

# ADOLESCENT SEXUAL HEALTH EDUCATION

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# INTRODUCTION :DEFINITIONS

# WHAT IS SEXUALITY?

- IT IS A COMPOSITE OF:
- Sensuality and also
- Intimacy
- Sexual Identity
- Reproduction

# What is Sexual Health?

“...a (wholistic)state of physical, emotional, mental and social well-being in relation to our sexuality”

- “It requires a **positive and respectful** approach free of coercion, discrimination and violence.

The **sexual rights** of all persons must be respected and fulfilled.” *(WHO, 2006a)*

Sexuality (and sexual health) are experienced and expressed in

- Knowledge ,
  - Beliefs, attitudes and values
  - Behaviours and practices
- 
- They are **wholistic** - influenced by the interaction of biological, psychological, social, religious spiritual, economic, political, legal, cultural, and historical, factors.

*(WHO, 2006a)*

# What is Sexual Health Education ?

“It provides **learning experiences to enable conducive behavior** for the (sexual) health of individuals, families, groups, or communities”.

Adapted – NURSING INTERVENTIONS CLASSIFICATION

# Adolescent Sexual Health Education:

How can we be effective?

We need to:

1. Understand **Critical factors in adolescent sexual development**
2. Know our **context** – global and Jamaican
3. Appreciate our **Risk vs. Protective Factors**
4. Practice **Empowering Sexual Health Education**



We need to

1. Understand **Critical factors in adolescent sexual development**

# What are the **critical factors** in adolescent sexual development ?

1. There is a gap between one's Biological and Cognitive capacities in sexual development.

- There is physical sexual readiness
- Yet the frontal lobe (the thinking brain) is immature

This contributes to confusion, conflicts and risk-taking behaviours

This is a **risky transition** requiring protection and preparation by the society!

# What are the **critical factors** in adolescent sexual development ?

## 2. The Developmental Tasks of adolescents include:

- a sense of personal Identity
- achieving Independence
- intellectual development (e.g. concepts and values)
- attaining career direction

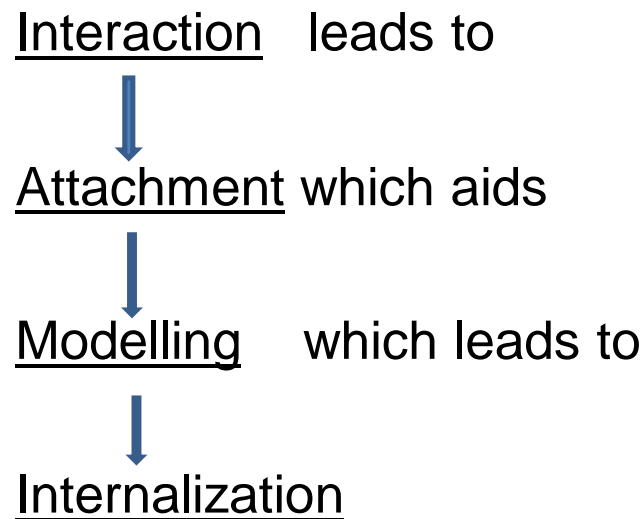
These Impact on

- achieving sexual maturity
- adequately fulfilling one's gender identity and role

# What are the **critical factors** in adolescent sexual development ?

3. Social learning theory (reference) suggests that **positive sexual behaviour is acquired mainly through imitation and role modelling** versus social coercion.

Thus **socialization for development is an interactional process**



# What are the **critical factors** in adolescent sexual development ?

4. **The family** is the most important agent of gender socialization” (Elsa Leo-Rhynie, 1989)

Yet it also takes **a nation-village** to raise a child – all of our social institutions

Traditional and modern **culture** is a strong shaper of development

Have we ended up as failed guardians “renting out” our young to economic and sexual exploitation ?

We need to

2. Know our **context** – global  
and Jamaican

# 1. The Adolescent in Context: Global Health

WHO: [http://www.who.int/features/factfiles/adolescent\\_health/en/](http://www.who.int/features/factfiles/adolescent_health/en/)

- 20 % of persons in the world are adolescents
- They contribute to two thirds of premature deaths
- One third of the total disease burden in adults are associated with high risk conditions or behaviours that began in youth.
  - tobacco use
  - lack of physical activity
  - exposure to violence or
  - unprotected sex.

# 1.The Adolescent in Context: Global Health

WHO:[http://www.who.int/features/factfiles/adolescent\\_health/en/](http://www.who.int/features/factfiles/adolescent_health/en/)

•

To ensure longer, more productive lives for many we need to:

- i. Promote healthy, **protective** practices during adolescence
- ii. Protect this age group from **risk** factors



Have we ended up as failed guardians  
“renting out” our young to economic  
and sexual exploitation?

# 1. The Adolescent in Context: THE JAMAICAN SITUATION

1. Most teens are sexually active, 75% of the 15 to 19 age group\*. (Gleaner editorial, 12/07/2013)
2. Multiple sexual partners
3. There are trends towards transactional sex. In a UNICEF study\*\*, this involved 37% of sexually active respondents in the previous 12 months

# 1. The Adolescent in Context: THE JAMAICAN SITUATION

4. The electronic media is the leading source of sexual and reproductive health messages. These include encouraging males to violent homophobia and multiple partners and females to transactional sex.

(A study on *Competition for adolescents' sexual and reproductive health values*  
(Holder-Nevins; Eldemire-Shearer & McCaw-Binns )

- Note the **dangers of pornography** leading to
  - depression
  - devalued sex and
  - dysfunctional intimate relationships

# 1. The Adolescent in Context: THE JAMAICAN SITUATION

5. The over-valuation of sexuality and lack of adequate socialization for sexual maturity and restraint leading to:



- **abuse of public places**
- **misuse of the internet and media**

**ABUSE  
OF  
PUBLIC  
PLACES**



**BY KARYL WALKER**  
Editor — Crime/Court Desk  
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**F**IGHTS, sex, robberies and rampant indiscipline have erased the pride that was evident inside the \$4.3-billion Half-Way-Tree Transport Centre when it was officially opened in January 2008.

The culprits?  
High school students who show no respect for authority and who, according to one Jamaica Urban Transit Company (JUTC) official, won't hesitate to attack and harm adults.

Lynval Thompson, the man charged with managing the transport centre on behalf of the State-owned JUTC, said that the unruly

**Turn to MADNESS!  
on Page 2**

# BUS PARK MADNESS!

**Students turn HWT transport centre into haven for sex, fights, robberies**









# Misuse of the Internet and Media

“the female  
students **lifting  
their uniforms  
to expose their  
underwear,  
while gyrating  
on the ground”**”

Daily  
Gleaner,  
October  
29, 2013

## Maggotty High meets over vulgar dance video

**R**AWLE BENT, principal of Maggotty High in St Elizabeth, reportedly met yesterday with senior staff members over a video which has been circulating online, showing what appears to be students of the school engaged in vulgar behaviour at a party.

The video shows some of the female students lifting their uniforms to expose their underwear, while gyrating on the ground and dancing with their male peers.

The six-minute video, which emerged late last week, has been pulled from the video-sharing site, YouTube, but remains on other social media sites such as Facebook.

Bent has refused to speak with the media about the matter.

Viewers on social media have reacted with disgust at the video, labelling the behaviour of the students as shameful and disgraceful.

In the meantime, the Ministry of Education also deplored the behaviour of the students and called for school administrators to implement measures to prevent a recurrence.

In a release yesterday, the ministry indicated that the video was recorded during a dance held in 2011 at Apple Valley Park in St Elizabeth.

“Only one of the offending students – a girl – currently attends the school, which will take appropriate disciplinary action against her,” the ministry stated.

Reacting to the incident, Education Minister Ronald Thwaites said parents and teachers must work together to ensure that students are instilled with positive values.

In this regard, he pointed to the Health and Family Life Education curriculum, provided by the ministry, as a useful resource.



How did the media respond? Blame the politicians ?  
Are any of us exempted as role models?



Clovis Toon

According to Dr. Judith Leiba, child psychiatrist

- There is an **over-exposure to sex** and the **sexualization of almost every aspect of their lives.**
- There is sexualization of the environment via **posters and billboards** with scantily clad women is seen by almost everyone.
- It is becoming the norm for young boys to ask young girls for **a naked picture** when they get into a relationship.

# Male Adolescent Sexuality in Jamaica

- Multiple sexual partners more frequently than females. (8% reported 6 to 10 partners) (Jamaica Health and Lifestyle Survey II)
- A vulnerability to exploitation by older women
- Overvaluation of sexual prowess and pressure to perform
- Extreme Homophobia
- A high male violence and control in relationships (Research on the transition of young Jamaican women to adulthood by Devonish & Priestly, 2013)

# Intimate Partner violence

- ◎ 20% of women aged 15 to 34 **witnessed physical abuse** between their parents or other adults before age 15
- ◎ 11 % of female teens 15 to 19 **had experienced partner violence** at some time after age 15.
- ◎ **70% were victims of recent violence !**

With regards to the controlling nature of intimate partners, it was found that:

- ⦿ 10 % of respondents had male partners who tried to **keep them from interacting with friends and family** at some time.
- ⦿ More than 30% had partners who
  - **suspected infidelity**
  - **checked their cell phones**
- ⦿ 14% of respondents had partners **who ignored them or treated them badly**
- ⦿ **Only 21% of women had partners who displayed none of the seven characteristics of controlling behaviour studied.**





Schoolboys, young men flock downtown Kingston for Viagra, Cialis and other drugs from illegal pharmacists

“We are not satisfied that we are able to satisfy our girls. Lovemaking is war,” “If you don't perform they (the girls) will diss you” ... “them haffi bawl.”

# Male Adolescent Sexuality in Jamaica

## Health Risks

- ⊙ HIV and the STDs
- ⊙ Academic underachievement
  - stereotyping by female teachers ?
  - cyclical lack of father modeling and supervision
- ⊙ Male on Male Violence from jealousy disputes
- ⊙ Stress from unstable relationships
  - lack of male partnering and father skills
  - lack of emotional self-management
  - secondary substance abuse
  - murder-suicide in later years
- ⊙ Intergenerational cycling of marginalization and poverty
- ⊙ homophobic violence and
- ⊙ homelessness of gay adolescents

# Female adolescent sexuality in Jamaica

## ⦿ Forced initiation

- Lack of consent in first sexual encounter- 33% in ages 10 to 15 (UNICEF)

## ⦿ Older partner at first encounter

- 46% of females under age 13 had a partner 6 or more years older (reproductive health survey NFPB)

## ⦿ Significant experience of **inter partner violence**

## ⦿ **High teenage pregnancy** (starting from 12 to 13)

- 18% live births (UNICEF) compared to an 11% global average (WHO)



# Female Adolescent Sexuality in Jamaica

## Health Risks:

- **Emotional trauma** from
  - sexual abuse
  - partner abuse
  - **Where is the empowerment for postponed initiation and safe sex?**
- Teen **pregnancy health risks**
  - abortion risks
  - neonatal risks
  - stress
  - child stress
  - education setbacks
  - intergenerational cycling of poverty
- Increased **vulnerability to HIV and STDs**

- They get locked away too

- “running away to sleep with an older man was the wrong thing to do”

- “If my father was alive, he would not make me end up in this situation.”

# Horror of a 14-year-old

## Teen runs away for two days, spends year locked away

BY KARYL WALKER  
 Editor - Crime/Court Desk  
 walker@jamaicabusiness.com

As the 14-year-old girl sat inside a cramped cell at the New Horizon Adult Correctional Centre, she said to herself: “If only I had listened to my grandmother. If my father was alive, he would not make me end up in this situation.”

The teenager is not shy to admit that running away for two days to sleep with an older man was the wrong thing to do.

“It was peer pressure. Sometimes friends influence you to do things and I was influenced,” the teenager told the Jamaica Observer.

The child had left for school and never returned home after hanging out with friends in Spanish Town.

Neither she nor her grandmother could imagine that the act would land her in a maximum security adult penal facility for one year.

Her life was not an easy one, as her father was shot dead during a robbery in Honduras when she was a mere infant. She also lives in a depressed community where most of her female role models bleach their skins and talk openly about their sexual exploits. It is not unusual to



The teenage girl who was locked up for one year after running away from home for two days.  
 (PHOTO: MICHAEL GORDON)

We need to

**3. Appreciate our Risk vs.  
Protective Factors**

# 3. Adolescent Sexual Health:

## Risk vs. Protective Factors

Research by Blaum et al in the Caribbean stresses the **greater** “**importance of strengthening the protective factors** in the lives of vulnerable youths, not just reducing risks”.

| Some Risk Factors for Unhealthy Sexuality  | Protective Factors for Sexual Health and Resiliency (K. Scott-Fisher)   |
|--|---|
| <ul style="list-style-type: none"><li>• Physical &amp; sexual <u>abuse</u></li><li>• <u>Parental Domestic violence</u></li><li>• <u>Uncensored media exposure</u></li><li>• <u>Excessive “hanging out”</u></li><li>• <u>Inadequate education</u></li></ul> | <ul style="list-style-type: none"><li>• <u>Caring Relationships</u> with 1).adults in home, school, community, church 2. peers</li><li>• <u>High Expectations</u> –within the home, school, community and one’s peer network</li><li>• <u>Meaningful Participation</u> – in the home, school, and community</li></ul> |

# 3. Adolescent Sexual Health: Risk vs. Protective Factors

## High risk Adolescent Sexuality and Poverty

Research has established that poverty makes adolescents vulnerable to high risk adolescent sexuality including:

- Lower condom use
- Teen pregnancy
- Male rape
- Sexually abused females
- Human trafficking for prostitution:
  - overt,
  - covert, and
  - when the inner-city Don calls.

# Risk Factors for Unhealthy Sexuality in Jamaican culture

| Historical reality  | Social Disintegration  | Individual Development Consequences  |
|---|--|--|
| <p>PLANTATION HISTORY</p> <ul style="list-style-type: none"> <li>• Colonization</li> <li>• Slavery</li> <li>• Patriarchy</li> <li>• Racism</li> <li>• <b>The male as “stud”</b></li> </ul>  | <p>FRACTURED FAMILY SYSTEM</p> <ul style="list-style-type: none"> <li>• Absent fathers</li> <li>• Barrel Children</li> </ul>   | <p>INCOMPLETE ADOLESCENT DEVELOPMENT (empowerment)</p> <ul style="list-style-type: none"> <li>• <b>identity and role</b></li> <li>• <b>responsible independence</b></li> <li>• <b>intellectual development</b></li> <li>• <b>career fulfilment</b></li> <li>• <b>psycho-sexual maturity</b> <ul style="list-style-type: none"> <li>- identity</li> <li>- role</li> </ul> </li> </ul> |
| <p>PLANTATION SOCIAL MODEL</p> <ul style="list-style-type: none"> <li>• Jamaica, a place for extraction</li> <li>• <b>Depersonalizing of the citizen</b></li> <li>• Political <b>distributive paternalism vs. productivity</b></li> </ul> | <p>ECONOMIC INEQUALITY</p> <ul style="list-style-type: none"> <li>• Under-education</li> <li>• Unemployment</li> </ul>   |  |
| <p>MAL-INTEGRATED SOCIETIES</p> <ul style="list-style-type: none"> <li>• Structural and</li> <li>• cognitive <b>disharmony</b></li> </ul>   | <p>POOR SOCIAL INVESTMENT IN HUMAN CAPITAL</p> <ul style="list-style-type: none"> <li>• education</li> <li>• health promotion</li> <li>• media</li> <li>• church</li> <li>• justice system</li> <li>• community socialization</li> <li>• role models</li> <li>• healthy peer activities</li> </ul> |  |

Dr. Orville Taylor, sociologist:

- "The plantation legacy has taken everything from black men and all they end up with is their sexual prowess and they'll do anything to showcase that."

We need to

4. Practice **Empowering  
Sexual Health Education**



# Sexual Health Education in Practice

## THE HEALTH PROFESSIONAL'S ROLES AND RESPONSIBILITIES :

### 1. Be a Sexual Educator, Counselor and Advocate

### 2. Target relevant issues: :

- Sexual healthy lifestyle issues and obstacles :
- Common sexual health disorders
  - Reproductive system
  - Gynecologic
  - Urinary system
  - STD /STI
  - Sexual dysfunction

### 3. Be evidence-based in approach and content

# STEPS of Sexual Health Education

- 1. Assess and Plan
- 2. Facilitate Interactional Learning
- 3. Engage in Advocacy
- 4. Refer as necessary

# STEPS of Sexual Health Education

## 1. ASSESS AND PLAN

Assess the patient's **educational needs** in terms of mutually identified **risky behaviours** and **health consequences**.

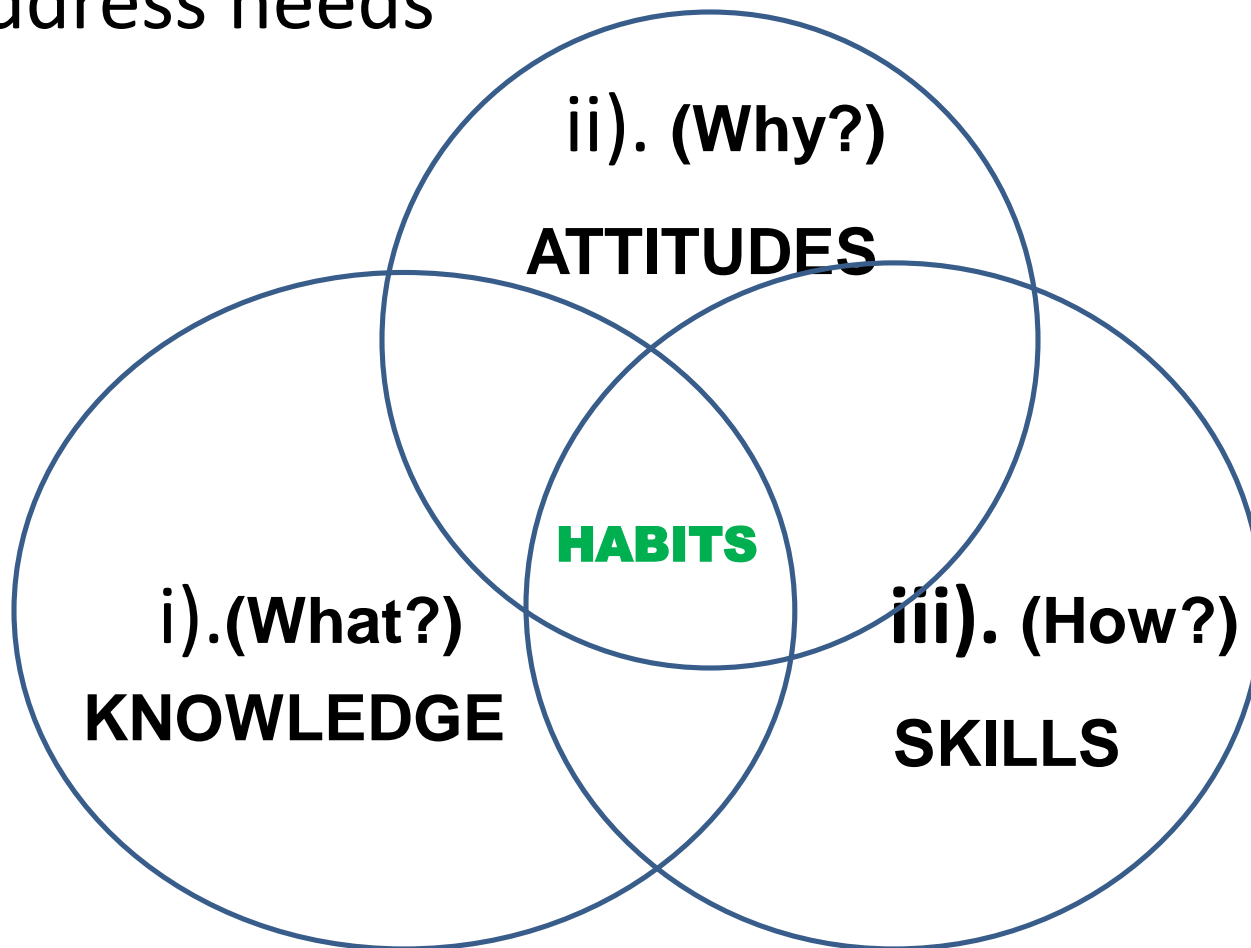
Addresses **individual and group norms** that support health-enhancing behaviors as well as **social pressures and influences**

Negotiate clear desired **behavioral goals**

# STEPS of Sexual Health Education

## 2. FACILITATE INTERACTIONAL LEARNING

Enable the following **learning outcomes** to address needs



# STEPS of Sexual Health Education

## 2. FACILITATE INTERACTIONAL LEARNING

### KNOWLEDGE OUTCOMES

#### SEXUAL LITERACY

1. A comprehensive understanding of *what one's sexuality means*:

- Sensuality
- Intimacy
- Sexual Identity
- Sexual health and
- reproduction
- Sexualization

2. The ability to *distinguish between healthy and unhealthy sexual behaviours*

# Elements of Sexuality

## SENSUALITY

Awareness, acceptance of and comfort with one's own body; physiological and psychological enjoyment of one's own body and the bodies of others

## INTIMACY

The ability and need to experience emotional closeness to another human being and have it returned.

## SEXUALIZATION

The use of sexuality to influence, control or manipulate others.

*Rape*  
*Incest*  
*Sexual Harassment*

*Body Image*  
*Human Sexual Response Cycle*  
*Skin Hunger*  
*Fantasy*

*Caring*  
*Sharing*  
*Loving/Liking*  
*Risk Taking*  
*Vulnerability*

*Factual Information*  
*Feelings & Attitudes*  
*Intercourse*  
*Physiology and Anatomy of Reproductive Organs*  
*Sexual Reproductive*

*Bias*  
*Gender Identity*  
*Gender Role*  
*Sexual Orientation*

## SEXUAL HEALTH AND REPRODUCTION

Attitudes and behaviors related to producing children, care and maintenance of the sex and reproductive organs, and health consequences of sexual behavior.

## SEXUAL IDENTITY

The development of a sense of who one is sexually, including a sense of maleness and femaleness.

# STEPS OF SEXUAL HEALTH EDUCATION – 3.INTERACTIONAL LEARNING

## ATTITUDES OUTCOMES

Adopting and practising a person-oriented sexuality as a result of an understanding of the two competing cultural models of sexuality.

| <u>PERSON ORIENTED SEXUALITY</u>   | <u>OBJECT ORIENTED SEXUALITY</u>   |
|--|--|
| <p>WIN-WIN RELATIONSHIPS</p> <ul style="list-style-type: none"> <li>• Friendship</li> <li>• Emotional intelligence</li> <li>• Growth and wellness promoting</li> </ul> | <p>COMMODITISED RELATIONSHIPS</p> <ul style="list-style-type: none"> <li>• Self centred and transactional</li> <li>• Pleasure and gain principle</li> <li>• Health risk producing</li> </ul> |
| <p>WHOLE PERSON INTIMACY</p> <ul style="list-style-type: none"> <li>• The celebration of sensuality</li> <li>• Complementarity of gender differences</li> </ul>        | <p>MANIPULATIVE PSEUDO-INTIMACY</p> <ul style="list-style-type: none"> <li>• Use of sexualization vs. sensuality</li> <li>• Exploitation of gender differences</li> </ul>                    |
| <p>SOCIETY BUILDING</p> <ul style="list-style-type: none"> <li>• Reproduction for contribution to life</li> </ul>  | <p>SOCIETY DISRUPTING</p> <ul style="list-style-type: none"> <li>• Reproduction for poverty and crime</li> </ul>   |

## STEPS OF SEXUAL HEALTH EDUCATION – 3.INTERACTIONAL LEARNING

### **SKILLS OUTCOMES: skills for self-empowerment**

*Skills relevant to preventive behaviours and for dealing effectively with the opportunities and challenges of life. These include:*

#### **SELF MANAGEMENT SKILLS**

- self-awareness
- analysing and clarifying values
- problem solving and decision making
- effective interpersonal communication
- assertiveness to resist pressure to have sex
- negotiation skills to ensure protected sex
- emotional intelligence and coping
- practical skills for effective condom use.

#### **RELATIONSHIP BUILDING SKILLS**

- listening and empathy
- respect and altruism
- team work



# STEPS of Sexual Health Education

## 4 ENGAGE IN ADVOCACY

*“It takes a village to raise a child”*

Gain support of members of “the village” to reinforce PROTECTIVE FACTORS and increase perception of RISK FACTORS and harmful behaviors

- Family members
- Friends and peers
- School (Teachers and counsellors)
- Community / Community institutions (leaders and members)
- Church (Pastors and members)
- **Health** and Social Agencies /**Services** (health and social workers)
- Government and Private Sector (Politicians, Civil Servants, entrepreneurs)

*Every interaction by someone with a child/young person, however small and fleeting, can be a “teachable moment” that can impact on their perception of their sexuality.*

## 5. REFER

to **sex educational** and other **health** and **support** services as necessary

# Sexual Health Education

## Pay attention to strategies

Centre for Disease Control and Prevention

- Be patient-centered versus topic-centered
- Engage patients through listening and being non-judgemental
- Help them personalize information
- Be contextual age appropriate, culturally relevant and inclusive of diversity
- Use two-way interactive techniques:  
socialization for development involves:

Interaction  leads to attachment. This aids modelling  which leads to internalization

Include:

- *experiential learning methods* (e.g. role playing)
- *peer group discussion* when possible
- *cooperative and mutual learning*

Learn from adolescents or die!

# Brief case illustration

- “A. B.” (pseudonym) Male age 15. An only child.
- Single mother. Misses not having a father.
- Diagnosis: Schizophrenia. The picture below begun well before illness.
- The patient was also distressed by extreme “addiction” to internet pornography – several hours daily watching and masturbating. Affecting studies. Precipitant to illness.
- The patient has been avoidant with little social outlets. His mother was not much different.
- His career goals: to on a porn website. Re partner: Prefers to have a lot of women.
- His mother was involved in educational process. Had no engagement with son re sexual issues.
- Coming out of educational strategies:
  - His Mother aids internet boundary management
  - The Patient takes up basketball and enjoys it
  - More involvement of uncle in social interaction and mentoring
  - Being In touch with friend and relatives abroad on Skype
- The Patient’s high risk sexual behaviour diminished markedly
- He got to the top of his class

# Sexual Health Education

## Resources for the professional

### SOME AGENCIES

- **National Family Planning Board**, Statutory Agency of the Ministry of Health

<http://www.jnfpb.org/>

- **Ministry of Education**

[http://www.caribbeanjobs.com/Ministry-of-Education-Jamaica-Jobs-217.aspx?gclid=CJf55dSI3roCFdJZ7Aod\\_XEAgQ](http://www.caribbeanjobs.com/Ministry-of-Education-Jamaica-Jobs-217.aspx?gclid=CJf55dSI3roCFdJZ7Aod_XEAgQ)

- **Famplan Jamaica** (The Jamaica Family Planning Association )

**Addressing sexual and reproductive health**

<http://famplan.wordpress.com/>

- **Jamaica AIDS Support for Life**

[http://jasforlife.org/html/?page\\_id=9](http://jasforlife.org/html/?page_id=9)

- **Rise Life Management**

<http://www.risejamaica.org/>

## Review

# Adolescent Sexual Health Education:

Let us:

1. Understand **Critical factors in adolescent sexual development**
2. Know our **context** – global and Jamaican
3. Appreciate our **Risk vs. Protective Factors**  
so that we can
4. Practice **Empowering Sexual Health Education**

Have we ended up as  
failed guardians  
“renting out” our young  
to economic and sexual  
exploitation ?

Are we still a “Plantation Model  
society”?

Whose responsibility?

We must make engagement in sexual health education everybody's business!

This calls for **incessant advocacy.**

Let us stop the silence !

# Marcus Garvey said..... (in 1938!)

“The morals of our young people are very loose.

It is the fault of our environment and present state of affairs. They are suffering from something they never created.

Another reason is that the young people are not encouraged to join helpful youth movements... Occupation will prevent and remedy this.

Try to do what you can to make it safe for their existence. In your efforts, seek always to make it interesting to the youth to help themselves.”



“Up You Mighty Race !

You can accomplish what you will”

Big up our Mighty Youth !

They can accomplish what they will



**YES, WE CAN!**

*Thank You for Listening!*

[www.dreanthonnyallen.com](http://www.dreanthonnyallen.com)

# References

- Addressing youth unemployment issue. (2013, August 21). The Gleaner, p.11
- Adolescent Health and Empowerment. Retrieved from:  
[http://www.unicef.org/jamaica/hiv\\_aids.html](http://www.unicef.org/jamaica/hiv_aids.html).
- Barry Chevannes (2001) Learning to be a man. P3, 21, 26,33
- Characteristics of an effective health education curriculum. Retrieved from:  
<http://www.cdc.gov/HealthyYouth/SHER/characteristics>
- Bus Park madness. (2013, October 13). The Jamaica Observer, p. 1-2
- D. Holder-Nervis, D Eldermire, A McCaw-Binns. Competition for adolescents' sexual and reproductive health values is the media winning? Retrieved from:  
[http://caribbean.scielo.org/scielo.php?script=sci\\_arttext&pid=S0043-31442009000400007](http://caribbean.scielo.org/scielo.php?script=sci_arttext&pid=S0043-31442009000400007)
- Deeper problems lead to pills. (2013, October 27). The Gleaner, p.5

# References

- Facts on Global adolescent health. Retrieved from:  
[http://www.who.int/features/adolescent\\_health/facts/en/index.html](http://www.who.int/features/adolescent_health/facts/en/index.html)
- Horror of a 14-year-old. (2013, October 14). The Jamaica Observer, p.6.
- Jamaica health and lifestyle survey ii (2007-8) p, xiv, xv, 24
- Ken Jones. (2002) Marcus Garvey said. P.150
- Living at risk in St. James. (2013, October 10). The Gleaner
- Maggotty High meets over vulgar dance video. (2013, October 29). The Gleaner
- Monitor your child's internet activities. (2013, September 28). The Jamaica Observer, p.3
- Motherhood in childhood. (2013, October 31). The Jamaica observer, p.5
- National Family Planning Board training to mitigate children's exposure to adult sexual content. (2013, August 19). The Jamaica Observer, p. 14

# References

- Overview of the reproductive health survey (2008). Retrieved from [http://www.jnfpb.org/Reproductive%20Health%20Survey%20\(RHS\)%202008.pdf](http://www.jnfpb.org/Reproductive%20Health%20Survey%20(RHS)%202008.pdf)
- Protection(2005). Retrieved from [http://www.unicef.org/jamaica/children\\_1570.html](http://www.unicef.org/jamaica/children_1570.html)
- Rape is an African problem. (2013, September 18). The Gleaner. Retrieved from <http://jamaica-gleaner.com/gleaner/20130918/cleisure/cleisure3.html>
- Robert W. Blum, Linda Halcón, Trish Beuhring, Ernest Pate, Sheila Campell-Forrester, and Anneke Venema. Adolescent Health in the Caribbean: Risk and Protective Factors. American Journal of Public Health: March 2003, Vol. 93, No. 3, pp. 456-460.
- Running short on sperms. (2013, August 3). The Gleaner, p. 4
- Stamina for sale. (2013, October 27). The Gleaner, p.1-3
- Teen pregnancy- early warning signs for inequality. (2013, July 27). The Jamaica Observer
- The transition of young Jamaican women to adulthood (2013) p. 60, 61, 89, 91, 93, 94
- Worrying signs. (2013, October 1). The Jamaica Observer, p. 8