

Adolescent Health

FACT SHEET

MALDIVES

The population of Maldives was 329,000 in 2003¹, with about 29% living in urban areas. More than a quarter of the country's population resides in Malé, the capital. In 2000 the average annual population growth rate was 1.96% down from 3.4% in 1989. The Total Fertility Rate (TFR) declined from 5.4 during 1990-95 to 2.8 in 2000². The country is in

the second stage of a demographic transition. The Crude Death Rate (CDR) declined from 6 per 1000 population in 1990 to 4 in 2000 and the Crude Birth Rate (CBR) from 41 to 20 over the same period³. The Maternal Mortality Ratio (MMR) has come down from over 400 per 100,000 live births in the early '90s to 110 in 2000. The

Infant Mortality Rate (IMR) has also declined over the past decades coming down from 157 per 1000 live births in 1970 to 55 in 2003. The adult literacy rate is a high of 97.2%. The country's Human Development Index in 2005 was 0.745 which makes it to rank 73 among 177 countries in the world and 37 among 103 developing countries⁴.

POPULATION OF YOUNG PEOPLE

The number of adolescents and youth has substantially increased in recent years (Table-1). Around 81,000 Maldivian adolescents (aged 10-19)

constitute one-fourth (24.7%) of the total population. Taking into account the population of young adults aged 20-24, the total population of young

people is more than a third of the total for the country. Males outnumber females in all the age groups (52% males against 48% females).

Table 1: Number and per cent of young people by age and sex in Maldives, 2004

Age (years)	Male		Female		Total	
	Number	(%)	Number	(%)	Number	(%)
10-14	22,000	6.7	20,000	6.1	42,000	12.8
15-19	20,000	6.1	19,000	5.8	39,000	11.9
20-24	17,000	5.2	16,000	4.9	33,000	10.1
Total	59,000	18.0	55,000	16.8	114,000	34.8

Source: World Population Prospects: The 2004 Revision and World Urbanization Prospects: The 2004 Revision. Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat. <http://esa.un.org/unpp>

STATUS OF EDUCATION

Maldives has a high literacy rate with very few (0.8%) illiterate young people (Figure-1)⁴. The percentage of female youth with no education is identical to that of male youth. There is no disparity between boys and girls in the levels of enrolment at pre-primary, primary and secondary level education. In

fact, girls outnumber boys at the secondary level (Table-2). However, marked gender differences emerge at the upper secondary level and above (36% females to 64% males)⁵. The disparity between girls and boys arises due to socio-cultural factors. Facilities for upper secondary

education are available only in Malé. Parents find it difficult to send girls away from home to seek higher education. Another cause for concern is the number of students who drop-out during or after the secondary level, especially after the age of 15. The drop-out rate, contrary to the usual patterns in



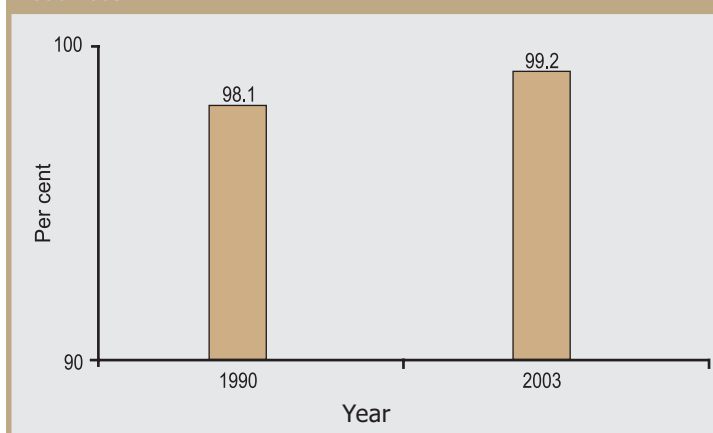
FACT SHEET

MALDIVES

many developing countries, is slightly higher among males⁶. Drop-out rates for girls are higher in post-secondary levels⁵. There is also a virtual absence of girls enrolled in vocational and technical training schools⁷.

A UN 'Facts, opinions and solutions' survey final draft report (2006)⁸ showed that the decisions on education of the youth are mainly made by their families (57%) while those regarding their career are made mostly by themselves (63%).

Figure 1: Trends in youth (aged 15-24) literacy rate in Maldives, 1990-2003



Source: Human Development Report 2005. United Nations Development Programme.

Table 2: Male and female school enrolment ratios and gender equality in education in Maldives

Youth literacy		Net primary enrolment			Net secondary enrolment		
Female rate (% ages 15-24) 2003	Female rate as % of male rate 2003	Male ratio* 2000/04	Female ratio 2002/03	Ratio of female to male 2002/03	Male ratio 2000/04	Female ratio 2002/03	Ratio of female to male 2002/03
99.2	100	92	93	1.0	48	55	1.15

Source: Human Development Report 2005. United Nations Development Programme.

* The State of the World's Children 2006, UNICEF, UNICEF House, New York, USA.

EMPLOYMENT

According to the final draft report of the UN survey (2006)⁸, 39% of youth attend an educational institution as a full-time activity while more than one-third are engaged in an economic activity for generation of income (Table-3). Only one in 10 young females is engaged

in economic activity compared to a quarter of the young male population. A substantial proportion of these females is engaged in household chores and childcare. Findings of the survey also showed that ten per cent of the youth were not engaged in any

activity. A higher percentage of young people aged 15-19 than those in the 20-24 year age group were reported to be 'neither studying nor working'. Of all employed youth, 34% worked for an average of 16 hours per week and reported a high degree of job satisfaction.

Table 3: Main activities in which youth (15-24-year-olds) are engaged in Maldives

Activities	Male (%)	Female (%)	Total (%)
Economic activity	25	9	34
Unpaid family work	2	3	5
Household chores and childcare	1	10	11
Attending school/educational institution	18	21	39
None	5	5	10
Not specified	1	0	1
Total	52	48	100

Source: UN 'Youth Voices - Facts, opinions and solutions' survey, final draft report 2006. Office of the Resident Coordinator, Maldives.



DEATH RATES AMONG YOUNG PEOPLE

Table 4: Age-specific death rates in Maldives, 2004

Age (years)	Age-specific death rate	
	Male	Female
10-14	3	5
15-19	7	4
20-24	7	4

Source: Vital Registration System (VRS) 2004/Ministry of Health (MoH), Maldives.

The mortality rates among adolescents are generally lower than those observed at younger and older ages. Mortality rates for Maldivian females were higher than males in the younger age group but the trend is reversed in

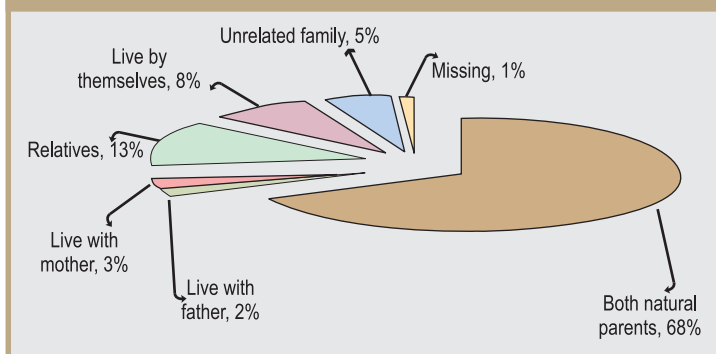
the older age groups of 15-24 years wherein male mortality is higher than female (Table-4). This is in contrast to the trend observed in most other countries of the South-East Asia Region where mortality rate is higher

for young females, which may be due to disparities in terms of food intake, access to healthcare and other developmental care or because of high mortality during childbearing and birth.

FAMILY RELATIONSHIPS

In Maldives, a high proportion (86%) of youth live with their parents or relatives (Figure-2)⁸. Gender disaggregated data shows that the proportion living with parents is higher for females than males (64% females versus 57% males). Youth who reported living by themselves are mainly concentrated in the central region and are mainly engaged in the tourism industry.

Figure 2: Living arrangement for youth in Maldives



Source: UN 'Youth Voices – Facts, opinions and solutions' survey, final draft report, 2006. Office of the Resident Coordinator, Maldives.

AGE AT MARRIAGE

Table 5: Age at first marriage for women in Maldives, 1999 and 2004 (All figures in years)

Attributes	Age at first marriage			
	Mean		Median	
	1999	2004	1999	2004
Age of women				
Up to 30	17.9	19.1	18	19
>30	17.1	17.8	17	17
Education				
Primary and above	18.4	19.1	18	19
None or non-formal	16.8	17.2	16	17

Source: Republic of Maldives Reproductive Health Survey 2004, Ministry of Health, Republic of Maldives.



FACT SHEET

MALDIVES

The mean age at first marriage for males and females was 22.3 years and 18.4 years respectively in 2004, and the median age of first marriage for them was 22 years and 18 years respectively⁹. The age of first marriage among females who had

received education through formal schooling was higher than among those who had received no education or only non-formal education (Table-5). Women below 30 years of age at the time of the 2004 Reproductive Health Survey had

married two years later than respondents over 30 years of age. The difference in age of marriage vis-à-vis age at the time of the survey was not significant among men. This suggests that the age at first marriage has increased especially among women of the younger generation.

PREGNANCY AND CHILDBEARING

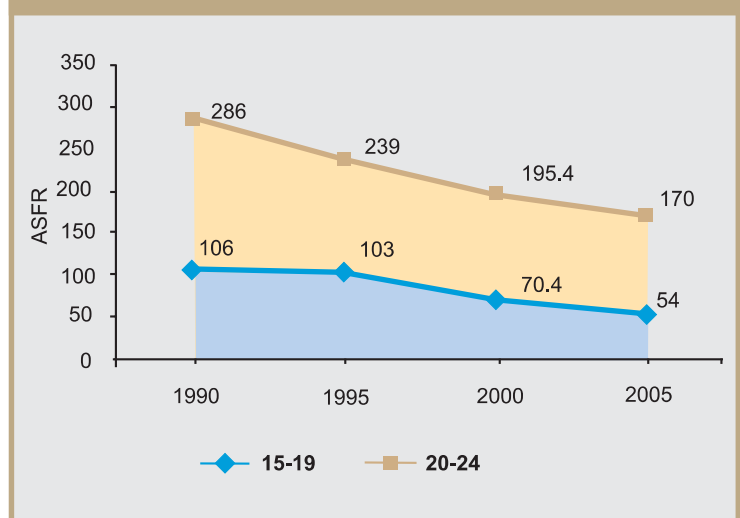
As the age of marriage increases, instances of childbearing during adolescence are also decreasing. However, many couples in the country become adolescent parents, leading to health problems for both mother and child. In 1996, the number of live births among the late adolescent group (15-19 years) was 676; 10.8% of the total mothers aged from 15-49 years. This reduced to 299 births in 2004 (Table-6). The age-specific fertility rate for adolescents aged 15-19 years also declined significantly in line with the decline in fertility for all age groups (Figure-3).

The focus group discussion during the Reproductive Health Survey 2004⁹ reported that the majority of Maldives youth accepted as a fact that unwanted pregnancies did occur among them. Abortions are also occurring among unmarried youth. However, in most cases of unmarried pregnancies the male youths take the responsibility for the child and avert the possibility of abortion. About two per cent of all young unmarried respondents of the survey revealed that they had been pregnant or fathered a child. Out of those there were 16 live births, six abortions, two stillbirths, and one spontaneous abortion.

Antenatal and delivery care

There is no age disaggregated data available for antenatal care of adolescents in Maldives. However,

Figure 3: Trends in Age-Specific Fertility Rate (ASFR) (per 1000 women)



Sources: For the year 1990—World Fertility Report 2003, Population Division, and DESA, United Nations; for rest of the period - Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2004 Revision and World Urbanization Prospects: The 2003 Revision, <http://esa.un.org/unpp>.

Table 6: Number of live births classified by age of mother in Maldives, 1996 and 2004

Age group (in years)	Number of live births to mother	
	Year 1996	Year 2004
15-19	676	299
20-24	2008	1777

Source: Vital Registration System, (VRS), 1996 and 2004, Ministry of Health, Republic of Maldives.

the Reproductive Health Survey 2004 reports that all except one woman (273/274) aged 15-49 who delivered in the last year reported at least one antenatal care visit⁹. The advice they most commonly received during antenatal checkup was about nutrition (37%), family planning (15%), preparation for

delivery (12%), about high risks (11%) and newborn care (5%). In the year 2004 about 92% of young women aged below 20 gave birth in any health facility and eight per cent had non-institutional live births. About 15% of young women aged below 20 gave birth to babies weighing less than 2.5 kg at birth¹⁰.

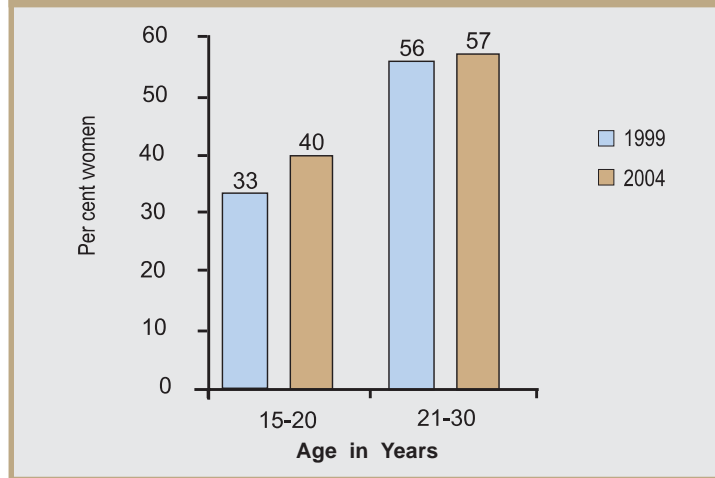


CONTRACEPTION

The proportion of ever-married women who have ever used any method of contraception was higher in 2004 than in 1999 for all age groups (Figure-4). The improvement was more in ages 15-20. Women residing in the atolls are more likely to use contraception as compared to those living in Malé. However, the proportion of men who have ever used contraception was not different in Male' and the atolls.

The Reproductive Health Survey 2004 found that only 56% of unmarried youth were aware that condoms can protect against unwanted pregnancies (Table-7). More males than females said that they did not know of ways to avoid a pregnancy or believed that pregnancy cannot be avoided. The

Figure 4: Per cent of ever-married female youth who have ever used contraception, 1999 and 2004



Source: Reproductive Health Survey 2004, Ministry of Health, Republic of Maldives.

There are legal barriers to the provision of contraceptives to unmarried individuals, and procuring all methods, including 2004 also found that 10% of married women aged 15-20 years wanted to limit their families but were not using any method of contraception. The

Table 7: Ways of avoiding pregnancy reported by unmarried male and female youth in Maldives, 2004

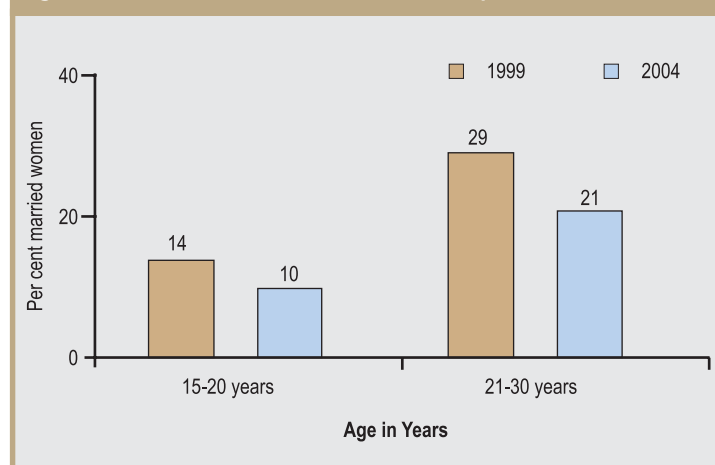
Knowledge about contraception	Males (%)	Females (%)
Always use a condom	56	56
Only have sex at certain times of the menstrual cycle	34	48
Don't have sex	40	39
Cannot avoid pregnancy	5	2
Don't know	20	18

Source: Reproductive Health Survey 2004, Ministry of Health, Republic of Maldives.

survey also reported that of those youth who were sexually active, four per cent did not know what a condom was and 45% had never used one. The most common reason for not using condom was dislike of using condoms (47%). A smaller number said their partner did not like to use condoms. Of those who used condoms, nearly half said they used them to avoid pregnancy and around 18% used them to avoid STIs and HIV/AIDS. Almost half (48%) of youth said they did not know if talking about condoms made young people more promiscuous, and nearly a quarter (24%) believed that it did.

condoms, require a prescription¹². The Reproductive Health Survey percentage has, however, reduced during the last five years (Figure-5).

Figure 5: Unmet need for modern contraception



Source: Reproductive Health Survey 2004, Ministry of Health, Republic of Maldives.



SEXUAL BEHAVIOUR

The increase in mean age at first marriage has important implications; as the period prior to marriage is extended, the chances of premarital sex may increase. Due to its illegal status, the extent of premarital or extramarital sex is not known. However, it is estimated that by the age of 21 a high proportion of youth has had sexual intercourse at least once¹³.

The Reproductive Health Survey 2004 also reported that one in 10 young people had admitted to having sexual intercourse—14% young men and 5% young women. Almost two-thirds of those who had had sex said their first sexual intercourse was before the age of 18. About half of the youth (49%) participating in the survey had a girlfriend/boyfriend; 63% met their partners regularly, four per cent had sex with partners from their own age group while an equal number reported having sex with older people. Early debut of sexual activity among young people often exposes them to multiple partners and with partners who have been at risk of HIV exposure, accentuating their HIV vulnerability.

The Rapid Situation Assessment (RSA) on drugs reported that age at first sexual experience among drug users ranged from 7 to 24 years (Figure-6)¹¹. One-third of the respondents in the survey reported sexual exposure by the age of 15 years. More than half (54%) had a sexual experience by 16 years and almost three quarters (72%) had sex by the age of 17. Ninety-two per cent

had a sexual experience during their teens. Of this group, 94 per cent said the sexual experience was voluntary while the rest said it was forced.

Of the respondents reporting premarital sex, three per cent spoke of sexual intercourse with a

Unwanted sexual activity for youth

About four per cent of respondents in the Reproductive Health Survey 2004 reported that they have been forced into unwanted sexual activity by people of their own age as well as older. Young females were

Figure 6: Age at first sexual experience among young drug users in Maldives, 2003



Source: Rapid Situation Assessment of Drug Abuse in Maldives, Narcotics Control Board, Republic of Maldives 2003; UNESCAP and UNDP.

member of the same sex. Another 43% had experienced group sex (defined as more than two persons having sex at the same time), 26% reported having had sex with a sex worker (paid sex). The age range of respondents reporting sex with same-sex partners was 13 to 20 years; for those reporting sex with a sex worker it was 11-27 years. Half of this group was aged 16 years or less. About 76% of the respondents reported multiple sex partners during the last year.

more likely to be involved in unwanted sexual activity with someone older than them than young males.

Other sexual behaviours such as commercial sex practices are known to exist. Foreign and Maldivian sex workers can be found in the island country since a large number of workers work away from their homes, thereby creating a pool of potential commercial sex clients.



STIs AND HIV/AIDS AMONG YOUNG PEOPLE

(For details please refer to "Fact Sheets on Young People and HIV/AIDS", WHO/SEARO)

In Maldives, the estimated HIV prevalence among the 15-49 year age group was 0.1% in 2001¹⁴. The major route for HIV transmission is heterosexual. Though the presence of HIV/AIDS is scant in Maldives, increasing numbers of sexually transmitted infections (STIs) are being reported.

The findings of the Reproductive Health Survey 2004 revealed that most unmarried youth had correct knowledge about STIs, their transmission and prevention. Very few (3%) were unable to mention any prevention method and only 4% did not know how to protect themselves from STIs. About 67% of the surveyed unmarried young population thought the best way to avoid STIs was to avoid (sex with) people with STIs. 51% males and 44% females reported the best way of STI prevention was consistent condom use. However, 65% of the youth still felt that they needed more information about how to prevent STIs, which implies that young people need more information and skills to protect against the same.

Though aware of prevention and transmission of STIs, young people scored low on knowledge of symptoms of STIs (Table-8). A quarter (26%) of the youth surveyed did not know of any signs or symptoms of STIs.

Data available on the awareness indicators in the country show that 99% of youth have heard about HIV/AIDS. About 91% know of at least two ways of transmission and two ways of prevention of HIV infection.

Table 8: Symptoms of STIs identified by youth

Symptoms	Number of respondents	Per cent
Urination problems	576	51
Itching and soreness	565	50
Discharge	510	45
Bleeding	387	34
Poor immunity	328	29
Back/stomach pain	259	23
Rashes	240	21
Weakness/tiredness	218	19
Swollen glands	205	18
Loss of appetite/weight	191	17
Fever	156	14
Miscellaneous	156	14
Don't know	293	26

Source: Reproductive Health Survey 2004, MoH, Republic of Maldives.

The data from the Reproductive Health Survey show similar findings (Table-9). However, there are some misconceptions about risks of HIV infection and how to protect

13% believed that one can get HIV from sharing a meal with someone who has AIDS (Table-10). About half of the respondents did not know that condoms can prevent HIV.

Table 9: Knowledge among youth on HIV prevention

Ways of avoiding HIV/AIDS	Per cent
Respect religious tradition	69
Avoid sharing sharp objects	67
Get information about HIV/AIDS	65
No premarital sex	46
Always use condoms	44
Adhere to one partner only	43
Don't have sex	39
Avoid people with AIDS	33
Cannot avoid it	10
Don't know	4

Source: Reproductive Health Survey 2004, MoH, Republic of Maldives.

oneself from STIs and HIV infection. About one-third of respondents (34%) did not know if people with HIV can appear healthy and about

The risky sexual behaviour of a large proportion of young people also indicates that there is a major gap between knowledge and practice on HIV/AIDS.

MALDIVES

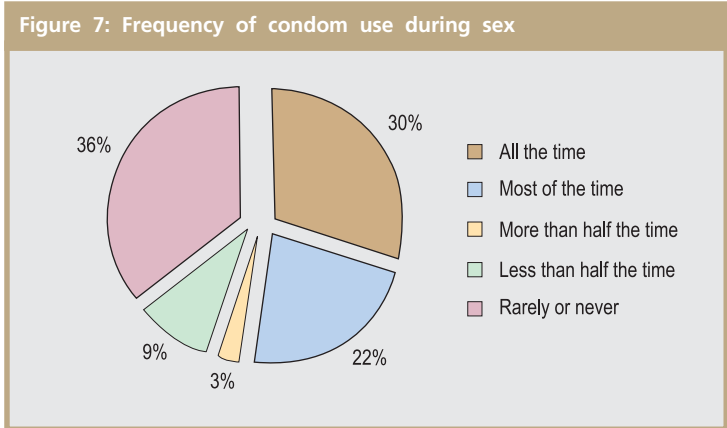


Table 10: Perceptions of youth on transmission of HIV

Statements	True	False	Don't know
People with HIV can look healthy	46%	21%	34%
You can get HIV from sharing a meal with someone with AIDS	13%	63%	24%
Condoms can protect against HIV/AIDS	50%	15%	35%

Source: Reproductive Health Survey 2004, MoH, Republic of Maldives.

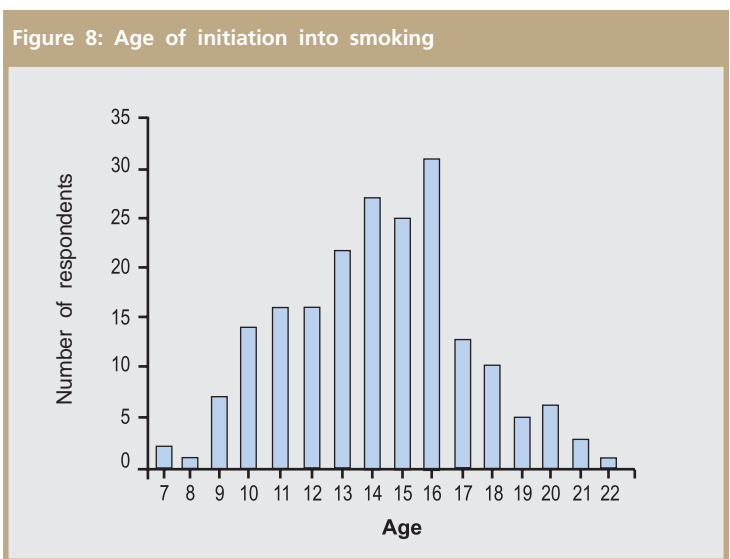
A Rapid Situation Assessment (RSA) of the drug scenario in Maldives¹¹ (conducted on a limited sample) reported that only half of the respondents (drug users) who had premarital/extramarital sex had ever used a condom. Among those who had, only one-third claimed to have used it always (Figure-7). About 48% of them always used condoms when they had sex with sex workers and 28% used condoms rarely during sex with sex workers.



Source: Rapid Situation Assessment of Drug Abuse in Maldives, Narcotics Control Board, Republic of Maldives, 2003; UNESCAP and UNDP.

SUBSTANCE ABUSE

The Rapid Situation Assessment of Drug Abuse in Maldives (RSA) revealed that 98% of respondents were smokers. Almost half (48%) had initiated smoking between the age of 10 and 14 years and 42% between 15 and 19 years (Figure-8). Five per cent of those who smoked started before they were 10. In all, 95% of drug-using respondents had started smoking by the age of 20. Fun (66%) and fashion (9%) were cited as the most common reasons for initiation into smoking.



Source: Rapid Situation Assessment of Drug Abuse in Maldives, Narcotics Control Board, Republic of Maldives, 2003; UNESCAP and UNDP.

The Global Youth Tobacco Survey (GYTS) supported by the World Health Organization conducted in 2003 in Maldives showed that current prevalence of tobacco use, in any form, among school going youth (age 13-15 years) is 13% (Table-11). The survey also

revealed that a large proportion of adolescents have easy accessibility to cigarettes and half of them live in homes where others smoke, making them more vulnerable to smoking. Almost

half of the students have a parent who smokes and one out of ten students have friends who smoke. One out of ten were offered a free cigarette by a tobacco company representative. Only 54% of current



smokers in Maldives want to stop smoking. Schools are not contributing appreciably to anti-smoking awareness generation. Only 25% of

the students were taught or had participated in class discussions about the dangers of smoking and ill-effects of tobacco use.

Alcohol consumption

Alcohol consumption is prohibited in Maldives and punishable under Shari'ah law.

Table 11: Global Youth Tobacco Survey of school-going adolescents of class 8-10 in Maldives, 2003

Tobacco use	Per cent of Adolescents
Prevalence	
● Currently using any form of tobacco	13.0
● Currently smoking cigarettes	7.8
Access and availability	
● Bought cigarettes in a store and were NOT refused purchase because of their age	81.5
Environmental tobacco smoke	
● Live in homes where others smoke	50.6
● Exposed to smoke in public places	74.8
● Think smoke from others is harmful to them	62.0
● Think smoking in public places should be banned	91.1
Cessation – current smokers	
● Want to stop smoking	53.7
School activity	
● Taught/discussed with about dangers of smoking and effects of tobacco use in class	25.3

Source: Global Youth Tobacco Survey 2003, WHO South-East Asia Regional Office, New Delhi, India.

DRUG ABUSE

There has been a growing concern about drug abuse among Maldivian youth. Country reports at SAARC Symposia in 1992 and 1997^{15, 16, 17} indicate the presence of a high percentage of young drug abusers between 16 and 24 years of age. The Ministry of Defence and National Security has documented maximum number of cases of drug abuse in the age group of 16-24 years (Table-12).

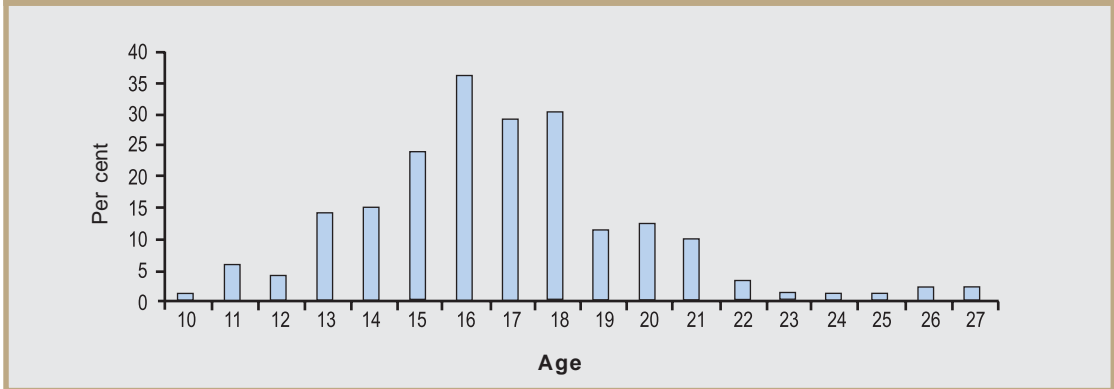
Table 12: Reported drug abuse cases classified by age group (1997-2001)

Year	Total	Age group		
		Under 16	16-24	25-39
1997	200	16	118	65
1998	320	26	196	93
1999	208	15	118	70
2000	220	0	129	76
2001	216	2	123	87

Source: Statistical Yearbook of Maldives, 2002, cited in Rapid Situation Assessment of Drug Abuse in Maldives, Narcotics Control Board, Republic of Maldives, 2003; UNESCAP and UNDP.



Figure 9: Age at first drug use



Source: Rapid Situation Assessment of Drug Abuse in Maldives, Narcotics Control Board, Republic of Maldives, 2003; UNESCAP and UNDP.

The 2003 UNDP Rapid Situation Assessment (RSA) of Drug Abuse in Maldives revealed that drug abuse is on the increase in the country and is initiated at a very young age. Opioids, primarily brown sugar, hashish oil and other cannabinoids are the most frequently seized and abused drugs. The mean age at first use of any drug apart from tobacco was 16.8 years with an age range of 10 to 27 years (Figure-9). First drug use follows a couple of years after onset of smoking. Knowledge about drugs was mainly obtained from

friends (81%) or relatives (nine per cent). Peer pressure was the most common reason for initiation (38%) followed by a desire to experiment (26%). About a fifth of respondents had initiated drug use for fun while 10% cited family problems as the reason. Drug use was initiated most commonly at home (30%), in a friend's house (27%) or a public place (18%). Most respondents in all the research sites had initiated drug use with friends (87%). They had mainly acquired the drug through friends (72%). A smaller

number had bought it on the first occasion (19%) and a few (8%) had stolen the drug for first use. About 44% reported drug use by a family member, mainly brothers (68%) and cousins or nephews (22%). A smaller number reported drug use among sisters (7%), mothers (5%) and fathers (5%) too.

The median age at which injecting drug use had been observed was 17 years, though the survey reported that drug injecting was not common in Maldives.

INFORMATION SEEKING BEHAVIOUR

Figure 10: Whom do youth talk to about problems?

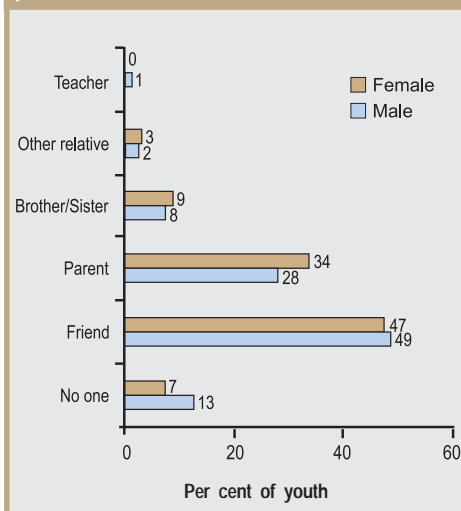
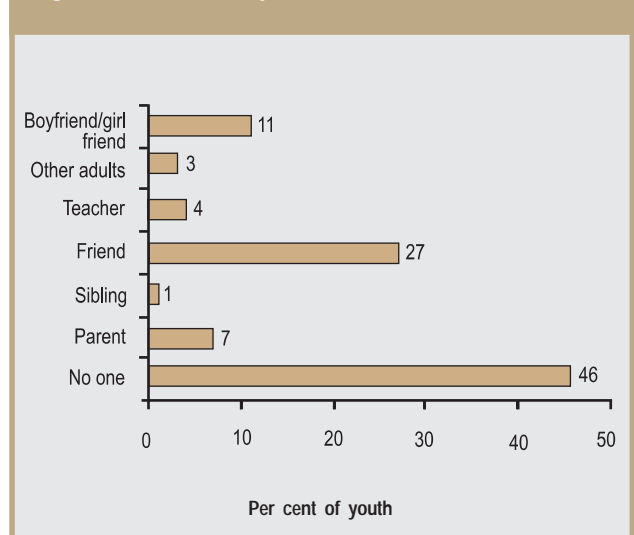


Figure 11: Whom do youth talk to about sex?



Source: Reproductive Health Survey 2004, Ministry of Health, Republic of Maldives.

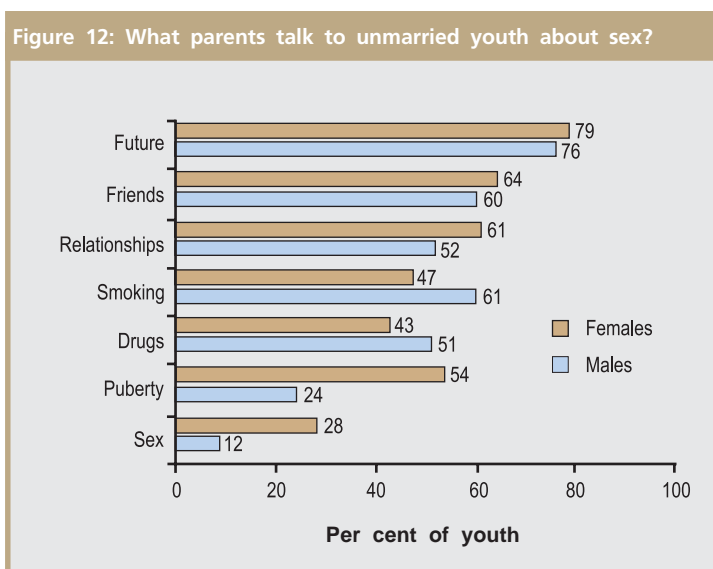


In Maldives, the youth share their problems mostly with friends⁹ and a few with a parent (Figure-10). About one in 10 did not discuss their problems with anyone and a large proportion did not talk about sex with anyone. While a friend was the commonest choice for discussing sex, few opted for parents or teachers (Figure-11). Many reported that their parents spoke to them about their future and relationships but few said their parents talked to them about sex (Figure-12). Parents are more likely to talk to daughters about sex than sons.

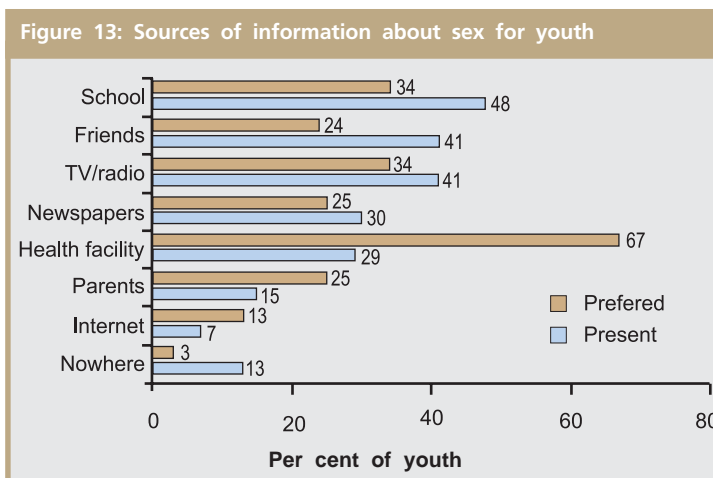
The most common sources of information about sex reported by youth were school, television and radio and friends (Figure-13). Though health facilities were indicated as the place from where young people would like to seek information on sex, many expressed the need to get the information in a more confidential setting. Young people's concerns about privacy and confidentiality at health facilities often act as barriers depriving them of essential information and skills.

Exposure to media

Mass media plays a very important role in dissemination of information to people. According to the Reproductive Health Survey 2004 of Maldives more than three quarters of young people (77%) said they watched television every day and another 13% watched it at least



Source: Reproductive Health Survey 2004, Ministry of Health, Republic of Maldives.



Source: Reproductive Health Survey 2004, Ministry of Health, Republic of Maldives.

once a week. About one in ten watched television occasionally or never at all. More than half of those who watched television said they watched TV Maldives and 45% watched cable or satellite television. About 57% listened to the radio every day and 14% listened to it at least once a week. More than a

quarter (28%) listened to the radio occasionally or never at all. One in four young Maldivians read newspapers and magazines every day or almost every day and 40% read them at least once a week. About 13% read magazines about once a month and 22% read them occasionally or did not read them at all.

Laws impacting adolescents
• Minimum legal age of marriage is 16 years
• Premarital and extramarital sex is forbidden
• Abortion is prohibited, or permitted to save woman's life
• The person who helps provide drugs to a minor (less than 16 years old) is culpable.



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