Adolescents: current rights for future opportunities

September 2013

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# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acronyms</td>
<td>6</td>
</tr>
<tr>
<td>Executive summary</td>
<td>7</td>
</tr>
<tr>
<td>Introduction</td>
<td>10</td>
</tr>
<tr>
<td>Defining adolescence</td>
<td>12</td>
</tr>
<tr>
<td>Understanding adolescence: the neurobiology of human transition to adulthood</td>
<td>14</td>
</tr>
<tr>
<td>Macro-level trends</td>
<td>17</td>
</tr>
<tr>
<td>INTERGENERATIONAL IMPROVEMENTS</td>
<td>17</td>
</tr>
<tr>
<td>ENDURING CHALLENGES</td>
<td>17</td>
</tr>
<tr>
<td>Key policy issues on adolescence</td>
<td>20</td>
</tr>
<tr>
<td>GENDER</td>
<td>20</td>
</tr>
<tr>
<td>ADOLESCENTS WITH DISABILITIES</td>
<td>23</td>
</tr>
<tr>
<td>VIOLENCE</td>
<td>25</td>
</tr>
<tr>
<td>Adolescent potentialities</td>
<td>29</td>
</tr>
<tr>
<td>HARNESS THE YOUTH DIVIDEND: CREATE ASSETS FOR ADOLESCENTS IN HEALTH AND EDUCATION</td>
<td>29</td>
</tr>
<tr>
<td>FOSTER OPPORTUNITY AND PROMOTE ADOLESCENT HUMAN RIGHTS</td>
<td>31</td>
</tr>
<tr>
<td>South-South cooperation for adolescent rights and development</td>
<td>32</td>
</tr>
<tr>
<td>TRANSITION TO WORK</td>
<td>32</td>
</tr>
<tr>
<td>GROUP VIOLENCE</td>
<td>32</td>
</tr>
<tr>
<td>ADOLESCENT CIVIC ENGAGEMENT</td>
<td>32</td>
</tr>
<tr>
<td>ADOLESCENTS AND HIV</td>
<td>32</td>
</tr>
<tr>
<td>Concluding questions</td>
<td>33</td>
</tr>
<tr>
<td>OVERARCHING QUESTIONS:</td>
<td>33</td>
</tr>
<tr>
<td>QUESTIONS ARISING FROM SPECIFIC PARTS OF THE REPORT</td>
<td>33</td>
</tr>
<tr>
<td>References</td>
<td>35</td>
</tr>
<tr>
<td>Endnotes</td>
<td>39</td>
</tr>
</tbody>
</table>
### ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>ASEAN</td>
<td>Association of Southeast Asian Nations</td>
</tr>
<tr>
<td>CRC</td>
<td>UN Convention on the Rights of the Child</td>
</tr>
<tr>
<td>CRPD</td>
<td>Convention on the Rights of Persons with Disabilities</td>
</tr>
<tr>
<td>DDR</td>
<td>Disarmament, demobilisation and reintegration</td>
</tr>
<tr>
<td>FXB</td>
<td>François-Xavier Bagnoud Center for Health and Human Rights</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HRW</td>
<td>Human Rights Watch</td>
</tr>
<tr>
<td>ICDS</td>
<td>Integrated Child Development Services</td>
</tr>
<tr>
<td>IDP</td>
<td>Internally Displaced Person</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organisation</td>
</tr>
<tr>
<td>KNN</td>
<td>Kabataan News Network</td>
</tr>
<tr>
<td>LGBTI</td>
<td>Lesbian, gay, bisexual, transgender, intergender</td>
</tr>
<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>NTWG</td>
<td>National Technical Working Group</td>
</tr>
<tr>
<td>SAARC</td>
<td>South Asian Association for Regional Cooperation</td>
</tr>
<tr>
<td>SEWA</td>
<td>Self Employed Women’s Association</td>
</tr>
<tr>
<td>STIs</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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</tbody>
</table>
Introduction

Asia and the Pacific is a region of rapid change, where economic growth is affecting social norms and widening social disparities. It is also a region of young people - more than half the world’s adolescents (defined by the UNFPA, UNICEF and WHO as persons aged 10-19) live in the region. Since young people represent economic opportunity, investing in adolescents can yield a demographic dividend in terms of social welfare, economic growth and political stability. These young people should be a key group for policy-makers, but current policies across the region neglect this cohort, despite their distinctive needs and rights, and their potential contribution to society. For both rights-based and economic reasons, adolescents deserve closer attention.

Executive summary

Current rights for future opportunities: adolescents in Asia and the Pacific

Key messages to governments

- Define specific policy goals for adolescents to ensure that policies and strategies are driven by results. Existing programmes for adolescents can be reviewed and adjusted with those goals in mind.
- Involve adolescents in policy-making – they know best which challenges they face, and can contribute new ideas for practical solutions.
- Invest in high-impact programmes – focus on girls and the most marginalised to address harmful norms and increase access to adolescent-friendly services.
- Establish clear lines of accountability, and involve adolescents and civil society in monitoring progress.

Definitions and data

The transition from childhood to adulthood during the second decade of life is both a biological and a social ‘fact’, marked by cultural norms the world over. However, the beginning and end of adolescence are not clearly marked, so a definition needs to be agreed to frame policy discussions and guide data-collection. Late adolescence (ages 15-19) is a particular grey area: rights defined under the Convention on the Rights of the Child (CRC) only apply up to a person’s 18th birthday, so 18-year-olds are safeguarded only by general human rights legislation. Another factor to consider is recent research into adolescent neurobiology, which suggests that different brain functions mature at different times. This might have implications in terms of criminal justice, medical decision-making and the age of marriage.

Progress

Adolescents in Asia and the Pacific today are generally healthier and have a higher standard of living than earlier generations of young people. They are also better educated and have a greater ability to contribute to their own development and that of society. This improvement is partly due to a recent focus on health and education in early childhood: more children are surviving infancy and attending school, and are thus better equipped to flourish as adults.
Interlinked challenges of health, education and employment

The challenges facing adolescents in the region are closely connected. However, planning, training and funding for health and education tend to be done separately, which prevents vital cross-sectoral collaboration. The importance of closely linking education and health interventions for this cohort, particularly in terms of future employment opportunities, is hard to overstate.

Poor adolescent health and continuing protection failures (in terms of sanitation, transport, exploitation and deprivation) are related to serious problems in upper primary and secondary school, including dramatic failures in teacher training and support, and little focus on positive disciplinary techniques. Poor education affects health and nutrition, both for the adolescent concerned and for his or her offspring and wider family. The cycle of deprivation continues if children are too unhealthy or undernourished to benefit from educational opportunity; this ‘push-out’ of adolescents when they are at their most cognitively able condemns them to poor-quality employment and poverty, and represents a massive wasted opportunity. More opportunity is wasted if older adolescents, having managed to complete their education, are effectively barred from productive employment because they feel unsafe in the workplace or travelling to work. Finally, child labour (closely related to entrenched poverty) remains an issue - 64 per cent (122 million) of the world’s working children aged 5-14 live in Asia and the Pacific.

Health risks, including illness, physical injury and mental trauma, are high for this age group. Grinding poverty is itself a major contributing factor to ill health, not least because of the dangerous strategies used in attempting to escape it. Mortality rates rise for 15- to 19-year-olds, with accidents being the main cause of death: traffic accidents are most significant in parts of South Asia; drowning is the largest cause in China and Bangladesh. The rate of male deaths from accidents is higher than female deaths from all injuries except fire-related burns (the largest cause of death for adolescent girls in South East Asia). Suicide and maternal mortality in South Asia are two prominent causes of death in late adolescence. Finally, the risk-taking behaviour that is a notable feature of ‘growing up’ means that many health-threatening activities are taken up in adolescence. Risky behaviour includes unprotected sex: HIV prevention and treatment remain an enormous challenge.

Gender

This stands out as a critical issue. If the female half of the huge adolescent population is seriously disadvantaged, the impact must be dramatic. But gender issues concern both adolescent boys and girls, as well as sexual minorities: young men, for instance, are often perceived to be ‘dangerous’ juveniles. This belief chimes with regional cultural tradition that casts females as victims and males as oppressors, an approach that fuels a punitive policy environment.

Girls encounter discrimination, exploitation and violence on a massive scale. In some countries of South Asia, gender discrimination is intertwined with entrenched caste discrimination. Health inequalities affecting adolescent girls in Asia and the Pacific are legion, and access to nutrition is deeply gender-unequal. There are deficits in menstrual hygiene management, and rates of sexually transmitted infections (STIs) in the Pacific are some of the highest in the world.

Early marriage remains pervasive. South Asia has the highest rate of child marriage in the world, with 46 per cent of girls married and 22 per cent giving birth before they turn 18. Giving birth at this age is two to five times more likely to kill the mother than giving birth at age 18-25. Some of the highest rates of teenage pregnancy occur in the Pacific: in the Marshall Islands, the adolescent birth rate is, at 85 per 1,000 births, almost twice the global adolescent birth rate.

Closely connected with these health deficits are the education-, employment- and work-related inequalities that relegate adolescent girls in many parts of the region to second-class life opportunities. The fall-off from primary to secondary schooling particularly affects girls, partly because they are affected more than boys by risky journeys between home and school and poor school facilities (especially sanitary arrangements), and partly because parents may place less value on girls’ education.

Adolescents with disabilities

Little attention has been paid to the rights of adolescents with disabilities globally or in Asia and the Pacific, despite recent strides in international law and policy, and significant advances in alleviating many types of disability, including visual and auditory impairment. Little is known about the prevalence, distribution and severity of disability across the region, or about interventions to reduce its impact.
Violence

Violence is common in the lives of adolescents, with interpersonal violence perhaps the most pervasive. It can occur in the home, before and after marriage, and it affects both boys and girls, though in different ways. Physical and sexual abuse against adolescents is rampant within the family, as is psychological and emotional violence and neglect. Many homeless adolescents say they left home to avoid being beaten. Child brides are subject to high levels of violence from their husbands, and they often suffer physical and mental torture from their in-laws too. Interpersonal violence is also widespread in schools, both from teachers and from peers. Adolescents experience violence in the workplace and in the public sphere - on public transport, in child welfare institutions, and in the chaotic mega-cities throughout the region. Violence may be associated with networks of labour and sex traffickers too. In some contexts, gang rape of adolescent girls in cities has become frighteningly common, a manifestation of peer pressure and perverse notions of masculinity, as much as a consequence of law-enforcement failure and patriarchal norms. Adolescents belonging to sexual minorities are at particular risk of violence.

State-sanctioned violence is a major issue, especially for boys. The juvenile justice system is the major forum for state engagement with adolescents, and arbitrary detention, punitive measures imposed in custody and abusive brutality are common practices that persist despite repeated criticism. State-sanctioned violence associated with political instability also has a major impact, with children being used in armed conflicts throughout the region. The lack of knowledge about why children join armed conflicts contributes to the narrow focus of disarmament, demobilisation and reintegration (DDR) programmes.

Engaging adolescents in the policy debate

There is growing insight that adolescents must actively participate in relevant policy-making. The contribution of adolescents to public debate is not only valuable to incubate future civic engagement, it is intrinsically important for eliciting relevant perspectives that might otherwise be neglected. An important forum for engaging adolescents is social media, which presents great potential for inclusion and outreach. Another way to harness the youth dividend is the use of ‘champions’ - adolescents who have flourished despite obstacles - as exemplars and mentors.

Necessary interventions

Government interventions in education, health provision, gender equity and violence-prevention are necessary preconditions if adolescents are to flourish. Equally important are initiatives to reduce poverty, discrimination and conflict, and to stimulate youthful creativity and supportive emotional relationships. Once these foundations are laid, adolescents can use their powerful capacities for self-exploration and experimentation to build independent lives for themselves and, in turn, for their own children. For instance, many health challenges affect adolescent girls disproportionately, but girls have proved able to speak up for themselves, given appropriate support.

As a precondition to future wellbeing, governments need to improve the employability of all adolescents, including girls and other marginalised groups. They must therefore engage in a sustained policy discussion about how to achieve this across the region. Employability depends on appropriate secondary and tertiary education and targeted and adolescent-sensitive healthcare (including mental health, disability rights, sexual and reproductive health services). As well as targeted education and health programmes, vigorous skill-development and job-creation programmes are essential if this huge cohort of young people is to be inducted into productive activity. South-South cooperation has an important role in building effective transnational partnerships and sharing resources, training materials, skill-development opportunities and other facilities.

Conclusion

Adolescents are a critical part of the region’s future and a huge asset in the making. With robust collaborative investment and partnerships across the region, the untapped goodwill, energy and creativity of this new generation can be harnessed to enormous gain for their communities, nations and the region as a whole.
Introduction

Asia and the Pacific has experienced huge economic growth, which has brought rapid changes in social norms and structures, and widening social disparities.\(^1\)

The region is home to more than half the world’s adolescents, defined by the UNFPA, UNICEF and WHO as persons aged 10-19. This demographic fact can become a significant asset, as flourishing adolescents are engines of creativity and economic opportunity. Adolescents, therefore, are a key group for policy-makers: investing in this age-group can contribute to social welfare, economic growth and political stability.

Adolescence is an important transitional stage between childhood dependency and productive adulthood, but positive transition is not inevitable. It depends on the opportunity to mature in a peaceful, safe, healthy and non-discriminatory context with appropriate investments in affordable education and skill training. It also depends on access to good jobs, and to opportunities for cultural expression, leisure and rewarding relationships. Current policies tend to focus either on young children (in their first decade of life) or on ‘youth’ (aged 15–35). Adolescents have fallen through the cracks, largely neglected by policy-makers. Their distinctive needs and rights, and the opportunities to capitalise on their potential contribution to societal wellbeing, have been neglected. Adolescents now need to be made a focus area in government programmes across many departments, and this paper suggests discussion questions to guide this process.
The transition from childhood to adulthood is both a biological and a social ‘fact’, a milestone marked by religious customs and cultural norms the world over. Puberty is the biological element, affecting the bodies and behaviours of both boys and girls in immediately recognisable ways. Adolescence is the social element, a human concept that brings together the end of childhood and the start of adulthood.

“I feel that I am on both sides. I believe in religion and I follow everything that my parents ask me to do…. I go to the mosque… I do everything traditional like that, but I also do other things. Like I don’t wear a kurta, I wear jeans and a t-shirt”.2

The attributes of adolescence vary across societies and between social classes. Many adolescents in the region are growing up with high expectations of opportunities for work, consumption and leisure. These expectations may be heightened by parental aspirations for their children’s success, aspirations which contribute to high levels of adolescent stress. There are also pressures to adapt to the needs of fast-changing economies.3

In some communities, adolescents are expected to become earners or procreators soon after the onset of puberty. The following figure shows the percentage of women aged 20-24 who first married before the age of 18 in the countries for which data is available. The percentage of women married before age 18 ranges from 4 per cent in the Maldives to 66 per cent in Bangladesh. When adolescents marry early, they are likely to have early pregnancies, which can be unsafe for both mother and baby.

In other social contexts, adolescents have a long period of self-exploration and subsidised opportunities for skill development. In Japan, for example, the average age of a woman at first marriage was 29 in 2011. Furthermore, only 1.3 per cent of mothers had their first child before the age of 20.4 In many societies in the region affected by globalization and migration, social expectations include both traditional gendered norms and more flexible modern roles.

<table>
<thead>
<tr>
<th>Country or territory</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Afghanistan</td>
<td>40%</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>66%</td>
</tr>
<tr>
<td>Bhutan</td>
<td>26%</td>
</tr>
<tr>
<td>Cambodia</td>
<td>18%</td>
</tr>
<tr>
<td>India</td>
<td>47%</td>
</tr>
<tr>
<td>Indonesia</td>
<td>22%</td>
</tr>
<tr>
<td>Maldives</td>
<td>4%</td>
</tr>
<tr>
<td>Marshall Islands</td>
<td>26%</td>
</tr>
<tr>
<td>Nauru</td>
<td>27%</td>
</tr>
<tr>
<td>Nepal</td>
<td>41%</td>
</tr>
<tr>
<td>Pakistan</td>
<td>24%</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>21%</td>
</tr>
<tr>
<td>Philippines</td>
<td>14%</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>22%</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>12%</td>
</tr>
<tr>
<td>Thailand</td>
<td>20%</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>19%</td>
</tr>
<tr>
<td>Tuvalu</td>
<td>10%</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>27%</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>9%</td>
</tr>
</tbody>
</table>

Source: UNICEF ChildInfo. www.childinfo.org. Data is from the Multiple Indicator Cluster Surveys and Demographic Health Surveys.
An agreed definition is also a good starting point for policy discussion. Being under 18 is an important marker for rights defined under the Convention on the Rights of the Child (CRC) (discussed in a later section). Currently, work on adolescent issues uses a variety of definitions, and government reports move uneasily between statistics on ‘youth’, ‘older children’, ‘adolescents’, ‘juveniles’ and ‘young people’. Different cut-offs reflect different policy questions being addressed, but there is little theoretical justification for the use of one term over another.

The United Nations defines adolescence as the second decade of life, a cohort that includes 1.2 billion or 20 per cent of the world’s population. This makes intuitive sense: the second decade corresponds to a period when physical changes signal a transition to biological maturity. There is a growing need for some autonomy and independence, yet important protections - from violence, exploitation and neglect - remain crucial.

UNICEF breaks this period into two distinct phases: early adolescence (10-14 years), and later adolescence (15-19 years). This division corresponds to important social distinctions. In many countries in the region, compulsory education ends at 14 or 15. Until this age, children are, under international policy, excluded from full-time work. Thus, the practical advantage of labelling ‘early adolescence’ is that it highlights
the distinct social, economic, and developmental needs of this age-group. Later adolescence is the period when the school-to-work transition occurs, when vocational instruction and skill training, traineeships and job mentoring are paramount.

It is also the period when questions of sexuality and child exploitation assume prominence. International standards permit children over the age of 15 (or 14 for the lowest-income countries) to become full-time workers. But children and adolescents under 18 should be protected from hazardous work. This prohibition applies to both labour and sexual exploitation, whether the child consents to such exploitation or not. The Protocol to Prevent, Suppress and Punish Trafficking in Persons, which aims to protect women and children from trafficking and sexual exploitation, defines (in article 3) a child to be any person under 18 years of age, and awards particular protection to this population. But these international norms do not apply directly to the 18-19 year old group.

Another international definition comes from the International Labour Organisation (ILO), which uses the term ‘youth’ to apply to people aged 15-24. This age-group straddles the school-to-work transition and thus automatically includes much of the adolescent child-to-adult transition.

From a legal point of view, there are three distinct sub-groups: early adolescence (10-14 years), where all the provisions of the Convention on the Rights of the Child (CRC) apply, where full-time education is mandated and full-time employment is prohibited; mid-adolescence (15-17 years), where all the provisions of the CRC apply but full-time employment is allowed (provided it is not hazardous or exploitative); and late adolescence or early adulthood (18-19 years) where only the general provisions of international human rights law apply. Figure 7 illustrates the progression of applicable international law for youth.

Adopting the United Nations definition of adolescence consistently across the region will help standardise data collection, which is key to having clearly defined results and indicators for which governments can be held accountable. Social welfare, education and labour ministries working individually and within the framework of South-South collaboration will play important roles in data collection. Data is essential to ensuring needs are met and rights are realised. Collecting data on early adolescence involves ethical considerations as to how the subjects can be protected as well as having the right to participate.

Key actions

- Discuss the feasibility and benefits for the region of formal adoption of United Nations definition of adolescence as 10-19 age group.
- Consider institutionalising and standardising regular data collection on this demographic, nationally and regionally, and agree on indicators of educational achievement, employment, health, child protection, and gender inequalities.
- Consider utility of disaggregating data by age, so that indicators can be analysed by both specific age and age group as appropriate.
Adolescent rights under the CRC

The CRC identifies the fundamental rights of adolescents up to the age of 18. These include social and economic rights, as well as civil and political rights.

The social and economic rights of adolescents appear in article 17 (covering access to sources that promote physical and mental health), article 24 (adequate health care, including family planning, hygiene and protection from environmental risks and accidents) and article 33 (protection from the illicit use of drugs). Article 28 emphasises the importance of accessible higher education for adolescents, including vocational training. The CRC explicitly protects the economic rights of children with disabilities, requiring states to provide effective access to education, training, health care services, rehabilitation and preparation for employment.

On adolescents’ political rights, article 12 states that governments must assure “the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child”. Article 15 states that governments must recognise the rights of the child to freedom of association and peaceful assembly.

Articles 19, 32-36 and 28 protect adolescents from all forms of abuse, neglect, violence and exploitation. Article 37 sets 18 years as the minimum age for life imprisonment and protects adolescents from all forms of cruel, inhumane or degrading treatment or punishment.

The CRC protects children from armed conflicts, stating that children under the age of 15 must not be recruited or used in direct hostilities. Article 39 obliges states to ensure adequate rehabilitation and reintegration of child victims. The Optional Protocol to the CRC on the Involvement of Children in Armed Conflict protects older children by prohibiting state parties from engaging youth under 18 years of age in direct hostilities, and by prohibiting non-state armed actors from recruiting or using in direct hostilities children under 18.

Article 2 states that the rights of the Convention must be ensured “without discrimination of any kind”. This protects adolescents from discrimination with regard to sexual orientation and health status, including mental health issues, HIV status, and physical or mental disabilities.

The CRC recognizes the evolving capacities of adolescents, explaining (in article 5) that adolescents can progressively exercise their rights.
Despite social and legal differences, and the difference in timeframes ‘allowed’ for puberty in different geographical and socio-economic populations, adolescence is characterized by significant neuro-biological commonalities.

During adolescence, children gain 50 per cent of their adult body weight, become capable of reproducing, and experience an astounding transformation in their brains. At no other time except infancy do human beings pack as much development into such a short period.  

Understanding current research into adolescent brain function and emotional development is important in devising appropriate adolescent policy as understanding the impact of early childhood deprivation has been for the development of child protection advances concerning the first decade of life. We now know that nutritional deficits, emotional neglect, violence, toxic stress and attachment failures contribute, sometimes irreversibly, to stunting, wasting, behavioral and cognitive deficiencies in the first decade of life and far beyond. What do we know about the cognitive and emotional maturation in the second decade?

The last ten years have seen a rapid increase in our knowledge, including the findings about adolescent brain development that apply globally. According to a well regarded expert, ‘the most important conclusion to emerge from recent research is that important changes in brain anatomy and activity take place over far longer period than had been previously thought’. There are four major structural changes in the adolescent brain. During early adolescence, cognitive abilities and logical reasoning improve rapidly (access to educational opportunity at this stage is therefore critical). At puberty, chemical changes affect emotions and the perception of rewards and punishments. This affects adolescents’ inclination towards sensation-seeking behaviour and has implications for developing appropriate social responses. Two other important structural changes occur later in adolescence. One facilitates complex decision-making and forward planning. The other, in late adolescence and early adulthood, affects the ability to regulate emotions.

POLICY IMPLICATIONS OF ADOLESCENT NEUROBIOLOGY

Given that cognitive processes mature earlier than emotional maturity and self-control, a life-cycle approach to policy is critical. Adolescents may well be mature enough to make considered medical decisions about themselves (especially if there are waiting and consultation periods built into the decision-making procedure), but they may not yet have adult self-control when they are engaging in
risky and reckless behaviour or committing violent crimes, perhaps encouraged by peers and under conditions of emotional or sexual arousal. Many factors apart from developmental asynchronicity affect adolescent conduct. But asynchronicity helps to explain why crime, experimentation with alcohol and marijuana, car accidents, accidental drowning and attempted suicides peak in adolescence across cultures. Though the scientific evidence does not exonerate a particular adolescent from responsibility for such acts or deprive him or her of the capacity to make critical decisions, it does suggest that adolescent impulsiveness is a developmental trait. Adolescents can therefore be given a voice and a say on the matter. This observation is consistent with the CRC article that highlights the importance of relating decisions about children to their ‘age and maturity’ and to their ‘evolving capacities’.

Some countries in Asia and the Pacific have experimented to move from ‘a binary classification system, in which everyone is legally either a child or an adult, to a regime that uses three legal categories: one for children, one for adolescents, and one for adults’. These include youth policies that direct attention towards adolescent-related issues, national action plans for adolescents, youth parliaments and youth ministries, but these have not yet been systematically reviewed.

Key actions

- Consider whether neurobiological evidence might lead to raising the age of compulsory education to mid or late adolescence and influence the appropriateness of content and pedagogical techniques in teaching.
- Consider implications of neurobiological evidence for legal definitions of age of responsibility/ criminal justice / medical decision-making/ age of marriage.
Macro-level trends

From both human-rights and utilitarian perspectives, we need to understand the current circumstances of adolescent lives. Despite enormous variations both within and between countries, several macro-level trends, in terms of improvements and challenges can be identified.

INTERGENERATIONAL IMPROVEMENTS

Adolescents in Asia and the Pacific today are generally fitter, with a higher standard of living than their parents when they were growing up or earlier generations of adolescents (though non-communicable diseases continue to present a significant development challenge in the Pacific). They are also better educated and have a greater ability than previous generations to contribute to their own betterment and that of society. This improvement is partly a reflection of the recent focus on early childhood development, as targeted by the Millennium Development Goals: more children are surviving infancy and many of them have more schooling and are thus better equipped to flourish in adulthood.

Health

Health improvements have been critical to this intergenerational advance. Higher immunisation levels and better early nutrition have helped reduce the spread of communicable diseases, laying the foundations for healthy adulthood. Mortality rates for 10- to 14-year-olds are lower than for any other period under 18. Health issues are discussed at various points in the sections below.

Education

Educational improvements have also been made, although there are sharp regional variations, with South Asia and the Pacific having stubbornly high rates of illiteracy. Several regions, including South Asia, East Asia and the Pacific, have reduced the gender gap in school attendance between boys and girls. In East Asia, young women have higher labour-force participation rates than their male counterparts. These overall improvements underpin the great potential that this and future generations of adolescents have as change agents contributing to global wellbeing.

ENDURING CHALLENGES

The challenges facing adolescents in the region are closely connected. Educational opportunity can only be seized by healthy, well-nourished and attentive children. Intergenerational cycles of undernutrition must therefore be interrupted if adolescents are to benefit from education. And unhealthy or exhausted adolescents will perform poorly, however good the education system. Conversely, poor education affects health and nutrition, not just for the adolescent concerned, but for his or her offspring and wider family. Similarly, educational and employment opportunities can yield dividends only if the adolescent workforce feels safe travelling to work (and spending time there) without harassment or threat, and only if the work place is free of pollutants. The challenges described below must be considered within a holistic agenda to promote adolescent opportunity.
Health

Health risks, including illness, physical injury and mental trauma, are major obstacles to full realisation of adolescent rights. Grinding poverty and the dangerous strategies used to try and alleviate it are major causes of ill health for adolescents. They lead to forced labour, engagement in armed conflict, and exposure to risky migration and exploitative situations. The need to find survival options can also feed the adolescent propensity towards risk-taking.

Adolescence is a time of experimentation. Mortality rates rise for 15- to 19-year-olds, with accidents being the leading cause of death for adolescents. Traffic accidents are the most significant in parts of South Asia, whereas drowning is the largest cause in China and Bangladesh. The rate of male deaths from accidents exceeds that of female deaths for all injury categories except fire-related burns, the largest cause of death for adolescent girls in South East Asia. Many health-threatening behaviours are taken up in adolescence. They include using tobacco, alcohol or drugs, recklessness (including risky sex and careless driving), and exposure to law-breaking, conflict and violence.

Tobacco, drug and alcohol abuse that typically start in early adolescence can persist lifelong. In the Pacific, young people are the biggest users of tobacco within the population. It is estimated that roughly 80 per cent of the 150 million adolescents worldwide who start and continue smoking will die of tobacco-related causes. This and other forms of substance abuse are, according to WHO, one of three major health risks leading to devastating consequences for adolescents. In South East Asia, adolescent drug use (mainly consisting of amphetamine-type stimulants) is escalating, affecting ever younger populations. Successful prevention, treatment and rehabilitation services are scarce.

One of the consequences of drug use is increased risk of HIV infection. In some countries, such as Bangladesh and the Philippines, HIV incidence for the whole population increased by more than 25 per cent between 2001 and 2009, because of both injected drug use and unprotected sex. HIV prevention and treatment remain an enormous challenge to adolescent health. Globally, adolescent males who engage in unprotected sex (particularly with other men or with sex workers) and boys and girls who inject drugs using unsterilized equipment are particularly at risk of infection. In Asia, the HIV epidemic is concentrated in these at-risk populations. In Vietnam, Cambodia and India, young men are 10 times more likely to contract HIV than females. However girls in the region face risks too, particularly through intimate partner transmission. Typically, exposure to HIV results from the risky behaviour of the husband or partner (particularly in cases of child marriage or partner migration). In India, almost two fifths of new infections occur among under 25-year-olds.

Suicide and maternal mortality in South Asia are two prominent causes of death among late adolescents. Indeed suicide is one of three leading causes of death for young people (and is discussed later in the paper). Globally, 40 times as many adolescents attempt suicide as succeed in doing so; depression is the most common disease affecting 15- to 19-year-olds. However, mental illness is a neglected obstacle for adolescents – globally, 70 per cent of lifelong mental disorders start before the age of 24. Prevalence rates have risen over the last three decades, associated with increasing levels of violence, social exclusion, poverty and trauma. Mental healthcare needs are not being met, because of professional scarcity, inadequate resources and widespread social stigma.

Education

There are persistent deficits in education, particularly in secondary school. Health and education are interdependent social and economic rights that are are protected by international law. A silo approach that separates planning, training and funding for health and education prevents vital cross-sectoral collaboration. Poor adolescent health and continuing protection failures (in respect to sanitation, safe and non-harassing transportation, adolescent exploitation and deprivation) correlate with serious problems in upper primary and secondary school participation.

Given the indisputable importance of secondary education in fostering rights-respecting and fulfilling adulthoods, providing fair access to quality secondary education is vital. The ‘push-out’ (a more accurate term than ‘drop-out’) of adolescents when they are at their most intellectually alert and cognitively able represents a massive wasted opportunity. A recent Brookings Institution report argued that global education needs the same attention as has been paid to global health over the past two decades.

While several important innovations, including right-to-education policies, are being implemented in Asia and the Pacific, many troubling factors are deeply entrenched. The quality of education in some parts of the region remains poor. Secondary
school buildings and facilities are in short supply and there is little access to information technology (which generates a dramatic digital divide, despite the region including some of the most wired countries in the world). There are dramatic failures in teacher training and support, and a lack of training in positive disciplinary techniques. However, while the quality of government-provided education in many parts of the region are cause for concern, alternative forms of education, including vocational training, second chance opportunities, and some informal schemes, have been developing.

Other concerns relate to adequate safe transport (distance between home and school negatively correlates with attendance, particularly for girls), sanitation provision, and the availability of scholarships. Only with these in place will poor families be able to incur the opportunity costs of secondary education. Adolescents deprived of meaningful post-primary education have children young, risk poor health, suffer physical and sexual abuse, and in turn create a new generation of disempowered future citizens.

Child labour

Another enduring challenge is poverty and child labour. Very low standards of living lead families to shed the burden of child-rearing as soon as feasible - either by promoting access to income-generating opportunities, or through child marriage. Sixty-four per cent (122 million) of the world’s working children aged 5-14 live in Asia and the Pacific. Fiji’s last census revealed a significant number of working children aged 10-14. Post-primary education, the most valuable tool for exiting poverty, is thus sidestepped in favour of immediate hand-to-mouth survival decisions. As a result, particularly throughout South Asia, high rates of acute adolescent poverty and hard labour (including in hazardous and exploitative industries) continue. There are low rates of social protection and few opportunities for adolescent civic participation to challenge these practices.

Post-primary education, the most valuable tool for exiting poverty, is thus sidestepped in favour of immediate hand-to-mouth survival decisions. As a result, particularly throughout South Asia, high rates of acute adolescent poverty and hard labour (including in hazardous and exploitative industries) continue. There are low rates of social protection and few opportunities for adolescent civic participation to challenge these practices.

There is global data on working children and on youth unemployment for those aged 15-24. But disaggregated figures for adolescent labour are not available, reflecting the definitional confusion already discussed. The absence of a uniform legal definition of child labour and national variation in regulations on child labour are further reasons for data gaps. Most child-labour data only covers children of compulsory school-going age, since international law prohibits their full-time employment. But children do many difficult, dirty and dangerous jobs, such as shrimping in Bangladesh, carpet weaving in India (often conducted by trafficked children or children in bonded labour), a range of agricultural labour throughout the region, brick-making, construction and rock breaking, mining, waste picking, street vending, domestic work and sexual slavery. Political conflicts have exacerbated the prevalence of child labour, as have natural disasters.

Rates of child labour vary considerably across the region. According to the latest ILO data on children aged 5-17, the proportion of children in work ranges from 10 to 52 per cent. Gender and geographical variation is significant. Boys are disproportionately affected by child labour (though 90 per cent of domestic child labourers are girls) and children in rural areas are roughly twice as likely to engage in child labour as urban children. Natural disasters also increase child labour rates. Despite the prevalence of child labour in Asia and the Pacific, there have been improvements.

In India, the number of child labourers aged 5-14 shrank by more than half in nine years (from 12.6 million in 2001 to 4.9 million in 2009-2010). Across the region, laws prohibiting child labour and promoting education and training programmes have had some impact, as have national child-labour prevention and youth policies. India has a National Skill Development Corporation to encourage vocational training to adolescents, especially girls.

Key actions

- Address adolescent mental health, and tobacco and drug addiction.
- Address HIV infection and STIs among all adolescents, including for child brides, survivors of sex exploitation and sexual abuse.
- Improve quality and relevance of secondary school education, including links to vocational skills training.
- Improve educational infrastructure (including accessibility and sanitation facilities).
- Address persistent child labour by increasing school access and employment opportunities for parents.
Key policy issues on adolescence

GENDER

Gender stands out as a critical issue, alongside employment. If half the adolescent population (the female half) is seriously disadvantaged in its access to education and employment because of gender discrimination, the impact can only be dramatic.

Male disadvantage

While the primary focus of this section concerns the pervasive disadvantages of girls, it is not the only pressing matter. Gender issues concern both adolescent boys and girls, and sexual minorities such as homosexuals, bisexuals, and transgender and intergender (LGBTI) individuals. Each of these groups, including urban heterosexual boys (who seem privileged at first sight), faces challenges and human rights violations in some contexts.

For adolescent boys, being the ‘preferred sex’ can be a burden rather than a privilege. Today, there is a growing perception, exacerbated by the impact of rapid urbanisation on adolescent homelessness and joblessness, that urban adolescent boys are dangerous juveniles ‘capable of anything’. The situation mirrors a long-standing cultural tradition across the region that casts females as victims and males as oppressors; an approach that fuels a punitive, prosecution-oriented policy environment. Instead of addressing the dramatic breakdown in protection systems that precipitates antisocial survival strategies, institutional forces tend to focus on retribution against young adolescent males. Boy victims of sexual abuse and exploitation in the region enjoy fewer services than their female counterparts, an example of the protection failures they experience.

Standards of services and protection for girls and boys differ between countries, and adolescent boys continue to be trafficked for forced physical labour and prostitution. Boys from poor communities in Pakistan, especially those with feminine characteristics, are particularly at risk of sexual exploitation. At family level too, adolescent boys are regularly deprived of the right to relative freedom from adult responsibilities. In most communities, work and earning-related demands bear more heavily on adolescent boys than on girls. As early child-bearing does for girls, so early earning expectations for boys affects their health, education and future prospects.

“If I have earned nothing that day, then I wait till late at night to go home. Sometimes I don’t go home all night. I don’t want a beating because I haven’t got the money”. – 12-year-old boy living in an informal settlement in Mumbai

Within an overall picture of severe female disadvantage, there are important exceptions. In East Asia and the Pacific, secondary school attendance is higher for girls than for boys. And (apart from fire-related burns that disproportionately affect girls, particularly in South and South East Asia) boys are far more at risk of death from accidents than girls.

Female disadvantage

Across Asia and the Pacific, girls encounter discrimination, exploitation, oppression and violence on a massive scale. In some countries of South Asia, pervasive gender discrimination is intertwined with entrenched caste discrimination. These mechanisms of social exclusion have devastating impacts on adolescents. Children born
into low-caste or tribal families may be locked into traditional roles, some considered 'unclean', others hazardous. Many grow up destitute without any education and subject to lives of bonded labour.\textsuperscript{55}

These human rights violations affect adolescent girls in many ways. They affect health (physical and mental), education (access and achievement), financial autonomy and employment rights, participation in the public sphere (as political agents and as social players), and status within the family and community. Harmful norms, such as dowry, stigmatisation of menstruating girls, acceptance of a husband’s prerogative to beat a ‘disobedient’ wife, are widespread. When natural disasters or conflict occur, girls and young women are at particular risk of sexual violence and exploitation, including recruitment by traffickers.\textsuperscript{56}

Many other health challenges affect adolescent girls disproportionately, but adolescent girls themselves can, if generously supported and encouraged, advocate measures to reduce anaemia, child marriage and early pregnancy. They can also promote better personal and menstrual hygiene, contraception and reproductive advice and services. There are already examples of girl-led groups that have generated sales outlets for affordable sanitary napkins, an approach that warrants replication.\textsuperscript{53} Another promising approach is the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (known as Sabla, not an acronym) launched by the Indian government in 2010. The scheme provides education on adolescents’ needs as well as nutritional and health services to 11- to 18-year-olds - it reached about 6.7 million adolescents in its first two years.\textsuperscript{44}

### Female health

Health inequalities affecting adolescent girls in Asia and the Pacific are legion. Access to nutrition is deeply gender-unequal. Male preference in low-income families with insufficient food leads to inadequate nutrition for girls, who become anaemic and underweight. Anaemia is particularly acute in adolescent girls because of the onset of menstruation.\textsuperscript{57} Anaemia creates serious health risks not only for the girls’ development, but for future pregnancies and deliveries. In Asia and the Pacific, India has the highest prevalence of underweight adolescent girls (47 per cent). In Bangladesh, 35 per cent of girls are underweight and in Cambodia, 28 per cent are.\textsuperscript{58}

Deficits in menstrual hygiene management (particularly the need for low-cost napkins) have only recently started to attract government and civil society attention.\textsuperscript{59} Urinary and cervical infection caused by the dangerous use of caked earth or soiled rags to block menstrual flow\textsuperscript{60} are common. And there is a serious dearth of functioning toilet facilities in rural homes, schools and workplaces. Rates of STIs in the Pacific are some of the highest in the world.\textsuperscript{61}

Pervasive ignorance means that menstruation is regularly experienced as shameful and polluting. This leads to the perception (and self-perception) of female inferiority and the exclusion of girls from family meals, religious worship, ceremonies or festivals. A joint study of adolescent girls by the Population Council and the Indian Self-Employed Women’s Association (SEWA) found that 32 per cent of a cohort of 264 15-19 girls living in rural Gujarat agreed with the statement “I feel that I am a failure”.\textsuperscript{62}

### Early marriage

Early marriage remains, despite extensive legal prohibition, pervasive across the region. South Asia has the highest rate of child marriage in the world, with 46 per cent of girls married and 22 per cent giving birth before they turn 18.\textsuperscript{65} This issue is not just one of South Asian ‘culture’, though it is certainly rooted in gender norms. Child marriage is closely related to poverty and lack of educational and employment opportunity. 72 per cent of child brides belong to the poorest population quintile.\textsuperscript{66} Child marriage remains a survival strategy for families seeking to guarantee their daughters’ access to long-term security in the absence of options for social mobility and social protection. Boys’ families seek to enlarge the pool of income-generating family members through early reproduction.

There is considerable regional variation. Some Asian countries have notably low rates of child marriage: in Bhutan, for example, overall rates are between 6 and 15 per cent. The Maldives have the lowest rate of child marriage (4 per cent, though there are reports of unregistered child marriages and migration to other countries to perform illegal child marriages). But many others have unacceptably high rates of child marriage.\textsuperscript{67} In Afghanistan, where the legal age for girls’ marriage is 15, 57 per cent of girls are married before they reach 16,\textsuperscript{68} in Bangladesh 70 per cent of rural women aged 20-24 were already married by 15 and two thirds are married before they are 18. In Pakistan, where the legal age for girls’ marriage is 16, one third become child brides;\textsuperscript{69} in Nepal, despite an age limit of 18 for girls’ marriage, 70 to 80 per cent of the poorest 20- to 24-year-old
women had child marriages.\textsuperscript{76} Sri Lanka stipulates 18 as the age of marriage (though Muslim girls can marry at 15) and has brought the rate of child marriage down to 12 per cent. However these gains are unevenly distributed; in areas affected by natural disasters or conflict, and among Muslim populations (where Islamic law allows girls as young as 12 to marry) up to half of girls are married before 18.\textsuperscript{71}

### Apni Beti Apna Dhan (Our Daughters, Our Wealth)

An initiative in India gives 3,000 rupees (approximately US$70) to the family of a girl: 500 rupees within 15 days of the birth and a further 2,500 rupees in a small savings scheme. If the girl remains unmarried at age 18, the gift is expected to be worth about 25,000 rupees.\textsuperscript{72} The programme has raised the investment parents make in their daughters' health and education, although no conclusions have been drawn yet about the effects on early marriage.\textsuperscript{73}

Early marriage does not only correlate with educational deprivation and increased social isolation of adolescent girls. It also directly affects their employment prospects and earning capabilities. Gainful employment is crucial for older adolescents, both boys and girls, as they enter the workforce. Since the financial crisis of this century’s first decade, unemployment rates - particularly for young people - are high, and rising. Among the largest ever cohort of unemployed youth (roughly 81 million in 2009), females have been disproportionately affected and the gap between males and females is rising.\textsuperscript{74} According to India’s National Health Survey, just over one third of girls aged 15-24 in India are working, compared to over half of boys. Of the girls, 11 per cent reported being paid in not in cash but in kind, and 26 per cent reported no payment at all.\textsuperscript{75} This economic gender gap exacerbates the health and educational deficits that disadvantage girls as they transition to adulthood.

Both legislation and advocacy initiatives are working to combat child marriage. Interventions seek to decrease the prevalence of child marriage by sensitising law-enforcement officials and community leaders, and raising awareness about the links between child marriage and violence against women and girls.\textsuperscript{76} Some countries have passed ambitious legislation - China, for example, has passed a law prohibiting child marriage, setting the legal age for marriage at 18 years for girls and 21 years for boys.\textsuperscript{77}

### Early pregnancy

In the developing world, 23 per cent of girls give birth before 18, incurring a risk of maternal mortality that is two to five times higher than at age 18-25. Some of the highest rates of teenage pregnancy occur in the Pacific. In the Marshall Islands, for example, the adolescent birth rate is 85 per 1,000 births.\textsuperscript{78} By comparison, the global adolescent birthrate is 48 per 1,000, and worldwide prevalence ranges from 2.9 per 1,000 in Korea to 121 per 1,000 in some parts of Sub-Saharan Africa in 2007.\textsuperscript{79}

Alarmingly high rates of teenage pregnancy in Asia and the Pacific (up to 40 per cent, and rising in some areas) reflect a severe absence of contraceptive services. They also reflect a shortage of sexual and reproductive health services in general. Teenage pregnancy is a known cause of increased teenage morbidity and mortality caused by serious complications during pregnancy and childbirth (including obstructed and pre-term labour).

Giving birth before the age of 20 poses a risk to the next generation, exacerbating the risk of infant mortality, and child stunting and wasting.\textsuperscript{80} This situation reflects a dramatic service failure: 93 per cent of unintended teenage pregnancies in South Asia occur among girls who are not using modern contraception.\textsuperscript{81} In Bihar, the Indian state with the highest fertility rate (four children per woman) ‘half the men agree that contraception is women’s business and a man should not have to worry about it and one third of men believe that women using contraception may become promiscuous’.\textsuperscript{82}

Pregnancy is not the only health hazard. There is the risk of HIV, particularly resulting from intimate partner transmission in child marriage. In Asia and the Pacific, 40 per cent of new HIV infections occur in the 15-24 age group.\textsuperscript{83} Child marriage and pregnancy also precipitate significant social risks, including isolation, depression, panic attacks and suicidal tendencies, and heightened exposure to spousal violence. A recent survey in three Indian states (Bihar, Rajasthan and Uttar Pradesh) found that over 50 per cent of girls married before 18 faced domestic violence.\textsuperscript{84} The same survey found that over one in three married female adolescents reported having experienced physical, sexual or emotional violence. The immense personal costs of this epidemic of violence manifest themselves in pervasive female adolescent despair.
Education

As serious as these health deficits, and closely interconnected, are the education-, employment- and work-related inequalities that relegate adolescent girls in many countries in the region to second-class status and second-class life opportunities. While the fall-off from primary to secondary schooling affects all adolescents, girls are particularly affected. In India, for example, girls aged 15-19 are 15 percentage points behind boys of the same age in secondary enrolment.\(^8\)

On the supply side, secondary school facilities and transport issues have more bearing on the participation of girls than boys. Secondary schools far from home and lacking private (and clean) sanitary facilities, hostels riddled with sexual harassment, and crowded (and seen as unsafe) transport to and from school are all strong disincentives to female school attendance.

On the demand side, parents’ level of education, financial position and the ability or willingness to provide mentorship in the face of strong countervailing community norms all play a part in whether girls are allowed to attend secondary school. Parents’ ability to resist the pressure to allow a daughter’s early marriage are critical; once a girl is married, pregnancy and childbirth follow rapidly, and education comes to an end. Conversely, secondary education lowers the risk of child marriage – a school uniform signals non-availability\(^8\) for marriage and sexual activity. It is no surprise, then, that girls without education are three times more likely to give birth before 18 than girls with 10 or more years of education.\(^7\)

There is growing awareness of these issues and their impact on the future opportunities and rights of adolescent girls in the region. Several initiatives promoting the transition of girls from education to viable employment have been launched. They include the Indian National Skill Development Corporation and the Adolescent Girls Initiative of the World Bank, which operates in Afghanistan, Lao People’s Democratic Republic and Nepal, among others. The Initiative is a public/private partnership to provide business, technical and vocational skills to adolescent girls, to facilitate their economic independence.

This complex picture demonstrates that health and education are inextricably linked for adolescent girls. Female health (including avoidance of early childbearing and of debilitating social isolation) depends on girls’ access to secondary education. Educational success depends on sexual and reproductive health measures that curb early childbearing and enhance a sense of female self-determination. The importance of closely linking education and health interventions for this cohort is hard to overstate.

Key actions

- Focus on gender discrimination and discrimination related to LGBTI adolescents in health access and provision, including nutrition and medical care.
- Engage adolescent girls as advocates on their own behalf.
- Improve menstrual hygiene management, including sanitation.
- Devise vigorous policies to accelerate abolition of child marriage, through social as well as criminal law enforcement measures.
- Communities must engage in transforming norms around both child marriage and discrimination based on sexuality.

ADOLESCENTS WITH DISABILITIES

Adolescents with disabilities face serious challenges to their dignity and human rights that can particularly damage their sense of self-worth and hinder the successful transition from child to adult.\(^8\) Yet little attention has been paid to the rights and needs of adolescents with disabilities globally or in Asia and the Pacific. This is particularly concerning, given the recent strides in international law and policy, and the significant advances in technology and pharmacology that can alleviate the individual consequences of disability. This paper sees disability as one of three key policy issues because, from the perspective of adolescent rights and opportunities, it is a low-hanging fruit for policy-makers that will yield a significant return on investment.

According to the United Nations, the unemployment rate of people of working age living with disabilities in Asia and the Pacific is usually double that of the general population, and often as high as 80 per cent or more.\(^9\) These people are routinely excluded from the opportunities in education, training, recreation, social life and employment to which they are entitled as a matter of right. Deprivation in all these spheres, coupled with targeted harms such as familial discrimination, violence, stigma and isolation, render adolescents with disabilities among the poorest and most
marginalised members of society. Children and adolescents with disabilities are twice as likely as their counterparts to be subjected to physical or sexual violence. In some settings, such as refugee camps and conflict areas, and after natural disasters, the scale of threats is particularly high. In chaotic situations, the rupture of established ties falls heavily on those with disabilities. Essential medications or equipment may become unavailable and violence may be more widespread.

Not enough is known about the prevalence, distribution and severity of disability across the region’s adolescent population, or about interventions to reduce the impact of such disability. This lack of data is complicated by the acceptance that the simple dichotomy between disability and non-disability is unsustainable. And, in some societies, curable forms of visual, motor or auditory impairment constitute a lifelong disability simply because of the absence of access to care.

All forms of discrimination, whatever their basis are unacceptable. But discrimination against adolescents with disabilities is particularly unacceptable for two particular reasons, both relevant to the region.

First, scientific progress has rendered many disabilities fixable. Medical and technological treatments are now available for a spectrum of conditions. Treatment can transform the lives of people with disabilities, improving their physical and social functioning to the point sometimes where little disadvantage remains.

Social media also offers potential for adolescents with disabilities, since many of them have grown up familiar with the use and applications of information technology. Social media devices offer opportunities to access learning facilities remotely and acquire information and skills that were hitherto inaccessible. It also enables adolescents with disabilities to document violence and abuse, to solicit help and protection from situations of seclusion, and to become empowered as workers and active citizens. Yet little is done to implement these possibilities, at huge personal cost to adolescents with disabilities, many of whom remain shamefully secluded within their homes and shunned by their communities, their skills and talents wasted.

A second reason why discrimination is intolerable is the international legal transformation wrought by the 2006 Convention on the Rights of Persons with Disabilities (CRPD), which has been ratified extensively across the region. This instrument crystallised the insight that disability is less a medical than a social condition, and that the impact of disability on someone’s life is a product of choices by the person and his or her surrounding community.

Most fundamentally, the CRPD requires states to ‘promote, protect and ensure the full and equal enjoyment of all human rights … by persons with disabilities, and to promote respect for their inherent dignity’. Among provisions directly relevant to the rights of adolescents with disabilities, the CRPD requires states to foster ‘at all levels of the education system, …, an attitude of respect for the rights of persons with disabilities’ and that inclusive educational systems be promoted at all levels. The latter is clearly violated by systems that unnecessarily exclude children and adolescents with disabilities from ordinary classrooms. States are also required to address the pervasive exploitation, violence and abuse (including sexual violence) regularly meted out to individuals. Asia and the Pacific is regrettablly the site of many such violations, particularly the exploitation of adolescents with physical disabilities as beggars. The CRPD also includes important enabling provisions. These insist on the allocation of resources that not only rehabilitate but ‘habilitate’ adolescents with disabilities by encouraging autonomy, participation, financial self-sufficiency, mobility and dignified living arrangements.

What might be required to realise these as-yet elusive rights? Three innovations seem central. First, governments need to collect baseline data on the circumstances of adolescents with disabilities, against which progress can be measured. The data needs to incorporate a social model of disability: it should not simply provide a picture of the extent of ‘disabilities’ but of the measures taken to improve capability of adolescents with disabilities, whether through individual measures or through community-based or social programmes.

Second, policy-makers should follow one of the central rallying cries of the disability rights movement – ‘nothing about us without us’. Participation is critical to the development of rights-respecting policies, and for no sector is this more crucial than for adolescents with disabilities, who have creative views about measures that can improve their lives.

Third, excellent examples of existing good practice within the region should be investigated and scaled as appropriate.
Key actions

• Allocate appropriate resources to document and monitor circumstances of adolescents with disabilities.
• Include adolescents with disabilities in policy-making.
• Investigate and scale examples of good practices already in existence in the region.

VIOLENCE

Despite the protection from violence spelled out in the CRC, violence in the lives of children and adolescents is acknowledged to be pervasive. Several aspects of this violence, including the prevalence of suicide, spousal violence against child brides, and physical and sexual violence against adolescents with disabilities, have already been noted above. This section offers a concise account of the primary types of violence targeted at adolescents. It is organized in terms of the locus of the violence, to highlight the policy arenas relevant to resolving the issues.

For convenience only, violence targeted at adolescents is here classified as interpersonal, self-directed, or group (including state-sanctioned). All three reflect complex intersections of personal, familial and social vulnerabilities, and all three are amenable to a multiplicity of economic, social and policy initiatives.

Interpersonal violence

Interpersonal violence (physical, mental and sexual) is perhaps the most pervasive and familiar form of violence directed at adolescents. A 2013 Human Rights Watch report on child sexual abuse in India described alarming levels of abuse and gross inaction in response. The report followed a 2007 Government of India report on the same topic, which noted that 53 per cent of the 12,500 children interviewed said they had been subjected to one or more forms of sexual abuse. Only 3 per cent of these cases were reported to the police. The Human Rights Watch report sets out a series of recommendations that merit policy attention across the region.

In the home

Interpersonal violence against adolescents can occur in the home, before and after marriage, and it affects boys and girls, though in different ways. Physical and sexual abuse against adolescents is rampant within the family, from parents and step-parents, older siblings and other relatives. So too is mental violence and neglect.

Many homeless adolescents say they left home to avoid beatings and other physical or mental abuse from alcoholic or violent caregivers.

Child brides are subject to high levels of violence from their husbands. In many cases they suffer physical and mental torture from their in-laws too. Marital rape and physical violence are widespread. Marital rape is often unreported and unprosecuted. According to UN Women, although 19 countries in the region have laws prohibiting domestic violence, only eight countries and territories explicitly criminalize marital rape. Mechanisms for reporting, let alone controlling, domestic violence are severely underdeveloped. Although intimate partner and family violence (including honour killings) as a cause of death for young women in South Asia are widely acknowledged, reliable data is unavailable.

In schools

Interpersonal violence is also widespread in schools, both from teachers and from peers. Again the violence takes physical, mental and sexual forms. Corporal punishment is pervasive, sometimes leading to serious injury and, occasionally, death. Sexual harassment is less widely documented. Nevertheless reports of bullying (of both boys and girls), and of sexual harassment of girls have been acknowledged for some time. For example, in 2004, Pakistan’s Minister of State for Religious Affairs reported that, so far that year, 500 complaints of sexual abuse by clerics in religious schools had been registered and that, in the previous year, 2,000 complaints had been registered, although there had been no successful prosecutions. But despite recommendations and progressive legislative initiatives to address the problem, there are few reporting mechanisms, codes of conduct or disciplinary procedures. Where official reports are made, the outcome tends to be stigmatisation of the victim rather than protection or compensation. Perpetrators are rarely prosecuted.

Various countries in the region are making efforts to reduce violence in schools. Initiatives include the condemnation of corporal punishment, the
creation of national policies, and improvements in teacher training. However, UNICEF notes that, despite many examples of good practice at a local level, effective implementation of policies and programmes for preventing violence against adolescents in the region is lacking.\textsuperscript{112}

### In the community

Adolescents also experience interpersonal violence in the workplace and in the public sphere - on public transport, in child welfare institutions, and in the chaotic informal living spaces that now exist in many mega-cities throughout the region. Youth aged 10-29 make up a disproportionately large number of homicide deaths: globally, youth account for 41 per cent of homicides each year. And for each young adult killed, 20 to 40 more sustain injuries requiring hospitalization.\textsuperscript{113} The figure below shows youth homicide rates for countries in the region for which data is available, for the most recent year data was collected.

#### FIGURE 8: HOMICIDE RATE PER 100,000 POPULATION AGED 10-29 IN ASIA AND THE PACIFIC

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Number of Deaths</th>
<th>Youth Homicide Rate</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Australia</td>
<td>88</td>
<td>1.6</td>
<td>2.2</td>
</tr>
<tr>
<td>China (Hong Kong)</td>
<td>16</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>China (selected rural and urban areas)</td>
<td>778</td>
<td>1.8</td>
<td>2.4</td>
</tr>
<tr>
<td>Japan</td>
<td>127</td>
<td>0.4</td>
<td>0.5</td>
</tr>
<tr>
<td>New Zealand</td>
<td>60</td>
<td>1.8</td>
<td>-</td>
</tr>
<tr>
<td>Philippines</td>
<td>3,252</td>
<td>12.2</td>
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<tr>
<td>Republic of Korea</td>
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<td>-</td>
<td>-</td>
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<tr>
<td>Thailand</td>
<td>1,456</td>
<td>6.2</td>
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</tr>
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### Exploitative networks

Interpersonal violence affecting adolescents takes many forms. It may be associated with networks of labour and sex traffickers, organ harvesters, and other forms of corporate violence. Natural disasters and conflict exacerbate these risks. There has been extensive attention to this form of violence, both from states and international actors working together, and from civil society organisations concerned with transnational crime and youth exploitation.

Several important South-South initiatives have been developed to address the problem. The South Asian Association for Regional Cooperation (SAARC)’s Convention on Trafficking is important as a regional response to child and adolescent trafficking that commits states to engage with the law enforcement and protection issues.\textsuperscript{116} The work instigated under the auspices of the Convention is complemented by workshops organised by the Association of Southeast Asian Nations (ASEAN) targeting particularly at the trafficking of women and children, by the annual report of the Pacific Immigration Directors Conference that includes data on victims of trafficking, and by the efforts of the Pacific Islands Forum Secretariat that has drafted a model bill for the region’s states to address the issue of human trafficking and child exploitation.\textsuperscript{117}

Despite these efforts, Asia is one of several regions where reported cases of sex- and labour-trafficking of adolescents are quite extensive.\textsuperscript{118} The phenomenon includes a wide range of activities and contexts, from bonded and forced labour trafficking to sexual exploitation, forced begging, forced marriage and other violent human rights violations. The scale of trafficking remains disputed, despite a broad definitional consensus reached following enactment of the United Nations Transnational Organised Crime Convention and its Protocols, one of which covers trafficking in persons. Dispute also continues over why the phenomenon persists so widely, despite bipartisan commitments to address it, and transnational cooperative mechanisms linking law enforcement, surveillance and migration control.

Mention should be made of online violence targeted at adolescents, including bullying and sexual exploitation. This is a new phenomenon and has been little studied, but is a growing problem and should not be overlooked.
Law enforcement approaches and lack of employment opportunity

Some suggest that poor law enforcement is responsible for the persistence of trafficking. The argument is that the vast profits to be made from trafficking are not countered by significant risks or costs, so the business flourishes. This argument has merit: prosecution rates remain low, and accusations of official connivance and corruption in some Asia-Pacific contexts are rife. Another perspective suggests that, while law enforcement measures clearly need to be stepped up, this alone will not significantly reduce trafficking.

At issue here is the lack of opportunities for disadvantaged adolescents, which precipitates risky choices. Vague promises of alluring employment may be irresistible, particularly when glamorous migration opportunities are linked to romantic liaisons by traffickers preying on their victims’ emotional vulnerabilities.

From this perspective, vigorous education, skill training and job-creation programmes (including dynamic public-private partnerships and the invocation of corporate social responsibility) are vital. And preventative strategies should be targeted at interventions that focus on vulnerable groups, such as adolescents known to child welfare departments, homeless adolescents, those who are known victims of child abuse, who are in internally displaced persons (IDP) or refugee camps, and unaccompanied adolescent migrants. From this perspective, vigorous education, skill training and job-creation programmes (including dynamic public-private partnerships and the invocation of corporate social responsibility) are vital. And preventative strategies should be targeted at interventions that focus on vulnerable groups, such as adolescents known to child welfare departments, homeless adolescents, those who are known victims of child abuse, who are in internally displaced persons (IDP) or refugee camps, and unaccompanied adolescent migrants. From this perspective, vigorous education, skill training and job-creation programmes (including dynamic public-private partnerships and the invocation of corporate social responsibility) are vital. And preventative strategies should be targeted at interventions that focus on vulnerable groups, such as adolescents known to child welfare departments, homeless adolescents, those who are known victims of child abuse, who are in internally displaced persons (IDP) or refugee camps, and unaccompanied adolescent migrants. From this perspective, vigorous education, skill training and job-creation programmes (including dynamic public-private partnerships and the invocation of corporate social responsibility) are vital. And preventative strategies should be targeted at interventions that focus on vulnerable groups, such as adolescents known to child welfare departments, homeless adolescents, those who are known victims of child abuse, who are in internally displaced persons (IDP) or refugee camps, and unaccompanied adolescent migrants.

Precedents from countries outside the region suggest many ways to address these various forms of violence. They include help-lines, rape crisis centres, effective public lighting and security-camera recording in public transport and open public spaces. Vigorous police and judicial training on remedies for intimate partner and family violence is needed, as are public challenges (from leaders in education, political and business) to patriarchal notions of family honour and privacy. And there needs to be curricular attention to sexual violence in law schools, medical schools and institutions that train civil servants and other public professionals.

Group, including state-sanctioned, violence

State-sanctioned violence is a major issue especially for boys, across the region. Apart from the educational system, the juvenile justice system is the major forum for state engagement with adolescents. It fuels harsh disciplinary sanctions, authoritarian interventions and, often, violent and abusive conduct on the part of authorities. Juveniles in conflict with the law are often the same cohort as those who are homeless, who are victims of child abuse, drug or alcohol addiction, or other forms of personal and social deprivation. Arbitrary detention, punitive measures imposed in custody and abusive brutality (physical, mental and sexual) are common practices that persist despite repeated criticism.

One reason is the lack of training of law-enforcement officials. In 2000, India introduced a new Juvenile Justice Act (JJA), which called for the creation of special juvenile policy units to handle children in conflict with the law. However, a 2013 report found “gross failures” in the juvenile justices system, partly legal provisions are not fully implemented. The special juvenile police units planned for every district level were not in place, and that staff remained largely untrained.

Criminal codes often provide little protection for youth offenders. For instance, Bhutan’s Civil and Criminal Procedure Code prohibits arbitrary arrest and detention of both adults and children, but it also lists many circumstances in which police can arrest any person, adult or child, without warrant.

Self-directed violence

The most extreme form of self-directed violence - suicide - peaks during adolescence. Depression is the most common disease among the 15-19 age group, and suicide is one of three leading causes of death among those aged 16-35 worldwide. In East Asia, 25 per cent of all deaths of women aged 15-29 are due to suicide, and 17 per cent of men’s deaths. Suicide is also a major issue in the Pacific, though research evidence is limited. Factors contributing to suicide are complex and may include some genetic basis. Self-mutilation is also a considerable problem amongst adolescents in the region.

These dangerous and crippling health conditions relate to a wide range of emotional and social factors. Inadequate mental health provision, and pervasive stigma attached to mental illness exacerbate the problem: adolescents have little access to appropriate care and treatment. Given that an estimated 20 per cent of the world’s adolescents have a mental or behavioural problem, and that half of lifelong mental disorders start before the age of 14, the absence of robust adolescent mental health services represents a serious policy failure.
Finally, state-sanctioned violence associated with political instability and armed conflict has a major impact on adolescents in the Asia-Pacific region. Child labour and trafficking that exploit particular minorities (whether ethnic or religious), can also be understood as group or state-sanctioned violence. Several Asian countries have had long-standing conflicts which have implicated adolescents, as combatants, sex slaves associated with fighting forces, and victims of conflict-related brutalization.

The 2002 Optional Protocol to the CRC on the involvement of children in armed conflict was a significant legal step. Despite this, the use of children in armed conflicts is pervasive throughout the region, but documenting such cases is difficult, often relying on voluntary reporting by parents and communities. Impunity for groups that recruit children contributes to this problem. For example, the UN verified 21 cases of recruitment in Myanmar in 2008, but punishments for offenders were light - official reprimands, fines, and slight loss of military seniority.

Disarmament, demobilisation and reintegration (DDR) programmes attempt to bring young people back unto society, but new recruitment to armed groups often occurs in parallel. And DDR processes often fail to recognise the specific needs of adolescents or ensure the long-term safety of the demobilised. The DDR process in Afghanistan, for example, facilitated the reintegration of 7,444 children by 2006, but has no mechanism to monitor potential re-recruitment.

The lack of knowledge about why children join armed conflicts contributes to the narrow focus of DDR programmes - adolescents are rarely consulted during peace processes. And inadequate medical, psychosocial, economic and legal assistance make post-demobilisation life difficult for victims and their families. Preventative policies for adolescents affected by conflict are as important as post-conflict policies. They should focus on preventing recruitment of adolescents into combat roles and on training military personnel to abide by their international legal obligations with respect to civilian populations, including children and adolescents.

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**Key actions**

- Systematically document adolescent abuse, including sexual abuse, and the circumstances in which it arises.
- Increase provision of robust adolescent mental health services.
- Increase preventative opportunities to minimize risks of adolescent trafficking, sex and labour exploitation, including following disasters and conflict.
- Promote the abolition of corporal punishment in home, correctional facilities and school, including through community-based training and incentives.
- Document adolescent trafficking for sex and labour, promote alternative employment opportunities, prosecute more vigorously, monitor initiatives.
- Address state-sanctioned violence through consistent training of law enforcement officials, enforce prohibition of child soldier recruitment.
Adolescent potentialities

**HARNESS THE YOUTH DIVIDEND: CREATE ASSETS FOR ADOLESCENTS IN HEALTH AND EDUCATION**

Adolescents in Asia and the Pacific represent a huge reservoir of talent, energy and capacity that needs to be harnessed. But this view of adolescents as assets depends on vigorous promotion of assets for adolescents in order to harness the demographic dividend. Without jobs for adolescents to do, there is the prospect of a ‘lost generation’.

This paper has noted the gains made by and for adolescents in the region. Synergies between different spheres have been highlighted - adolescents who are better educated are more likely to use health services, find jobs and engage in vigorous civic life. These gains eventually lead to healthier families, more consistent employment performance, positive community membership and political leadership.

But states must promote human rights by applying adolescent-friendly approaches in health, education, skill development and employment. A plethora of ideas have been explored, by states, international organisations, civil society organisations, and labour and youth movements. Brief consideration is given to three that look particularly promising.

First, is the insight that adolescents must actively participate in relevant policy-making and in a broad range of social contexts. The contribution of adolescents to public debate is not only valuable to incubate future civic engagement. It is also intrinsically important for eliciting relevant perspectives that might otherwise be neglected. This focus is particularly crucial in cultural matters, personal and sexual relationships, family norms, and pressures and ambitions. An enabling environment is required, where adult leaders create space for dialogue and then listen and be responsive to adolescent participants.

Adolescents should participate in the governance of education and health care institutions. Questions of age, ability, gender and access to appropriate channels for mentorship and representation need to be considered here. Innovations such as children’s parliaments, youth ministries and adolescent representation on boards of governance are potential models that deserve evaluation, built as they are on civil rights clearly articulated in the CRC.¹³²

Study trips are important for building confidence and a broader perspective on citizenship. Engaging adolescents can lead to future civic engagement and leadership. Engaged young people can also promote anti-corruption, accountability and transparency movements, just as they have generated powerful impetus for the environmental movement.

Several organisations and governments in the region have made efforts to bring adolescents into political agenda-setting. In Sri Lanka, a national children’s parliament set up in 2001¹³³ now encompasses a national youth policy and parliament that covers young people up to 24.¹³⁴ Cambodia’s National Technical Working Group (NTWG) invites selected youth to work with the government to develop the National Youth Policy...
and Action Plan. The Youth in Nation Building Act promotes youth civic engagement in the Philippines: there are also mechanisms to engage young people with the media.

Youth work and youth programming are useful for widening skills to facilitate future employment. Several new strategies promoting the participation of young people have been crafted in the Pacific. Examples include the Pacific Young Women’s Leadership Strategy, the Pacific Young Women’s Leadership Alliance and the Pacific Youth Council. A Pacific Youth Development Framework is currently being developed.

Acknowledging the importance of adolescent participation, both as a right and as a strategy to strengthen individuals, has implications for data collection and research. Several projects now insist on the engagement of adolescents themselves – suitably trained and remunerated to guarantee ethical research methods - as peer-to-peer researchers. These measures promote agency, bring new perspectives and elicit peer information that might otherwise be elusive.

Many other countries in Asia and the Pacific (including Bangladesh, Bhutan, Cambodia, China, Fiji, Indonesia, Malaysia, the Philippines, Samoa, Vanuatu, and Vietnam) have also developed youth ministries or plans that, though primarily focused on youth, include older adolescents. These models could be developed and integrated regionally as a valuable element in future South-South cooperation focused on adolescents. Other strategies need to be developed to ensure that young adolescents (aged 10-14) also have opportunities for meaningful participation.

A second critical forum engaging adolescents in civil society is social media. Much has been made of its contribution to creating a democratic youth perspective in many contexts, including the Arab Spring and the outpouring of grief related to the tragic Delhi rape of 16 December 2012. Commentators have drawn attention to the dark side of social media, its potential as a tool for induction into exploitative situations, including child pornography. But with appropriate protection, social media has huge democratic potential. It can link networks of adolescents with common interests and provide a forum that can contribute to more vigorous exchanges between governments and adolescents. These networking opportunities need not be confined by country boundaries; great possibilities might develop from regional networks.

Information and communication technology (ICT) can also be a useful tool for advancing adolescent rights. ICT can help document and track abusive behaviour – by sex traffickers (much of whose business is conducted electronically), child welfare service providers, even by teachers.

These new technologies, where available, can also enable remote learning for adolescents with disabilities, displaced or refugee populations, or adolescents in remote rural areas. Such advances would be important consequences of improved digital connectivity. Distance learning can also supplement secondary education where local provision is scarce or of poor quality. And the same technology can be used to enable adolescents to benefit from medical, mental health, and sexual and reproductive rights information; virtual healthcare techniques that are already being utilised in some contexts and which could usefully be scaled.

A third strategy for harnessing the youth dividend is the use of ‘champions’ - adolescents who have flourished despite obstacles - as exemplars and mentors. Much can be learned from these ‘positive deviants’, by studying the factors that enabled them to move forward where peers weren’t able to succeed. They can also be recruited as change agents.

**Key actions**

- Make adolescents active participants in designing policy to advance their rights and opportunities.
- Promote development of inclusive adolescent participation strategies to encompass marginalised and stigmatised groups.
- Take advantage of the high connectivity of adolescents and harness the potential of social media for education and civic engagement.
- Empower and use ‘champion’ adolescents who have overcome obstacles to become role models and mentors for their peers.
FOSTER OPPORTUNITY AND PROMOTE ADOLESCENT HUMAN RIGHTS

Government interventions in education, health provision, gender equity and violence-prevention are necessary preconditions if adolescents are to flourish. Equally vital are initiatives to reduce poverty, discrimination and conflict and to stimulate youthful creativity and supportive emotional relationships. Also urgently needed are measures to increase employment opportunities that are inclusive, respectful of gender, physical / intellectual and ethnic diversity, and that enable adolescents to earn a dignified living without the pressure to make potentially dangerous choices. Access to the basics of financial literacy, to mechanisms for saving and, if appropriate, credit to pay for professional development and the use of social media to enhance the scope of tools available are supports that governments might consider developing.

Many adolescents in Asia and the Pacific today are vulnerable to poverty at many stages of their lives. Across the region, youth poverty rates for the 15-24 age group are as high as 51 per cent, and youth unemployment rates in the same age group range from 9 to 14 per cent. Adolescents also experience thwarted aspirations, exacerbated by the global imagery accessed through social media or via relatives or acquaintances who have migrated abroad.

Public- and private-sector actors have to enhance existing collaborations to ensure not only that today’s youth have the skills they need for productive employment but also that there are fairly-paid job opportunities. Job-creation programmes, incentives to expand new forms of employment (in alternative energy, data processing and information technology, clean and green agriculture), and job-sharing or part-time opportunities (compatible with family responsibilities) will all be needed. This is a daunting and as yet largely unmet challenge. Equally important is the challenge of promoting a gender-equal private and public sphere. A precondition for success here is zero-tolerance for gender-based violence and discrimination, propagated from the highest levels of government down to local community structures. The zero-tolerance policy should be subject to vigorous monitoring across social institutions such as schools, public transport and work places. Mentorship, incentives and collective action to promote such policies are important. But they depend on grounding within school curricula and religious fora, as much as corroboration in public broadcasting and political pronouncements.

Some societies in Asia and the Pacific have made huge strides in promoting a more gender-equal public sphere. Others lag behind with unacceptably high rates of gender-based violence in the home, in schools and in the community. These human rights violations reflect entrenched patriarchal norms. Discrimination undercuts a society’s ability to maximise its potential for growth and human security. Discrimination perpetuates the disadvantage and suffering of girls, and encourages boy preference. It generates isolation and stigma for adolescents with disabilities, and widespread social acceptance that husbands are entitled to beat wives. It leads to persistent child marriage, non-prosecution of rape (including incest and gang rape), and pervasive sexual harassment in the streets, on public transport, in schools and workplaces. Asia and the Pacific, a forward-looking region with the largest cohort of adolescents in the world, must move beyond these outmoded perspectives.

Key actions

- Promote integrated education and health programmes targeted at adolescents.
- Promote skill development, training, induction into internships and jobs (public/ private partnerships).
- Promote safe public space and transport, particularly for girls.
South-South cooperation for adolescent rights and development

South-South collaboration can provide a productive forum for the germination and incubation of effective strategies and for scaling initiatives that have yielded good outcomes. There is a need to strengthen the framework for vigorous and increased South-South cooperation, an essential correlate of development for adolescents in Asia and the Pacific. An impressive precedent has been set by both China and India, each of which has provided around US$1 billion in official development assistance to other developing countries. And SAARC’s Development Fund is committed to applying US$300 million towards women’s empowerment, maternal and child health, and teacher-training initiatives, setting a good precedent for cross-border enhancement of a gender-equal public and private sphere. Such investments have the capacity to kick-start important collaborative programmes and to seed new thinking, including in the area of adolescent rights.

Areas in which South-South cooperation has or could potentially improve adolescent policies:

**TRANSITION TO WORK**

Social welfare, education and labour ministries within the region working individually and within the framework of South-South collaboration have an important contribution to make in promoting and implementing this action step. The advantages to protecting adolescents’ current rights as students and young workers are likely to be considerable, in the form of the dividends this will yield in terms of well-trained and empowered future citizens.

South-South cooperation can play an important role in building effective transnational partnerships and in sharing resources, training materials, skill development opportunities and other facilities. An example is the Dutch-financed South–South cooperation program between Benin, Bhutan and Costa Rica that aims to build lasting capacities and “leads the way to short and long term sustainability”; the programme promotes the transfer of appropriate technologies under local ownership and leadership.

**GROUP VIOLENCE**

Several important South-South initiatives have been developed to address the issue of group violence. SAARC’s Convention on Trafficking is an important regional response to child and adolescent trafficking that commits states to engage with law-enforcement and protection issues. Work instigated under the auspices of the Convention includes an annual report of the Pacific Immigration Directors Conference that includes data on victims of trafficking, and by the efforts of the Pacific Islands Forum Secretariat that has drafted a model bill for the region’s states to address the issue of human trafficking and child exploitation.

**ADOLESCENT CIVIC ENGAGEMENT**

Many countries in the region, including Cambodia, China, Fiji, Indonesia, Malaysia, the Philippines, Samoa, Vanuatu and Vietnam have youth ministries or youth plans. These inspiring models could be developed and linked regionally as a valuable element in future South-South cooperation.

**ADOLESCENTS AND HIV**

An interesting South-South initiative, launched by Brazil in 2004, and including Timor-Leste, that stimulates the development of national programmes targeted at children and adolescents (recognising that these constituencies have been neglected) to stimulate prevention, treatment and care for HIV.
Concluding questions

A set of discussion questions to guide the contributions at the HLM and frame the debate.

Asia and the Pacific is well placed to launch a productive policy agenda for its adolescents. This document has outlined key trends and drawn attention to three priority areas where programme developments can and should be made. These areas intersect, so integrated action - linking developments across ministerial divides and disciplinary competences - is required. Traditional cultural norms intersect with governance and education strategies that are in constant flux. A concerted focus on adolescents as a governance priority will inevitably contribute to progress on the topics discussed in this report.

OVERARCHING QUESTIONS

Is it possible to establish a consensus definition of adolescence?

Does the existing definition applied by United Nations Organizations (of adolescence as the second decade of life (10-19), divided into early adolescence (10-14) and late adolescence (15-19)) provide a workable definition consistent with the obligations and perspectives of states within the region?

When can the regular collection of high-quality data on adolescence be started throughout the region?

Data is the basis for comparison and collaboration and, with transparent benchmarks for evaluating progress, it will be easier to isolate successful strategies and jettison programmes that have had limited impact.

Is it useful to establish youth ministries or adolescent/youth action plans across the region?

Several countries have established such mechanisms but a systematic review of their efficacy is lacking. Proof that separate entities enhance rather than detract from adolescent rights would help future planning.

QUESTIONS ARISING FROM SPECIFIC PARTS OF THE REPORT

Introduction

1. Consider how to institutionalise and standardise data collection on adolescents, nationally and regionally; what indicators of educational achievement, employment, health, child protection, and gender inequalities should be used?
2. How can data be disaggregated by age and other variables, so that indicators can be analysed by both specific age and age group?

Neurobiology of adolescence

1. Might neurobiological evidence suggest raising the age of compulsory education to mid or late adolescence? How might it influence the appropriateness of content and pedagogical techniques in teaching?
2. What are the implications of neurobiological evidence for legal definitions of age of responsibility/criminal justice/medical decision-making/age of marriage?

Macro-trends

1. How best can adolescent mental health, and tobacco and drug addiction be addressed?
2. How best can HIV infection and STIs be reduced, especially for vulnerable adolescents (including child brides and survivors of sex exploitation)?
3. Consider how to improve the quality and relevance of secondary school education – can
it be linked to vocational skills training?
4. Consider priorities in improving educational infrastructure, particularly sanitation facilities and accessibility.
5. How can persistent child labour be addressed by increasing school access and employment opportunities for parents?

Gender
1. Consider how to focus on gender discrimination and discrimination related to LGBTI adolescents in health access and provision, including nutrition and medical care.
2. How best can adolescent girls be engaged as advocates on their own behalf?
3. Discuss ways to improve menstrual hygiene management, including sanitation.
4. What vigorous policies are needed to accelerate the abolition of child marriage, using social as well as criminal law enforcement measures?
5. How can communities be encouraged to engage in transforming norms around both child marriage and discrimination based on sexuality.

Disabilities
1. Consider allocating appropriate resources to document and monitor the circumstances of adolescents with disabilities.
2. How might adolescents with disabilities be effectively included in policy-making?
3. How might examples of good practices already in existence be scaled up and replicated?

Violence
1. What is the best way to systematically document adolescent abuse (including sexual abuse) and the circumstances in which it arises?
2. How might the provision of robust adolescent mental health services be increased?
3. How might preventative opportunities to minimize risks of adolescent trafficking, sex and labour exploitation (including following disasters and conflict) be seized?
4. Consider how to promote the abolition of corporal punishment in home, correctional facilities and school, including through community-based training and incentives.
5. What are the best ways to document adolescent trafficking for sex and labour, promote alternative employment opportunities and prosecute more vigorously?
6. Can state-sanctioned violence be addressed through consistent training of law enforcement officials and by enforcing the prohibition of child soldier recruitment?

Unleashing adolescent potential
1. How might adolescents be made active participants in designing policy to advance their rights and opportunities?
2. Consider how to promote inclusive adolescent participation strategies that encompass marginalized and stigmatized groups.
3. How might the high connectivity of adolescents (and the potential of social media for education and civic engagement) be harnessed?
4. What are effective ways to empower and use ‘champion’ adolescents (who have overcome obstacles) to become role models and mentors for their peers?

Fostering opportunity and adolescent rights
1. How should education and health programmes targeted at adolescents be integrated for maximum effectiveness?
2. Find mechanisms to promote skill development, training, induction into internships and jobs (including through public/private partnerships).
3. How best to promote safe public space and transport, particularly for girls?
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Jacqueline Bhabha

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110 For information on children and violence, see the website of the UN Special representative to the Secretary General on Violence Against Children: http://violenceagainstchildren.org/.
111 CRPD Art. 16.
112 For information on children and violence, see the website of the UN Special representative to the Secretary General on Violence Against Children: http://violenceagainstchildren.org/.
113 CRPD Art. 16.
114 For information on children and violence, see the website of the UN Special representative to the Secretary General on Violence Against Children: http://violenceagainstchildren.org/.
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120 For information on children and violence, see the website of the UN Special representative to the Secretary General on Violence Against Children: http://violenceagainstchildren.org/.
See for example India’s 2012 Protection of Children from Sexual Offences Act.


Gender-based violence studies (includes children): For Solomon Islands:
http://www.spc.int/hdp/index2.php?option=com_docman&task=doc_view&gid=49
For Kiribati:
http://www.spc.int/hdp/index.php?option=com_docman&task=cat_view&gid=89&Itemid=44

For Samoa:
http://www.spc.int/hdp/index.php?option=com_docman&task=cat_view&gid=41&Itemid=44

United Nations Secretary General, Report on Violence against Children. 2006, 244.


See, for example, the joint ANERA/John Hopkins Center for Clinical Global Health Education (HU), which offers continuing education telecourses for doctors in Gaza and the West Bank through which they learn the latest developments in medicine from sessions with medical experts at John Hopkins (http://www.anera.org/projects/telemedicine-for-doctors-in-west-bank-and-gaza/), or the Mama program of the Women’s Refugee Commission and M4ID (Marketing for International Development, a Finnish communications firm), which help clinical practitioners form a community of mutual support, give one another information about and encouragement to use proven standards, tools, and existing and new technologies through a linkage between Facebook and SMS texting. (http://www.fmreview.org/technology/krause-quick.html).