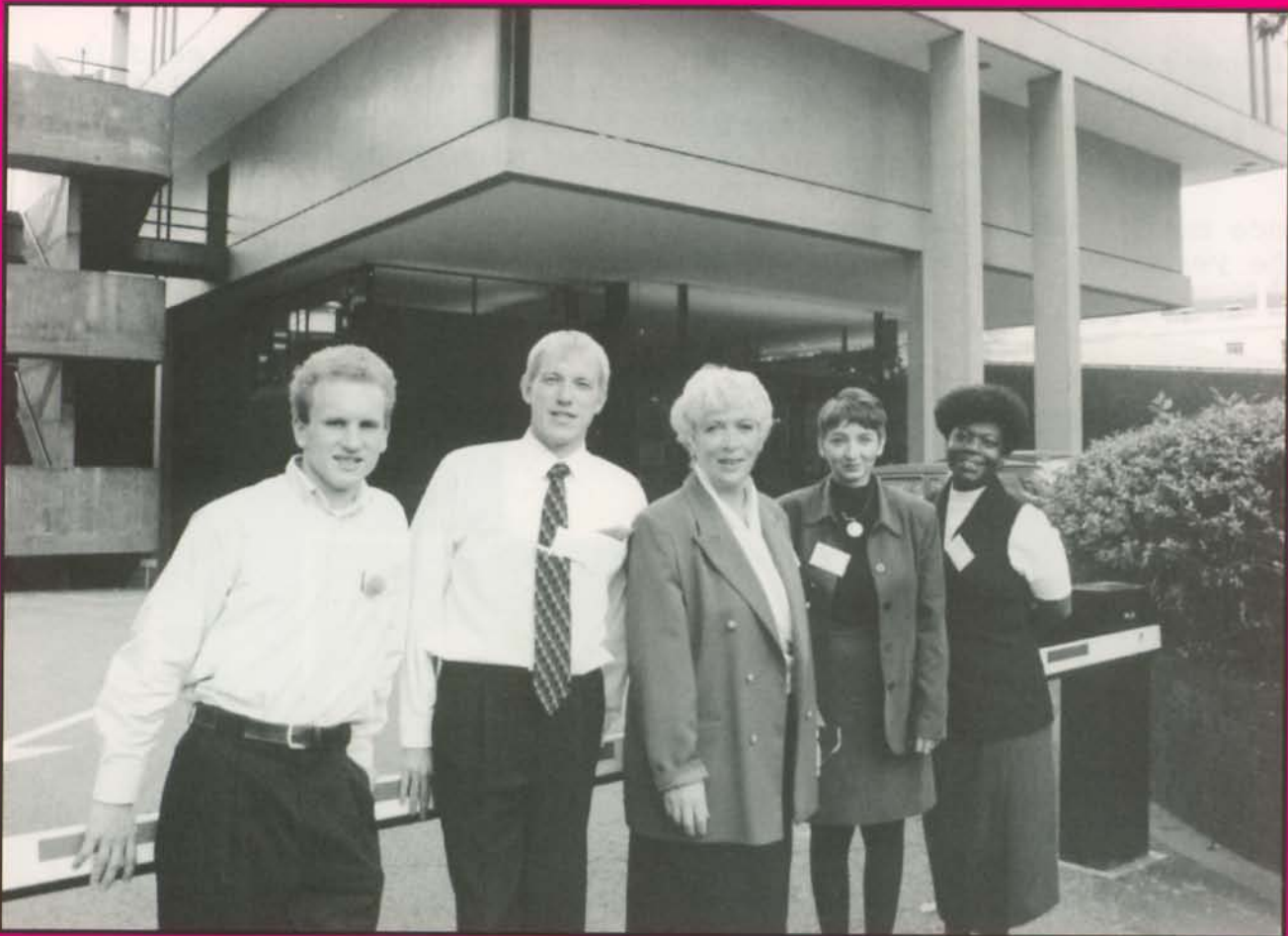


Journal of Adolescent Health and Welfare

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*Incorporating the Newsletter of the International Regional
Chapter of the Society for Adolescent Medicine*



Letter from the editor -

Dear Colleagues,

Happy New Year 1997. The beginning of our second decade. Last year was VERY busy with the Reunions and the young parents work reaching the fifteen year follow up; the Blues Brothers tenth Anniversary Party; the Journal coming of age with registration with the British Library; and of course ... the conference

The conference exceeded all our expectations. I could not have dreamed of it succeeding as well as it did! Over 460 people attending with quite a number being turned away ..the biggest conference ever to be held at the Royal College of Physicians. Proceedings will be available soon - please send in your orders.

Our scientific meeting this year will be our usual evening meeting at the Royal Society of Medicine in October 97 but we are planning a two day conference at Royal College of Physicians in October 1998 - Early application is advised to avoid disappointment! Teaching and academic activities will be very much to the fore in 1997 with a return, by popular demand, of our seminars at Youth Support House. Details of the first five appear in this edition and since places are limited you are advised to fax bookings as soon as possible.

Please remember that we very much encourage colleagues to send in manuscripts for publication. We welcome descriptions of qualitative research, which often get short shrift elsewhere, and personal accounts of interventions or experiences with young people.

Once more, best wishes and thanks for all your support throughout the years and sincere good wishes for a prosperous 1997.

Diana Birch
Director Youth Support



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Youth Support are pleased to invite you to attend our

Twelfth Forum Meeting

**At - The Royal Society of Medicine
1 Wimpole Street, London WC1**

Thursday 23rd October 1996 - 6-9pm

Self Harming Behaviours and Eating Disorder

Name Designation

Address Tel no

..... Fax no

Please reserve places at the Forum meeting for myself and colleagues (attach list of names please). Please ring category below and enclose appropriate payment.

Non member - £15 per person.

Forum member free (plus free guest). Students free. Young People free.

OR - I wish to apply for forum membership and enclose £20 in payment.

Please send to :- Youth Support Conference Administration

13 Crescent Road, London, BR3 2NF.

FAX 0181 659 3309

- International Chapter News -

News of the **International Regional Chapter (IRC)** of SAM
(Society for Adolescent Medicine)

Co Chairs - Diana Birch	Gustavo Girard	Treasurer Aric Schichor
London	Buenos Aires	Connecticut
England	Argentina	USA

Looking forward to SAM 1997 - It is just around the corner - an earlier date than usual this year. As discussed in the last newsletter we will be holding our **IRC institute**. This will take place **9am to 5pm on Wednesday March 5th**. See the SAM programme booklet for details of venue. At the time of going to press the format was as overleaf - but please note that , as is usual for our International sessions, we would be delighted to include other speakers. Please FAX as soon as possible to let me know if you have something you would like to present.

We are VERY fortunate this year to have secured a two way dialogue between USA based SAM members and the International members with the inclusion in the Institute programme of a welcome from Gail Slap who will be dropping in to greet members - and also our opening speaker will be Bob Blum - who is always excellent at setting the tone of the meeting - so let's have a 100% turnout and prepare to be inspired! We also have an important contribution from PAHO and a truly world-wide spectrum of presentations. As they say in the British Parliament - *this is a three line whip* - (a term for an important session arising from the notice to attend being underlined three times) - it means that excuses have to be written in blood - yours! Or there may be a short trip to the Tower of London ...

Again, I would also like to suggest that we all bring examples of our work in our countries - leaflets or display material which could be displayed in our meeting room and give members a better feel of the work we are separately involved in back in our own countries.

The other events are our usual **International dinner** which as usual will be in a restaurant outside the hotel - keep your eye on the notice board at SAM for details and book with Edie at the registration desk. The dinner will be on **Friday night March 7th**.

The **Chapter business meeting** will be a lunch this year as opposed to a breakfast - Don't ask me why! The lunch is scheduled for **12.30-2pm on Friday 7th**. Please note that this is NOT an alternative to the evening dinner - the lunch is a business meeting over a working lunch - the evening dinner is a social occasion - and usually a very good one!

The other item which you will note on the timetable to have an 'International' flavour to it is a **workshop on Teenage pregnancy** which SAM have asked me to hold on **Saturday 8th March at 1.45pm**. If any colleagues have material which they would like to include please let me know - I do hope many IRC members will attend that session which should provide lively discussion.

**Society for Adolescent Medicine
San Francisco March 5-9 1997**

**'Institute' to be held by the International Regional Chapter (IRC)
9am to 5pm on Wednesday March 5th 1997**

'Poverty and Neglect - Deprived Youth in varied societies'

Description - *Deprivation comes in all shapes and sizes* - Those of us working in so called 'developed' countries can sometimes be oblivious of the degree of deprivation experienced by our Youth. Class differences still exist in terms of perinatal mortality, birth weights and growth in schoolchildren. Adolescents from differing subcultures within the same city may experience enormous variations in their socio-economic circumstances.

Presentations will highlight the presence of deprivation in all aspects of youth culture - from street children to poverty in inner city Europe and north America and including the 'poverty traps' such as early childbearing and the 'danger areas' of child and youth labour and 'survival sex'.

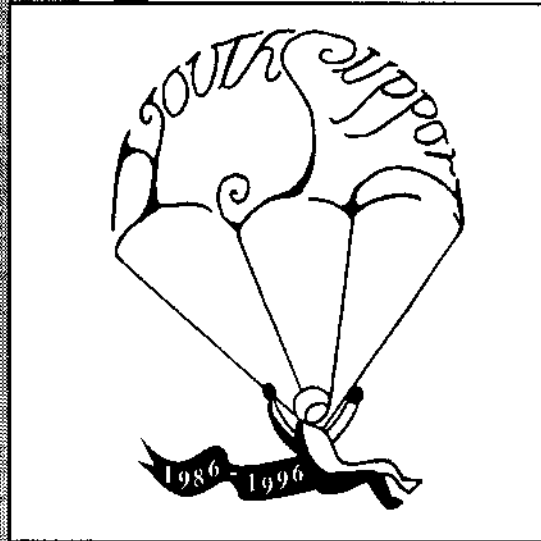
Objectives - To heighten awareness of the areas of deprivation and youth poverty, to exchange information on a wide experience of cross cultural issues and to discuss possible interventions available to the adolescent health practitioner.

Format - This institute is suitable for all conference participants whatever their level of experience. The institute will involve didactic component - in terms of the main presentations and interactive periods of discussion where the participants may be divided into groups addressing a subtheme and reporting back to the group as a whole.

Programme - "Global trends in Adolescent Health - From where have we come - where are we going?" Robert Blum, Minnesota.: "A culture of poverty?" - Inner city deprivation and teen pregnancy. Diana Birch, England.: "PAHO - Lines of Action to face the challenge of Adolescents in special circumstances" Matilda Maddaleno, Chile: "Poverty and early childbearing - A Lisbon ghetto" Helena Fonseca, Portugal.: "Deprivation among immigrant Youth" - Manny Chigier Israel: "Deprivation in Latin America - how are youth affected?" Gustavo Girard - Argentina.: "Living on the Streets - Health aspects of life for street youth in Brazil" Irene Adams - Belo Horizonte, Brazil: "Nutritional issues affecting Youth" Semi Snadjer, Israel: "Attitudes and Practices of Physicians in Israel regarding adolescent Medicine" - Daniel Hardoff - Haifa.: "Marginalized Youth in British Columbia" including aboriginal and street youth. Roger Tonkin, Vancouver, Canada.

Youth Support Appeal

Youth Support has come a long way in the last ten years - hard work has paid dividends and we celebrated our achievements during our Anniversary Year. However the time has come to push the boundaries forward and improve services for our youth. We need to expand - outreach services - aftercare house - drop in centre - play therapy and our old buildings need repair - can you help?



We need patrons with knowledge of business and finances.

We need volunteers to help in our shops and with fund raising.

We need sponsors for our activities.

Can you give your services to Youth Support?

"Pearl of the Orient"

Hong Kong is known by most as a thriving, vibrant business centre, high rise office buildings, a plethora of banks, shopping malls, designer clothes outlets and expensive living. The other side of this 'Pearl of the Orient' is overcrowded slum areas, drug abuse, crime, teenage prostitution and the general anxiety, insecurity of a culture 'caught between'. In a few short months Hong Kong will cease to cling to the vestige of the British culture and will revert to Chinese rule. Many have left fearing communist changes, but the transition has been promised to be gentle and most now seem hopeful for the future. For the more deprived youth of Hong Kong, such political anxiety passes over their heads.

Within this tapestry of cultures, two organisations are doing excellent work to support and nurture young people. The Hong Kong council for social services, and the Queen Elizabeth Hospital in Kowloon which has a flourishing adolescent unit led by Dr Winnie Tse. Hopefully we will hear more of the unit in the future and we hope that Dr Tse and colleagues may be able to attend our conference in 1998. The Council for social services visited Youth Support House in 1994 and I paid a return visit there and to the Hospital in September 1996. The following cases were the basis for some of our discussions - we welcome further comment from readers.

Case 1

Prepared by Wong Yin Yu and Wu Yuk Shan (Chinese YMCA)

Client A is a fourteen year old girl. She has had sex for the past year with many different boy friends. She claims that she is not a casual girl because she only makes love with her boy friend at the time. She only makes love with the ones she really likes. But, she falls in love very easily and quickly, even on the first date.

She had an abortion once. Her mother (a fortune-teller) told her that she would only have one child in her life. After being told this information, she was even more casual with sex. She did not ask her sex partner to use a condom and changed sex partners frequently. She was also very materialistic. If a boy could provide her with more things she would stay with him longer. Otherwise, she would change partner. She is now living with her boy friend and has sex regularly. She depends on her boy friend to support her.

As a social worker, I have discussed with her her attitude towards sex. I have taught her sex education, including details concerning the prevention of pregnancy and sexually transmitted diseases. Actually, she has a good relationship with me. She agreed with my opinion, but she did not practice safer sex. She needs me to share her feelings, but she does not accept my advice. I do not know what I can do next with this case.

Discussion - This girl is following a pattern of serial monogamy - where she sees herself as not promiscuous because she is only able to perceive the one relationship at a time. When in this relationship she is totally committed and 'in love' perceiving the relationship as her solution to life's problems and completely in denial that she has ever been 'in love' with anyone else. Just as frequently teenage girls see each act of sex as a 'one off' and do not see that they are having sex regularly or frequently - so each sexual encounter can be seen as unique and leaving a girl unable to appreciate the 'continuum' of her behaviour. A poorly developed sense of future time perspective plus denial of responsibility for and consequences of her behaviour conspire to maintain a potentially harmful lifestyle.

The denial is reinforced by 'magical protection' - inherent in the young person's feelings of invincibility and 'it could never happen to me' - but also in this case specifically enhanced by the mother's fortune telling and prophecy of her daughter having only one child. Hence the girl does not see a need for protection either from unwanted pregnancy or from sexually transmitted disease.

By falling headlong into each new relationship the girl is also demonstrating that she has low self worth and sees her only value in a sexual relationship. By approaching relationships in this way she is also setting herself up to inevitably make relationships with a poor prognosis for stability, little depth and constancy - nevertheless she becomes dependant on her men friends and looks to them for material support - a pattern which will ensure disappointment and recurrent let down. Work needs to be done to help her to become more self reliant and self confident, to build on her self worth and help her to see other sources of self value rather than merely sexual attraction and sexual conquest.

HONG KONG STANDARD

Reveal all in new survey
TUESDAY 10 SEPTEMBER 1996

School children are paying to have sex

By Enoch Wong

ONE in 200 secondary-school students have had sex with a prostitute, a study conducted by Chinese University has revealed.

The study of more than 4,000 secondary-school students was undertaken jointly by the Education Department and Dr Lam Man-ping of the university's Department of Educational Psychology.

from Forms One to Six from 60 schools.

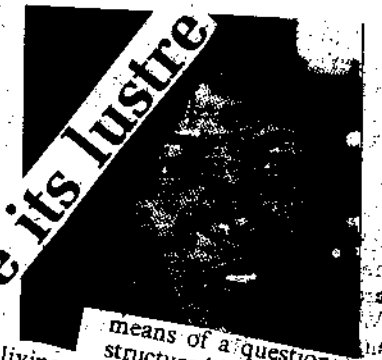
It also contained 200 face-to-face interviews with students, who were asked about their sexual knowledge and experience.

Twenty, or 0.5 per cent of the 4,000 students, claim they had paid for sex with a prostitute.

Of the sample, students had had sex with their boyfriends or girlfriends.

Many youngsters with a partner before marriage put little value on virginity, a survey has found. The study, commissioned by the Education Department, found most youngsters were learning about the value of life from news-visions. Mr Lam regarded divorce and premarital sex as more than half approved of the concept of trial marriage. The study on the knowledge, attitudes and behaviours of secondary school pupils relating to sex was conducted by the Chinese University of Hong Kong by

Marriage begins to lose its lustre



means of a questionnaire and a structured interview. Some 4,600 secondary school students aged between 12 and 20 were approached from April to July last year and quizzed on their attitudes towards sex. In general, the 1,957 boys and 2,130 girls asked did not believe virginity and chastity were closely tied to happiness in marriage. Secretary Elaine Kung Yee-lin said she had no plans to marry her boyfriend with whom she lives, even though she had believed in marriage when she was younger. "I don't feel like getting married yet. I enjoy the present situation in which both of us have a certain level of independence and freedom," said Miss Kung, 34.

Case 2

Client's Basic Information

The client was a boy of 17 who was studying form 4 at a secondary school. He was living with his father, mother and one younger brother who was mentally retarded.

Nature of the Problem The client had received counselling services from the school social worker for four years because of his problem related to dating girls. Since primary 6 the client has been dating different girls. He has dated 10 girls up to now and revealed that he has had sex with one or two girlfriends. He admitted that the 'ongoing' dating behaviour was due to his fear of loneliness. The client actually wished to maintain a stable relationship with one girl but he did not know how to do this. As a result, each relationship lasted only a short time. He described his relationships with girls as only out of habit and not out of love.

Recently, he had a 'one night stand' with his former girlfriend. However, he disclosed that his feelings were hurt after the relationship. He was further confused with love, sex and affection after this experience.

Service Rendered Through the interviews with the client, effort was made to discuss the differences between love, sex and affection. Workers also helped the client to share and ventilate such feelings as frustration, loneliness and guilt. The Client gradually understood more about his own needs. Emphasis was put on logical thinking about relationships with the opposite sex so that the client might become more rational when he encountered emotional disturbances.

Worker's Assessment

The Client's personality is rather emotional. Moreover, his emotion easily fluctuates by the disturbances created by the unstable love affairs.

However, the client has lost interest in study and other hobbies. He also can not obtain warmth and affection from his family members and peers. Therefore the client had the tendency to compensate for these frustrations by trying to maintain relationships with the opposite sex.

Discussion This boy is unable to distinguish friendship and warmth in a relationship - with a sexual relationship. In general he is shying away from and seems afraid of closeness and true 'intimacy' - which is in effect an emotional matter. He is limiting himself to physical relationships as a defence against emotional involvement.

This 'splitting' of emotional / physical was challenged when he briefly went back to his first girlfriend - and this could explain his being confused and uncomfortable in that situation.

It is likely that his difficulty with closeness and expression of emotion relates to his family of origin where possibly feelings

regarding his handicapped brother were suppressed and not shared within the family circle.

Case 3

prepared by Tsang Wai Hung

Client A was referred by his mother. As described by his mother, the client had behaved strangely in recent years. He often washed his hands for over an hour daily. He always thought that the things in his home were 'dirty' and thus he had to wear gloves when touching things. Recently, he even used toothpaste to clean his hands rather than using soap. His mother claimed that his washing behaviour had affected his daily functioning such as late for school, and so she was extremely worried about her son's behaviour.

Client A described that he had some sex related problem such as masturbation. He had once watched a third-class film in his home. So, his mother was worried that his washing behaviour was connected with his sex related problem.

Discussion - It is important to look at this boy's problems in perspective and not to over react to what might be a normal situation. Although this could be the beginning of an obsessional compulsive disorder it might not be and treating it as an 'illness' can compound this young man's problems as he will then see himself as 'not normal' - a hint of this is seen in the fact that it is the mother who has made the referral and not the boy. Is he worried himself? How did mother know? It would seem unusual for mother and son to discuss masturbation and maybe the mother is rather overdominant and 'suffocating' - certainly this could be explored further. Young people can become anxiety and guilt ridden when experimenting with masturbation and it is often difficult for boys to know 'how much is normal'. Anxiety leading to cleansing rituals and obsessive behaviour can be part of a transient teenage condition which would be expected to resolve with attention to accurate sex education information and reassurance of normality.

Case 4

Prepared by Ng Wai Ngan

Client A is growing up in a single parent family. He is now 14 years old and lives with his mother. In the past six months, he has said he has had frequent masturbation. He even wanted to masturbate during lessons. This disturbed his daily life. Besides, the targets of his masturbation were his mother and his aunt whom he liked. He did not think there was any problem. He said he was only masturbating and he did not do any action to abuse or threaten his mother.

Questions: 1. What is the reason behind his behaviour? 2. Do we need to stop his behaviour? 3. If he continues, would he really sexually abuse his mother?

Discussion - It is often difficult to gauge the degree of 'normality' in a given situation. Is this boy going through a normal process of development part of which involves masturbation - or is he in fact obsessed with masturbatory practices which are worrying him and interfering with his everyday life? He reports wanting to masturbate during lessons - but is not actually putting such fantasies into practice. Looking at the situation from a positive perspective - one could say that it might not be surprising that a boy raised in a female household living with mother might fantasise about her sexually. Perhaps this is a relatively innocent and transient masturbatory fantasy in a boy exploring his developing sexuality.

However this might also have a much more sinister interpretation - and this became more evident when a female worker interviewing the boy described feeling threatened and uncomfortable in his presence. One could be seeing a boy rebelling against the female dominated household without a positive male role figure - who is exerting his 'maleness' in a threatening and dominating manner by making his mother and aunt the focus of his masturbatory fantasies. It is likely that he could enter relationships with other women also from this attitude of control and dominance and hence might well become involved in violent or sadistic sex. He is likely to be abusive to other women who would then 'represent' his mother - but it is unlikely he would abuse his mother in reality.



**Adolescents' Perception of their own Health Problems
as surveyed in 1959 and in 1994.**

Inge Bo

Stavanger College, Department of Cultural Studies and Social Sciences, POB 2557 N-4004 Stavanger, Norway

Presented 4th European Forum on Adolescent Health Lisbon July 1996.

This paper is based on a more extensive study, the goal of which has been to compare what a 1959 cohort of high school students experienced as their problem world with the experience of a corresponding sample of 1994 students.

Instrument - The mapping was accomplished with a Norwegian version of The Mooney Problem Check Lit (MPCL) This contains 330 statements relating to all kinds of problems a youth might have. These items are grouped in domains like health, psycho-social relations, courtship sex, family life, school, religion morals - 11 altogether. The check list is constructed so that the problem areas run horizontally in 6 blocks of 5 items across three parallel pages (30 statements within each area). The statements alternate from the trivial (Feel I do not get enough physical exercise, I need to learn how to save money) to the more dramatic (Do not feel sound and healthy, feel I cannot stand my problems any longer).

Sample - The original 1959 sample consisted of 310 junior and high school students, whereas the 1994 sample contains 296 students. Both groups have an age range of 14-17 years with an average of 16 years (st.dev.1.00 and 1.05 respectively). To secure similarity between the samples, both were drawn from the same schools and/or equal socio-economic catchment areas (in case the original school did not exist

any longer). Since the survey was meant to be comparative, the samples should be as equal as possible also in terms of other characteristics, for example in relation to academic achievement. Here we were confronted with another problem. In the fifties schooling beyond the elementary stage was elective. At that time only half of the teenage Oslo population attended junior or high school. Today almost 100% attend junior stage compulsory basic school corresponding to the former lower high school stage in 1959 (age 14-16) whereas about 75% between the age of 17 and 19 in Oslo attend high school.

It is documented that those former students belonged to the school achievers as opposed to those who ended their schooling at the age of 14-15 years. To meet this challenge the 94-sample was divided into two groups of about equal size based on their academic competence. In the continuation these groups are referred to as 94/A and 94/B, containing the achievers and the non-achievers respectively. None in any of the cohorts left the interview situation. Five students withdrew before the start, and ten were absent on the day the forms were filled. Reasons included visits to the dentist remedial tuition, illness Only 2 forms were rejected.

Procedure - Identical sets of the MPCL were given to students in the two cohorts. The inventory is self administered with directions on the cover. Students are asked

to read each item and tick ones which are of concern. They are also invited to weight the ones that concern them most. Students were informed that anonymity was guaranteed and that only the investigator and his coding team had access to completed sheets.

The first data collection by Ingrid Jacobsen(Bo) was completed in October 1959 and replication was done at the same time of the year 35 years later by the author. In both surveys students filled the forms during one class period finishing within 45 minutes. Original protocols from the 59-survey have been followed and coded with 94 data.

Analytical methods - Data was analysed in a SPSS system file. Three measurements have been used:- 1. frequencies of ticked single items 2. counts of ticked problems within certain clusters and areas 3. loaded strain scores within certain clusters and areas

As mentioned statements lie along a continuum from minor to major concerns. In order to determine the degree of strain inherent in each item, seven experts in the field of education, psychology, therapy and counselling - all at professor level - were asked to weight the problems according to felt seriousness. This was done independently along a rating scale consisting of steps from 1 to 5, in which 5 represents the most serious. For instance the item *do not have a suitable place for my homework* was ascribed score 1, whereas *Afraid of being alone* was scored 5 by all raters. Inter rater reliability was in the eighties i.e. trustworthy.

To identify clusters of problems, variables within each sphere have undergone factor analysis to construct indices or dimensions. Statistical instruments have been frequencies, correlations and analysis of variance (ANOVA).



Differences between 1959 and 1994 in terms of mean strain score

	N	Girls	Boys	Sum
Sample				
1959	310	8.17	7.17	7.64
1994A	134	12.59	9.53	11.38
2994B	162	12.96	10.02	11.42
1994 Total	296	12.77	9.82	11.48
Sum	606	10.58	8.38	11.49

Results

Differences between 1959 and 1994 groups - total of strain scores for the health area - The column to the right displays that across all 30 statements in the field of health the 94 groups have larger means than the 59 group. The two mid columns show that 94-girls experience most problems, whereas the 59-boys experience least. The variance between the groups is strongly significant (p<0.1%) Further analyses of relationship between the three sample groups, gender and age show that the highest strain scores are found among the oldest girls (17 years) in the 94/A group with a mean of 17. This is more than twice the boys' score in this group. When the socio-economic level is considered the oldest B-girls in the lowest social group have the absolute highest score -17.4. Least problem experience is found among the 59-boys particularly among the 14-15 year olds.

Differences between the groups - dimension. There is no significant difference between the groups when it comes to the index of *Problems with bodily defect*. For all the others the difference between 59 and the 94-groups is in favour of the 59-students who feel better off healthwise. The differences are significantly below the 5% level and below the 7% level for *Appearance*.

Tired/generally in bad shape Within all the three sample groups the girls report more concern than the boys. In the groups-gender-age-interaction the 94 sample exceeds the 59 counterparts in all cells. This tendency relates in particular to the 94 girls among whom the eldest, *school achieving* girls have the highest scores. All the boys groups - irrespective of cohort - have lower scores than the girls. The lowest score is found among 14-15 year old 59 boys in the low social group.

Problems with appearance Also here the girls exceed the boys within all sub groups. In the group-gender-age scheme we find the greatest concerns among the youngest B girls (average score 4.3 as opposed to 2.1 for the total 94 group). Also the oldest female achievers get a fairly high mean score (3.4) If we add the SES factor into the model it is among the girls in the low SES group, particularly the youngest in this group, we identify the highest strain. Otherwise compared with the average score for the total sample, all the boys come out well below the average. The oldest 59-boys score definitely lowest. On the whole, the 17 years boys in the various groups irrespective of cohort care least about appearance.

Become easily ill- Again girls report more strain than male counterparts. The ANOVA print out shows 94 girls marked highest number of problems This relates particularly to the non-achieving girls (2.7 versus a mean of 1.8 for total group). Considering gender and age, we find that the oldest 94 girls among achievers and the oldest non-achieving girls in the low SES category exceed all other groups. Boys in both the two cohorts come out barely below the total average. Nevertheless, 94 boys report more concern than their counterparts in the 59 sample. In accordance with the tendency reported above, the 17 year old boys appear to have least worry on this index.

Problems with food and weight We find those with the greatest anxiety among 94 non achievers. The genders have the same means - 2.0 v 1.4 for the total sample. On combining gender and age, 16yr old girls in this group stand out with a highest strain score (2.8) Difference between 59 and 94 achievers is very small.

Problems causing increasing concern over 35 yrs (rank order):

- 1 Bad eating habits
- 2 Feeling unhealthy
- 3 Suffer from allergies
- 4 Easily tired
- 5 Easily ill

It appears in particular that the 59 students are much less anxious about their general health than their 94 counterparts. Almost half the 94 female achievers were anxious about lack of sleep!

DISCUSSION

A short summary. The purpose of the project has been to compare a 1959 and a 1994 cohort of high school students in terms of their perception of health problems. The data collection has been

based on a problem check list containing 30 statements graduating in seriousness from relatively minor difficulties to major concerns. These have been weighed separately by 7 experts in relation to mental hygiene perspective. The study was first conducted in Oslo in 1959. The protocols were stored over the years. This situation offered a unique opportunity to replicate the study. This was done in the same schools catchment areas 35 years later. About 600 students have been involved with 50/50 in each of the two cohorts. Since the 59 group is believed to belong to the more school competent part of the teenage Oslo population, the 94 sample was split into dichotomous groupings - A and B - on the ground of academic performance, the A group being most comparative to the 59 sample. SPSS programmes on frequency counts and ANOVAs have been used as main statistical procedures. Comparisons have been conducted between all the three sample groups - 59, 94A and 94B

The results show overwhelmingly that today's Oslo high school youth experience much more concern about their health and physical development than the corresponding 59 generation. Main tendencies can be summarised in the following points: 1. The 94 sample both genders and subgroups exceed the 59 sample on the total record across all the 30 items. 2. Broken down to four dimensions and to single items, the same picture emerges- the 94 students report more health concern. 3. Most of the statistically significant differences are found between 59 and 94 non achievers, although there exist very few variables on which the 59 group report larger problems than the

94 achievers. Generally the non-achieving group among the 94s exhibits more anxiety than the achievers. Exceptions are items relating to general fitness, lack of sleep, allergies and the feeling of being overweight. Here the brighter students exceed.

4. Taken as a whole, the girls in all sub-groups declare larger health concern than the boys, the 94B girls generally exceeding the other sub-divisions. The 1959 boys report least concern. School competent 94 girls, deviate from this general pattern by being particularly sensitive to being in good shape, lack of sleep, allergies and overweight.

5. Age wise the 17 year olds among the girl achievers appear to be the most sensitive to the mentioned problems above. In general, the youngest 59 boys report least worry. Otherwise there is no clear cut pattern in terms of age.

6. In accordance with our expectations students in both cohorts belonging to the lower socio-economic category report greatest concern. Highest problem scores are found among various age groups in the lower class of Bs. For example problems connected to appearance. However, they are less concerned about being fit.

Reflections - The MPCL instrument is not a test. It should be looked upon as an inventory developed to help students become aware of their personal concerns and bring them into the open. The list has had extensive use in research and counselling. A limitation is that it only elicits concerns that the student is conscious of and willing to express. Unconscious anxiety is not revealed. However this is no reason to believe that study results are unreliable.

Now to the results. We have been very negatively oriented in the

sense that we have concentrated on students stresses and strains. Time has come to point out that most youth in the two cohorts report few problems. They appear to be both healthy and satisfied. For instance, 20% of 59s and 12% of 94s do not tick any health problems. Medians for the two cohorts are 2 and 3 concerns respectively. Only 4% of the 59 sample and 10% of 94s checked 7 problems or more.

The present generation appears much more sensitive and concerned about health and development than their parent's generation at the same age particularly with regard to fitness, nutrition, lassitude, allergies, appearance and weight. One could argue that a difference between the cohorts concerns frankness. Perhaps the atmosphere in Norway in the 90s is generally more expressive than the 50s in that the students today may feel freer to express their emotional problems. This situation is not peculiar to MPCL but inherent in any personality or attitude scale. It is also a health statistic that today children are much more allergic than years ago. This fact is mirrored in the data and strengthens its validity. Public focus on health initiated by the authorities during recent decades has had a consciousness raising effect. Likewise and probably more significantly, commercial hysteric pressure via mass media may have penetrated young minds. Two additional factors may be at work; better general education emphasising the importance of good health habits. At the same time daily routines such as being passive in front of the tube eating junk food, might have changed for the worse explaining concerns over lack of sleep, insufficient exercise, overweight and feeling generally unhealthy.

**"THE ADOLESCENT PARENT - A FIFTEEN YEAR LONGITUDINAL STUDY
OF SCHOOL AGE MOTHERS AND THEIR CHILDREN."**

DIANA M.L.BIRCH

Abstract - Most behaviour, including early childbearing is measured as problematic in terms of how it measures up to the norms and values of a particular society or group. In many developed nations school age pregnancy is regarded as a 'deviant' pattern arising from lack of contraceptive availability, poverty and ignorance and resulting in poor parenting standards, and family disturbance. For a great many young mothers however pregnancy is desirable and very much the norm of their family culture. Continuing this argument, there are also many cultures where early marriage and pregnancy is very much desired and one should separate the 'problems' raised by cultural expectations and lack of societal support from the personal and individual conflicts and stresses which might be caused by early pregnancy.

The findings of a fifteen year longitudinal study of nearly 200 young families in which the mother gave birth under the age of 16 years has provided information which refutes many of the stereotypic views regarding young parents. It illustrates how the presence of a supportive family leads to an improved prognosis for young mothers and their children and gives insights into positive and negative predictive factors. Some unexpected outcomes and their possible aetiology are discussed.

Consideration is given to approaches which may enable professionals to confront the 'cultural trap' in which many young people are caught - in that those suffering the worst deprivation in early childhood, those raised in the 'care' system and children's homes are those young parents most likely to perpetuate the cycle of deprivation for their offspring.

Introduction -

"The Doll that Grew Up"

Lorna's bedroom was like that of any fourteen year old - walls papered with posters and cut outs from teen magazines and bits of record covers - football scarf draped round the light switch and a scatter of old cinema tickets and memorabilia blue-tacked to the mirror. The floor obscured by discarded school books and dirty underwear with the odd sweet wrapper, cotton wool balls and mother's 'borrowed' best shoes. Mixed in among the tea shirt collection on the bed lay the required row of furry animals and mascots - teddy, pink pig, Emu

puppet, cabbage patch kid doll which she had pleaded for on her tenth birthday, grotesque stuffed 'something' won at the Easter fair .. and a baby.

She had never gone out much; was certainly not promiscuous and had no boyfriend then, now or ever. The baby was conceived on an ill-fated outing with friends when the little 'stay at home' was persuaded to have one taste of the bright life. Returning from hospital with little David she sat shell shocked in her room - not knowing whether to play with baby or toys, alternating between them with mother anxiously

hovering. She slept with David beside her in his carry cot and Teddy snuggled up to her inside the covers.

Fifteen years later she still has no boyfriend, she hardly ever goes out except to visit Mum. David is a fine boy, quiet and well mannered and his mother's only companion.

* * * * *

Sonia also got pregnant at fourteen but was delighted to have her baby. Her one and only boyfriend stuck by her and they are now married with a delightful family of four children ranging in age from 14 to 6. Sonia is working and has taken up professional training. She would like to become a therapist.

* * * * *

The lives of young mothers have taken many turns along differing paths in the fifteen years that we have followed them. For some it has been a success story, for others the road has been paved with disaster - some are lonely and sad - others have come through pain and hardship with immense fortitude. Whatever the outcome - the one message that we need to learn from these stories is not to prejudge young parents - there are many stereotypes and false impressions and whatever concept we may have of teenage parenthood we are likely to be wrong. We need to keep an open mind and remember that all parents young or old, are individuals and deserve unique attention.

* * * * *

The study - "Are you my sister, Mummy?" - Early studies of teenage pregnancy - This first part of the survey provided an important database regarding pregnant schoolgirls and their circumstances. It was a vital piece of work since previously

available information had dealt with American groups whose population was not comparable in any demographic or social sense. We needed information on our own population to examine the factors, risks and social stresses of the environment pertinent to British teenagers. (Birch 1987)¹ An information base was important in terms of understanding factors which led to early pregnancy and childbearing - what motivated young people, what the family's influence might be and how we might intervene to help at any stage.

Contact was made with every school girl who became pregnant in a specific geographical area - covered by a London Health District. School girls falling pregnant who by intent or default continued their pregnancies within a time limit were included - addition to the group began in 1980 and ceased in 1987. The first 126 cases were analysed for baseline data and formed part of an MD thesis (Birch 1986)²; 150 cases were reported in the book "Are you my sister, Mummy?" ; 174 entered long term study which is fully described in "The child that rocks the cradle" (Birch 1996)³.

The initial piece of research involved a number of stages :-

- base line information gathering during the pregnancy
- data regarding the birth itself
- six week follow up
- six month follow up
- one year follow up
- two year follow up

The fifteen year survey. Further survey points have been at :-

- five years follow up
- ten years follow up
- fifteen years follow up

“THE CHILD THAT ROCKS THE CRADLE”

**A FIFTEEN YEAR LONGITUDINAL STUDY OF SCHOOL AGE MOTHERS
AND THEIR CHILDREN.**



DR DIANA M.L. BIRCH

This book, although standing alone as a comprehensive account of early parenting, is also the sequel to “Are you my sister, Mummy?” and depicts the next phase along the road of parenthood. These are the same mothers, fathers and children fifteen years on. How did life turn out for them? - What kind of families did they create? - What is going on for their teenage children?

The findings of a fifteen year longitudinal study of 200 young families in which the mother gave birth under the age of 16 years has provided information which refutes many of the stereotypic views regarding young parents. It illustrates how the presence of a supportive family leads to an improved prognosis for young mothers and their children and gives insights into positive and negative predictive factors. Some unexpected outcomes and their possible aetiology are discussed.

Consideration is given to approaches which may enable professionals to confront the ‘cultural trap’ in which many young people are caught - in that those suffering the worst deprivation in early childhood, those raised in the ‘care’ system and children’s homes are those young parents most likely to perpetuate the cycle of deprivation for their offspring.

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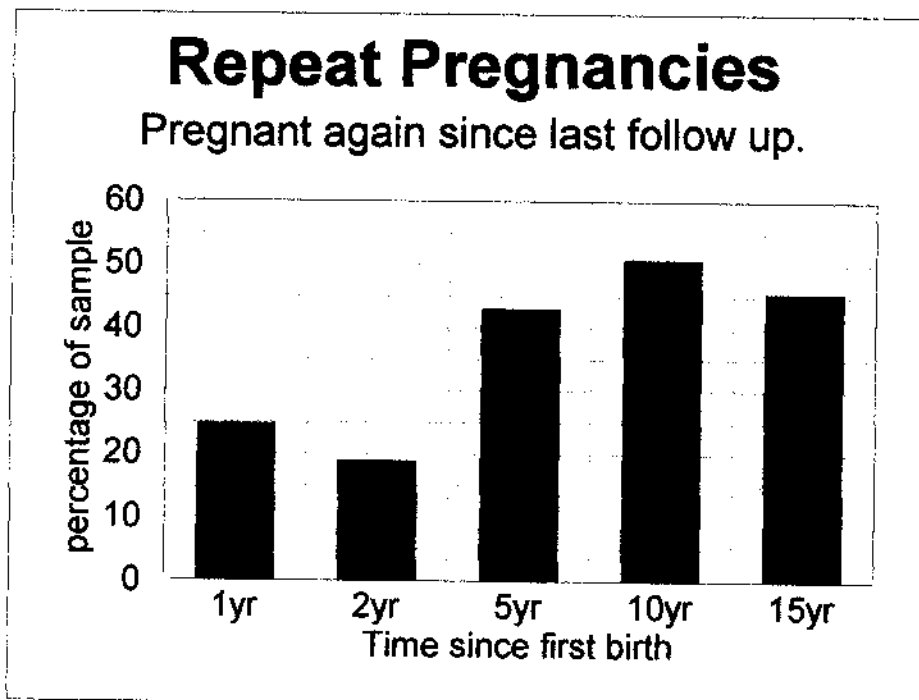
Findings and comments -

It is hard to do justice in a paper to the findings of a fifteen year survey which has generated volumes of data on this population - both in terms of statistical facts and, perhaps even more importantly, in terms of qualitative information. The following is thus a brief summary of some of the more pertinent features of the study.

A. Fertility and Repeat pregnancy

Those who have been pregnant as schoolgirls are a highly fertile population. They begin their childbearing career at an early age and are likely to remain fertile during a large segment of their life span. Rate of repeat pregnancies continued to be high throughout the years. Each follow up showed a high number of girls had become pregnant again since the last interview. (Fig 1)

Fig 1



Childbearing patterns- Three sub-populations were identifiable :- (Fig 2)

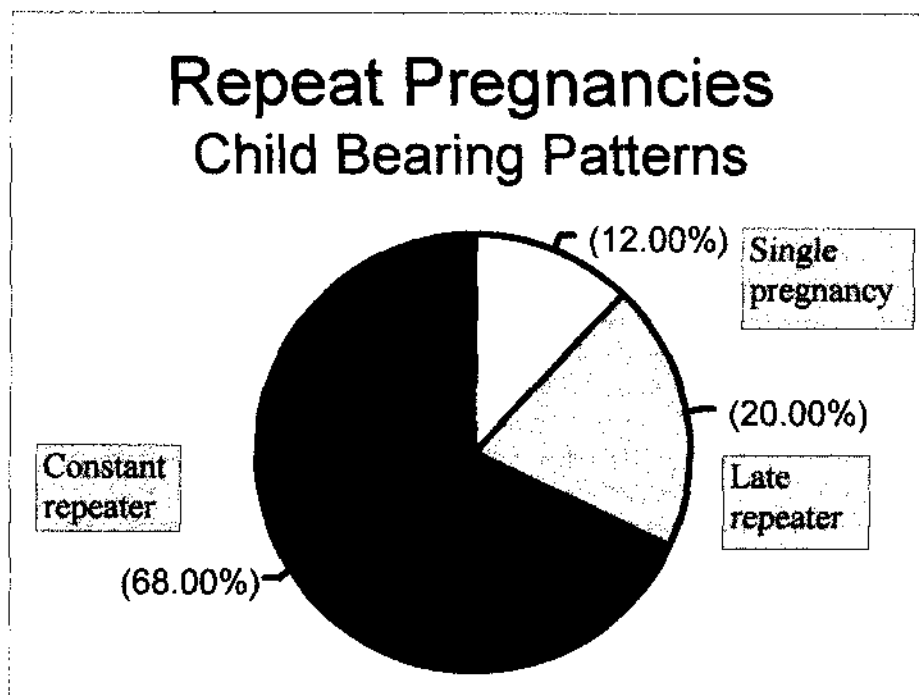
- 1) **Single pregnancies** - girls who have one pregnancy only. (12%)
- 2) **Constant repeaters** - who maintain a high level of repeat pregnancy throughout (68%)
- 3) **Late repeaters** - girls who have one pregnancy as a schoolgirl then do not have repeat pregnancy until they enter a second later stage of childbearing (adult childbearing stage) (20%)

This group of young women have a higher fertility rate than other girls of the same age. The risk

of pregnancy is particularly high during the first year after the birth of the first child when teenage mums are eight times more likely to get pregnant (250 live births per thousand) than the general teenage (< 20) population (30 per thousand) ⁴

Girls who had been in care tended to have more pregnancies over the years than those who had not been in care. Girls from more difficult circumstances may have a greater need to repeat their pregnancies. They form a greater percentage (90%) of the 'constant repeater' group.

Fig 2.



B. Patterns of Relationships.

Staying Together-Single Partners.

The myth of the promiscuous schoolgirl mother was exploded when it was noted that at the time of conception, over two thirds of the couples had been together for more than six months and for over two thirds of the girls this was their first sexual relationship. Fifteen years later over a third of the girls (39%) have only ever had one boyfriend. For another 12% the 'rescuing' boy who entered their lives at an early stage during pregnancy or in the first months of the baby's life became an 'early replacement father' the only other man on the scene. So 51% of the girls only had one significant relationship.

Multiple Partners. Nearly half the sample (49%) follow serial monogamy of more than two partners. Girls who 'bounce' from one man to another without breaking down have a high level of flexibility which allows them to adapt to differing domestic arrangements - but a low ability to learn from

their experiences - they thus continue to 'repeat' their pattern. The parade of parenting partners takes a toll - both on children in terms of instability inconstant boundaries and on the mothers experiencing recurrent loss and being left 'holding the baby' quite literally over and over again. A need to fill a 'father shaped' gap in her life coupled with low self esteem means that she is likely to form a relationship with an inadequate man or a boy with problems of his own. He is placed under enormous pressure to cope with a needy 'instant family'. He too does not enter the arena in a pristine state - nor does he leave the scene unscathed.

Asexual lives. Girls without Boyfriends. 10% of girls did not ever have a real relationship with a boy after the birth of their first and only child. They feel let down by society and by the father of their child and do not seek sexual relationships in

the future. Some never actually had a boyfriend EVER.

The Late Relationship - the 'Adult' Relationship. Many mothers who had been through painful periods in their lives made a deliberate change of lifestyle and passed through a threshold in identifying with their new 'adult' selves. They had 'teen' and later their 'adult' lives.

C. Families

There are many different family structures. Our society generally has moved away from the idea of the nuclear family - mother, father and two children as being the only acceptable pattern. Single parent families are much more the 'norm' than when this study commenced in the early eighties. It has also become more acceptable for couples to live together outside marriage.

The family of origin of the teenage mothers. They generally came from large single parent families with an average of five children. Two thirds of their natural fathers were absent from the household and the 'father figure' was usually a man who moved in and out of the 'family' fathering more children and then going on his way. Neither fathers nor stepfathers figured significantly in most girls lives

Just under half the girls (45%) got on with their mothers but in half the of these cases -a fifth of the whole- the relationship was described as 'over close' and suffocating. The families fell into the main groups of - good relationships with both parents ; absent or weak father and dominant or poor relationship with mother; both parents absent or ineffectual. To a large extent

this family pattern was recreated in the next generation.

Baby Fathers - It was noted in the early part of the study that the boyfriends of schoolgirl mothers tended to be of similar background and characteristics - dropping out of school, not often in employment, having similar family histories of school age pregnancies with regard to their mothers and sisters and had similar needs to become parents. Despite all the negative connotations and difficulties a reasonably high number of the natural fathers of the first born children were still in contact with their offspring at the age of two years. (45%). Past this stage a number of 'baby-fathers' dropped out of the children's lives with the result that by the time the children were in their teens themselves only 20% of fathers were still in touch with their children. This figure was significantly different for the partners of young mothers who had been in care - they were ten times less likely to maintain contact with their children (2%).

Grandmothers often have a very hard time coping with their children and grandchildren. It is also extremely difficult for a child brought up by grandparents who may be too old to do some of the 'parental' task or have fun. Children are also immensely bereaved when grandparents who have been their prime carers eventually die. Children who had been brought up by grandparents were markedly deprived in comparison to those brought up by their parents.

D. The Children.

Child Care-Placement of Children. The majority of children were brought up by their natural

mothers and lived with them throughout the time of the survey 80% of the children were with their natural mothers at 5 years and this dropped very slightly to 78% at 10 years and 75% at 15 years. Splitting the groups into subgroups of girls who have been in care and those who had not, once more the care group had a worse prognosis with only 62% continuing to care for their children at 15 years as opposed to 82% of the non care group.

Children's Views and Lifestyles

The children of school age mothers are like other children of the same age. As teenagers they have similar likes and dislikes and indulge in all the usual teenage activities. In the main they came across as a confident and healthy group.

School -Forty percent of the boys reported being bullied at school -often this was part of a two way process of disruptive behaviour since 70% had behavioural problems relating to violence in school, fighting and disregarding teachers. A quarter had been involved in something illegal.

The rates for girls were lower. 20% had behavioural problems at school and were disruptive in class. 35% were bullied at school 6% had been involved minor crime

Relationships with Parents - 80% of boys and 95% of girls said they get on with their parents. Half the boys and 70% of girls said they could talk to Mum about most things and 50% of boys and two thirds of girls said they would confide in their mothers if they had problems.

Pregnant schoolgirls often lack a father figure in their lives. Their sons seem greatly affected by lack of a father within the

household. It is the boys who appear to be reaching out to a paternal figure, miss their fathers and get involved in early sexual liaisons possibly in an attempt to identify with the father figure. This axis of father/teenage son has previously been ignored in the study of causes of early pregnancies. A significant factor in pregnancy prevention is the psychological and emotional status of the boy.

Sex Education. 50% of boys and 75% of girls had knowledge of sex education, 10% of boys and 50% of girls learned this from their mothers-a significant improvement on the previous generation.

Sexual Activity. Boys were more sexually active than the girls some started as early as 11. Most used condoms but 15% boys had unprotected sex.

Conclusions.

The influence of the care system is pernicious and young mothers who have been in care do worse than those who have not over a number of different dimensions. They have more children, they have more relationships, their relationships are less stable and more of their children end up in care themselves ...But is this an influence of the care system alone - does being a young Mum who has been in care differ from being an older Mum who happens to have been in care? If you are a family on low income, you are more likely to have a daughter who is pregnant young. If you are in an area of social deprivation you are more likely to have a schoolgirl who is pregnant. Schoolgirl pregnancy is very much a 'culture of poverty' ("School-girl Pregnancy - a Culture of Poverty")⁵ and traps deprived girls in a cycle of derivation.

"The repercussions of teenage childbearing are long lasting: young parents acquire less education than contemporaries; they are more often limited to less prestigious jobs and the women, to more dead end ones. . ." (Card and Wise 78)⁶.

"adolescent mothers consistently experienced great difficulty in realising their life plans when compared to their classmates who did not become pregnant pre-maritally in their early teens. ." (Furstenberg 76)⁷. If you are in care you are more likely to get pregnant early - in our sample 22% of the pregnant girls had been in care at a time when less than 2% of the child population of the area was in care. The important message is that if families are supported and the effect of social deprivation and poverty is minimised, then not only will the rate of 'premature' early motherhood diminish - but those mothers who do start their families early will be able to raise their families happily and well.

There is a group of girls who wish to become pregnant at an early age, are ready for it, are mature emotionally and physically and if it were not for the stigmatising of our society and the lack of support they would have every chance of success. Others are immature, they neither desire motherhood nor feel able to cope with the birth of their children, they may pass the child over to the care of others. Between these two extremes we have a whole spectrum of girls who though not actively and consciously seeking pregnancy, nevertheless are happy to be mothers and make some emotional or existential gain by virtue of their 'mothering' status. Most important in this context is the gain in self esteem and a sense

of 'purpose' in life. Even on the other side of the Atlantic, where the general view is perhaps more pessimistic than ours, there are encouraging comments - "Some adolescent parents do overcome the handicaps imposed by adolescent childbearing; they complete their educations, get jobs, avoid welfare dependency" (Furstenberg and Crawford 1978)⁸

Most studies from the USA show that children of teenage mothers do badly in comparison to their peers. (East and Felice 90)⁹ "The children of teenage mothers are distinctly worse off throughout childhood than the offspring of older childbearers." (Furstenberg, Brooks-Gunn and Chase-Lansdale 89)¹⁰. In Britain the same factors operate to an extent but are highly dependant on the social status of the young mothers rather than her age per se.

Children can bear a heavy burden when they are expected to fulfil the role of 'little parent' to their child mothers. These children fill a need in their parents, provide love, fulfilment and self worth. Perhaps in some ways this is a valid role? These children are valued, wanted and loved in return. What more could a child want? The male first born children seem to fare worse. Daughters take the role of sisters and at least have a mother as a role model and confidante - something the young mothers wish they had themselves. Sons have no role model, do not know quite how to relate to their mothers who they often end up 'fathering'. Single mothers can lack the knowledge and resources to appreciate and provide for their developing sons needs. These very first born sons are more prone to early sexual acting out and their numbers swell the

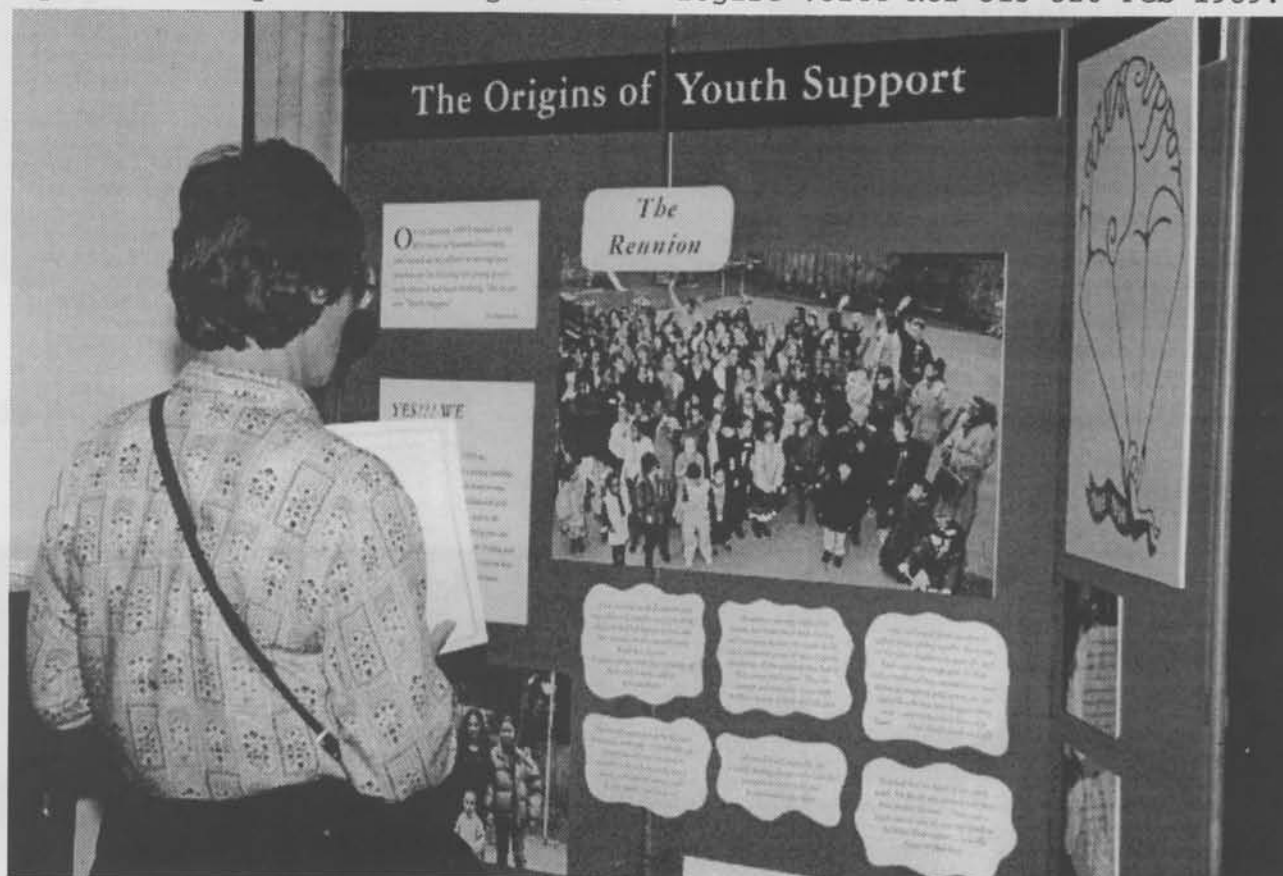
ranks of the less supportive and less stable teenage fathers for the next generation.

Families certainly play an important role. Girls tend to recreate their family of origin. Those with good supportive families fare better. Those with no families do worse. There are casualties and surprise successes in all life styles. Being a young parent is not the end of your life and dreams -it need not be a

life of toil and hardship -sadly for some unfortunate families it can be-but given adequate support young parents can do remarkably well. Perhaps it is time to stop condemning young families and instead try to help them. To look for the positive attributes of young parents and work on them rather than spell doom and gloom with negative statistics. Young mothers have the potential to succeed in all walks of life - if we give them the chance to do so.

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Candid Camera shots of The Blues Brothers Party Youth Support's tenth Anniversary Bash!



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Tortoises stolen from pet shop

TWO tortoises named Fred and Wilma - worth hundreds of pounds - have been stolen from a pet shop. A middle-aged man and two women snatched the pair from Warm Fuzzies pet shop, in the High Street, Penge. The creatures - both smaller than a man's hand - were worth over £200 each. They were stolen last Monday afternoon.

A shop assistant was distracted by one of the women while the other two took the tortoises from the play area. Shop spokesman Melanie Coleman, 23, said: "They must already have a buyer lined up. It would be very strange to take tortoises with no way of selling them on." Police said they were investigating the incident.

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