvador, Guinea and Mongolia). The circuit is an interactive method for sensitising young people about HIV/AIDS, and to promote its prevention. To achieve and secure long-term changes of attitude and behaviour, it is not enough simply to communicate knowledge. The preventive effect is considerably strengthened if participants are confronted directly and personally with the themes of love, sex and HIV/AIDS; and if they are called on to examine their own living environments, and to deal with their fears, needs, values and behavioural patterns. Ideally, the join-in circuit becomes a central building block of existing preventive

activities, and therefore a part of long-term HIV/AIDS prevention work. It can be used flexibly as a mobile instrument, which can – and should – be adapted to the local situation and cultural preconditions, after consulting the local partners.

The circuit normally consists of five stations which the young people pass through in small groups. Each station involves the groups in interactive activities that address the following issues:

1. Ways to get infected with HIV
2. Love, sex and protection from HIV
3. Contraception
4. Body language: The young target group must represent in mime different terms, such as “heartbeat” or “using a condom”. This is a very popular station, because it allows the free and easy discussion of themes that are usually taboo.
5. Living with HIV/AIDS. This stage is intended to promote young people’s solidarity with HIV-infected people.

Sports clubs for the prevention of HIV – KickAIDS, PDP Sports Club – South Africa

The GTZ Peace and Development Project Sports Club in Soshanguve was set up as a non-profit club in 2003. Since the first regular training began in January 2004, the number of young male and female members has grown strongly. Training and coaching programmes are provided, and sporting events on the theme of HIV/AIDS are organised. Sport is used as a platform to prevent criminality and enable young people from different cultural backgrounds to interact, while raising awareness of HIV/AIDS. In cooperation with the KickAIDS project, the PDP Sports Club developed its own concepts and sensitisation games which impart information on subjects like HIV/AIDS in a playful way. Especially in South Africa, where sport is very popular, but where the options for participating in it are very limited, the sports club offer the chance to build young people’s personalities and characters in a “protected” space, and to spread fairness and tolerance. The PDP Sports Club works together with German Development Cooperation, public schools, regional newspapers, the police administration, NGOs (e.g. HIV/AIDS organisation “Love Life”) and other stakeholders.

Relevant literature and websites

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Youth Employment Network:

www.ilo.org/public/english/employment/yett/index.htm

International Youth Foundation: www.iyfnet.org

Kooperation Jugend und Entwicklung International:

www.jugenti.de

Right to education: www.right-to-education.org

TakingITGlobal: www.takingitglobal.org

UNICEF: www.unicef.org

World Health Organisation: www.who.int

UNESCO: www.unesco.org

UNICEF: www.unicef.org

Youth Coalition: www.youthcoalition.org

Youth Employment Summit: www.yesweb.org

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