

What young people in youth organisations think...

YOUTH OPINION

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Health and Young People



FEATURING AN INTERVIEW WITH ANDROULLA VASSILIOU

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Health in my hands

Dear readers of the Youth Opinion,

There are few issues that are able to gather so much interest as does the question of health and the associated question of young people's well-being. It is one of the issues where decision-makers are most keen to open the doors for opinions and solutions offered by young people. The European Youth Forum is in this case a well-informed resource and co-fighter for the same goals. The fact that young people have to be involved in the decision-making process, especially when it involves their own health and well-being, is more and more widely recognised. Many fruitful proposals are coming from this willingness to cooperate. The crucial habits that can influence a young person throughout her/his life are most commonly gained in early phases of life and hardly broken later. Habit is a steel shirt, they say in some parts of Europe.

In this Youth Opinion, many aspects of youth perspectives on health are vividly described. We present you four main chapters in this issue on Youth and Health that you are holding in hands, namely: "Youth perspectives", "Some determinants of health", "Burning issues on health", and "Sustainable approach to health". Each covers different perspectives and inputs from different realities. They all have one thing in common however: underlining the importance of easily accessible, non discriminatory health services to young people, and in the same breath stating the importance of youth rights in this. One of those rights is the right to make informed decisions about your health/body. Enabling such informed decisions is the first step towards empowerment and autonomy for young people and hence one of the crucial stones of general well-being.

Well-being is actually the crucial term in this. Good life choices, when talking about lifestyle, food, and free time, all contribute to building up together the well-being of young persons; if we add to that quality and accessible health services for all, we round up the story itself.

Yet the story still does not start with quality health services provided by the state and open for all, it starts with decisions made by individuals and local communities to try to avoid all negative factors and boost up the opportunities to develop a healthy life-style.

Among those I cannot avoid mentioning are sport and recreation as the root of all good and first ally when it comes to taking care of ones life. Personally I could not face challenges of hard work and constant travel if I would not also keep myself fit for the challenges, to find relaxation, motivation and friendship through sports.

Youth organisations have a huge potential to directly influence the habits and customs of young people and contribute the most on two very important areas - happiness and active life. Activities with peers are the most common motivator for young people to generate activity from each other, to feel creative, competitive and in the end satisfied with what they have achieved. Secondly there is huge potential in youth organisations to work on education and raising awareness-raising among their members and communities. Issues that were traditionally taboo are most easily broken first within friends and youth workers that we trust. We believe that education on health, healthy life styles and choices should be part of any programme which has the ambition to develop young people as a whole.

In societies where fast food, drugs, tobacco, alcohol, and casual sexual relationships are just part of us and do not usually even evoke first association to bad health, this kind of education is crucial to help us make the good choices between pleasure and health, and to appreciate health as a source of power and agility to create and achieve things in life.

May the health be with you!

TINE RADINJA
President
European Youth Forum



EUROPEAN YOUTH FORUM

Independently established by youth organisations, the European Youth Forum is made up of around 100 National Youth Councils and International Non-Governmental Youth Organisations, which are federations of youth organisations in themselves. It brings together tens of millions of young people from all over Europe, organised in order to represent their common interests.

Internal democracy, representation, independence, openness and inclusion are among the main principles for the functioning of the European Youth Forum and its Member Organisations.

OUR VISION

Be the voice of young people in Europe, where young people are considered as equal citizens, and are supported and encouraged to achieve their fullest potential as citizens of the World.

OUR MISSION

Represent and advocate for the needs and interests of all young people in Europe, through their positive and active participation.

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WE DO WANT TO SPEAK ABOUT HEALTH

KADRI VANEM

Bureau Member
European Youth
Forum (YFJ)



Young people do care - I would very often like to express the situations where someone questions why people bother to ask young people their opinion if they do not care. We do care. Health in the past has been definitely one of the topics where the youth voice was not really taken into account. Partly because young people did not demand to have a say on the topic, but mostly because young people were not asked for it.

Today we have seen the situation changing. The European Youth Forum (YFJ) has pleaded for quite some years now that there is a need for a truly cross-sectoral approach to policy making. This has also required the YFJ to engage in the utmost different fields. Health is one of those policy fields where we have taken a stand quite recently by developing and adopting a very thorough and comprehensive policy paper on health.

Health is not merely going to a doctor when one feels ill. Health is an integral part of every person's lifestyle and has a rather decisive impact on our daily lives, private and professional. Therefore it is absolutely needed that youth organisations determine and communicate the aspects most important to them when talking about health and young people.

The YFJ brings out several important issues in its policy paper. A never ending debate on sexual health leaves young people too often with serious risks. Lack of adequate information and comprehensive sexual education are concerns to be tackled fast. Talking about sex and sexuality is still taboo in many cases, making it very difficult for young people to gain a positive approach to sexuality. Young people need to be empowered to feel comfortable about their choices, about their gender. Thorough education on sexuality and sexual and reproductive rights need to be an integral part of the school curriculum.

Moreover youth workers and youth organisations need to be involved to have a maximum outreach. Peer-to-peer education is of the utmost importance to tackle the issues; such as the risks of contracting HIV/AIDS which very often are faced outside the school walls.

Mental disorders have had an outburst in recent years. One of the reasons probably is that mental disorders have never been discussed so much in public spheres as today which leads to the feeling of sudden change. Nevertheless it is very worrying that young people face more and more problems regarding their mental well-being. Dealing with mental disorders needs to be cross-sectoral in its nature, as also outlined in the Mental Health Pact of the EU. Mental well-being does concern all actors and all areas of life, as often small triggers can lead to an explosion. Providing tailored support to the young people and not isolating them from the society has to become a norm when dealing with mental disorders. Every young person needs to feel part of the society.

When it comes to substance abuse and addictions, it is clear that the core issue regarding alcohol, tobacco and drug policy is the empowerment of young people to make responsible and informed choices. The often glamorised perception of those substances needs to be changed. It is absolutely required that in the discourse the role of peer pressure, media and marketing are raised, but also the role of the mental health and well-being of young people, education, family, professional and social circumstances. A clear link to social inclusion/exclusion shows also that not only medical aspects should be taken into account, but much more the social ones also.

Well-being at work, healthy nutrition, and physical activities are all very relevant topics when talking about health and young people. Training and informing young employees about their responsibilities and rights needs to be done to ensure a good working environment and to lower the risks at work to a minimum. Obesity is a very serious problem and needs to be dealt with efficiently and quickly. Clear food labelling and thereby allowing informed and responsible food choices are very important to tackle problems related to obesity. Encouraging young people to engage more with physical activity is crucial for their health and well-being in the future. Judgemental approaches need to be changed to allow young people to feel good about their abilities.

Social protection needs to be closer to young people. Access to social protection systems and being informed about the rights and responsibilities is a duty that respective stakeholders need to take seriously.

Information, access, education (formal and non-formal), empowerment, inclusiveness, involvement, motivation,

and trust are a few words that in general would describe the approach to health issues the YFJ stands for. Young people and youth organisations play a key role in achieving the best results. The cross-sector nature of both health policy and youth policy require that young people have a structured way of being engaged in policy making. We do care and we do want to speak about our health!

YOUTH ORGANISATIONS ACTIVE AGENTS IN HEALTH



CARMEN RODRIGUEZ

Responsible for 'Condoneate Campaign'

MARTA CARRIO
Responsible for Integral Education Commission

Spanish Youth Council (CJE)

The concept of "health" has changed significantly throughout time: from the definition of the World Health Organisation "Health: a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity", there has been an evolution to understand health as "a resource for life and not the aim of life," which means that being healthy is to have the capacity to maintain a state of equilibrium according to the age and social needs ...". All this conceptual development is related to the constant and continuous evolution of the most important causes for mortality and morbidity of young populations and their main health problems. These are distributed in a different way depending on their age, gender, community of residence and social class.

We even dare to consider that traffic accidents, AIDS, risky sexual behaviors, drug consumption and abuse, and food misbehavior are examples of the diversity and variety of conditions that influence young people's health. They are also the most important ones.

The Spanish Youth Council (CJ) has focused its entire efforts on the four main conditions that influence Spanish young people's health, and it has done it by developing campaigns and activities designed according to their needs. During the last eight years we have had a strong commitment and involvement

with the prevention of AIDS transmission through different programmes and campaigns developed with the support of the Spanish Health Ministry and the co-ordination with other national and international structures involved in this field.

The main idea of the 2007-2009 Campaign "*Condoneate. Pleasure without risk*" is to promote a positive attitude towards the use

of condoms as an effective preventive method against AIDS and other sexually-transmitted infections. That is to say, to emphasise the positive consequences of a sexual relationship using contraception, to work on their personal skills and on the promotion of assertion. It is essential to work from the emotions within the framework of sexually-effective education, to mainstream gender perspective, to encourage peer relations as space for the debate and reflection, and thus to promote preventive actions addressed to those young people who are more vulnerable, mainly young immigrants.

This campaign, as the rest of the campaigns run by the Spanish Youth Council, follows the principles that we, as young people, believe all health policies addressed to young people must fulfil. Principles as fundamental as equity, through the intervention with socially-disadvantaged young people; heterogeneity, taking into consideration the diversity of young people; holistic approach, taking into account all our life aspects; and participation, getting young people involved in the development of the elements that define the interventions. And finally using peer education as the methodological and more efficient guide for the development of health policies. In this sense youth organisations and young people can play the double role of both receiving and sending, being active agents in health interventions and in the promotion of healthy habits.

YOUTH PARTICIPATION IN HEALTH POLICIES

FUAD MURADOV

Chairperson
National Assembly of
Youth Organizations
of the Republic of
Azerbaijan (NAYORA)



Youth are the future of society, but they are also very much its present. As evidence from statistics show, adolescents who are healthy and happy are better equipped to contribute to their communities as young citizens despite the major shifts occurring in the world they are about to inherit. Youth constitute an important resource base for improving their health and that of society, contributing to global development and intergenerational solidarity. Youth are the most vulnerable population stratum of society and the most important resource for future development. Moreover, within the youth population there are groups who are particularly vulnerable. Without adequate healthcare services or information, they are exposed to risks of unwanted pregnancies, STI's, HIV/AIDS, gender-based violence, trafficking of young women or drug use.

Following its independence in 1991, the Azerbaijan Republic faced dramatic socio-economic downturns associated with armed conflicts and depopulation. Severe demographic problems had significantly and disproportionately affected youth, and young people in Azerbaijan have particularly become prone to risk. These problems were burdened by refugees and internally displaced people becoming the new substantial part of young people in Azerbaijan.

Currently, Azerbaijan is implementing huge programs concerning blood diseases and children aware activities. As the President of the Heydar Aliyev Foundation, Goodwill ambassador of UNESCO Mrs. Mehriban Aliyeva has been working hard in Azerbaijan to promote the health status of children, mothers and families. Under her patronage, several country-wide projects in the fields of public health have been successfully implemented.

Since 1996 the National Assembly of Youth Organizations of the Republic of Azerbaijan (NAYORA) has been deeply involved in propaganda for healthy lifestyles. In 1996 NAYORA was one of the first NGOs to start to discuss widely and openly drug abuse, AIDS, STIs and other bad habits, which was not so easy in that time. With the decision of NAYORA members in 1997, a Special Commission was established as substructure. In the beginning this Commission started to identify the reasons and environment assisting the creation of these habits (drug abuse, STI and etc). In the same year several private companies and UNDP supported events organised by NAYORA which were dedicated to propaganda for healthy lifestyle and reproductive health. These were different events with participation of the Mass Media, government and civil society representatives, singers and other popular persons. NAYORA widely benefited from being members

of European Youth Forum, UN ECOSOC and having good relations with international organisations, and widely used this for implementing different programs and projects.



In 2006, 2007 and 2008, NAYORA successfully implemented the project for facilitating peer-to-peer communication and education campaigns in Azerbaijan within the frame of the Reproductive Health Initiative for Youth in South Caucasus. Within this project NAYORA conducted peer education sessions for 400 young people. Within this project NAYORA achieved to attract the attention of civil society, media and especially young people to the importance of Peer Education. NAYORA was awarded with a diploma during the Caucasus Youth Festival; NAYORA's peer educator was selected as a Peer of the Month of the YPEER network.

In 2007 NAYORA in cooperation with UNICEF organised a Summer Camp on Healthy Life Style Peer Education for student and youth workers. 50 young people from 26 high-schools representing 22 regions of the country participated in the Summer Camp. As a follow up of the Summer Camp 133 peer education sessions for 2000 young people were conducted in the regions.

In 2008 in cooperation with UNICEF, they organised two Trainings for Trainers (ToT) on Healthy Life Style Peer Education through Sports in Nabran and Baku for 30 Peer Educators. As a result of this ToT, 260 peer education sessions for 2600 young people were implemented by NAYORA's Peer Educators.

Youth participation in community, political and social affairs puts young people at the centre of development and allows them to exercise their right to be involved in decision-making on matters that concern them. Young people can and should be part of the solution to global and local health problems affecting themselves and the community at large. Their role as agents of

change in promoting health and development enhances their competence. Participation also diversifies the settings in which adolescent and youth health can be promoted.

Young people generally constitute one of the healthiest population groups, poor health resulting from disease, accidents or injury is not insignificant for them. Factors that influence the health of young people are numerous and interrelated.

Consequently, successful health policies for this group must be interdisciplinary and intersectoral, taking into account not only their physical condition, but also their personal, social, emotional and mental development. Equally or even more important, however, is young people's participation in all stages of health provision—including needs assessment, design, delivery and evaluation—to ensure that health responses are appropriate, effective and efficient. Promoting good health for young people depends a great deal on providing appropriate information

and on facilitating the development of life skills through which youth acquire the ability to deal with sexuality in a mature manner, to exercise good judgment, to build and maintain healthy self-esteem, to manage emotions and feelings, and to handle pressure. There is an urgent and ongoing need to address young people's sexual and reproductive health using a preventive, rights-based, gender-responsive and empowering approach. Relevant efforts should build on the creative energies of youth and respect their rights and capacities for participation and leadership in decisions that affect their lives. Sexual and reproductive health—tied to emotional, mental and physical health as part of the holistic concept of overall well-being—is an essential component of young people's ability to become well-adjusted, responsible and productive members of society.

FACTORS THAT INFLUENCE THE HEALTH OF YOUNG PEOPLE ARE NUMEROUS AND INTERRELATED

GLOBAL EDUCATION FOR A HEALTHY LIFE

FABIOLA CANAVESI

Chairperson of the Europe
Committee
World Association of Girl
Guides and Girl Scouts
(WAGGGS)



How do you find out how to use a female condom? Ask a Girl Guide in Malawi, they explain it all the time, as part of their peer education project on sexual and reproductive health.

For almost 100 years, the World Association of Girl Guides and Girl Scouts (WAGGGS) has been working to change the lives of girls and young women, to empower them to be responsible for their own lives, and their own health and well-being. This is a key aim of our adolescent health campaign which began in 2005 and continues today in the form of our new Global Action Theme on the Millennium Development Goals.

A global survey involving 6000 members in 100 countries across the world identified the health issues important to today's girls and young women: food and nutrition; the dangers of drugs; smoking; prevention of HIV/AIDS; adolescent pregnancy; sex education; and self-esteem and self-confidence.

A quick look at some statistics confirms the importance of these issues: some 14 million adolescent girls aged 15-19 give birth each year and complications in pregnancy and childbirth is one of the leading causes of mortality in this age group. This and other factors severely limits girls' access to education and schooling; more than half the 60 million people infected by HIV are young people aged 15-24, with more young women being affected than young men; worldwide, one in five young people aged 13-15 smoke, and 1 in 6 boys and 1 in 4 girls are regular smokers by the age of 15; an estimated 100 million adolescents do not have access to reproductive health information, contraception and services worldwide, and it is still often difficult for girls and young women to get accurate and reliable information about sex and sexuality and be able to talk freely and confidently about issues they face.

WAGGGS has challenged girls and young women around the world to educate, speak out and take action in each of these areas and raise awareness about the social, environmental, cultural and behavioural factors which impact adversely on young people's health. WAGGGS members in Hungary and Cyprus have developed peer-education projects, which provide information on the prevention of HIV/AIDS and STIs in a safe and supportive environment, empowering young people with the confidence to avoid risky behaviours and make informed choices about their health; In Malta, a resource pack on healthy eating; "Get Going", was developed by the Maltese Guides in response to the high levels of childhood obesity recently identified there; Latvian Scouts and Guides developed a board game on the dangers of tobacco. Outside Europe, young people can follow the Brazilian Guides' e-learning module to learn about their sexual and reproductive health, while many innovative peer education projects on HIV/AIDS prevention have been developed by Girl Guides and Girl Scouts across Africa.

A healthy life and access to health services are fundamental human rights. All young people should know what they need to do to stay healthy, how they can access information and services to enable them to make informed health choices, and be involved in the decision and policy-making processes which decide what services are provided for them.

Today, poor health amongst young people is more likely to be caused by lack of information and lack of access to appropriate health services, than it is to be caused by the actual health problem itself. It is more important than ever that young people have the opportunity to develop life skills to empower them to take action to improve their own health.

The new White Paper 'Together for Health – A strategic approach for the EU 2008-2013'¹ will develop actions to improve children's and young people's health. The innovative work youth organisations are already doing compliments this policy and together we can implement programmes that will deliver a holistic approach to the health and well-being of young people.

¹ Adopted in October 2007 by the European Commission.

LESBIAN, GAY, BISEXUAL, AND TRANSGENDER QUESTIONING COMMUNITY AND HEALTH

**SIMON
MALJEVAC**

Co-chair
International Lesbian,
Gay, Bisexual and
Transgender Youth
and Student Organisa-
tion (IGLYO)



Recently I attended an event where I had the chance to hear about the life story of Ana Dragičević, a 21 year old girl who was put in the Psychiatric hospital Lopača in Rijeka, Croatia by her parents at the age of 16 after they found out that she had a girlfriend. Because of her parents' refusal to accept her sexual orientation as well as the intentional negligence of duty by the former director of this institution, Ana spent five years in this hospital, held illegally. Ana's childhood was destroyed, the conditions in which she was held were horrific and the methods of such a hospitalisation were forceful and illegal as well as outside all regulations of general psychiatric and hospital procedures. With this treatment her basic human rights have been violated; her right to freedom, and her right to psychological and physical health. Sadly this is not just one isolated event, stories like this are happening all around the world as you are reading this article.

But this story represents just one of the issues that the LGBTQ (Lesbian, Gay, Bisexual, and Transgender Questioning) community faces in healthcare systems. We have to be aware that there are specific barriers to accessing health care that are manifested only when we are talking about LGBTQ community. Barriers experienced by others including lack of resources, geographic and social isolation and lack of information, may also relate to LGBTQ people. However, those which are specific to LGBTQ people include the fear of discrimination and stigma, which affects their efforts when it comes to seeking care for themselves. Once in care, LGBTQ people are prone to withhold personal information that healthcare providers need in order to be able to give them appropriate care, due to fear of a negative reaction, or discrimination. We also have to be aware that if a person experiences homophobia and/or discrimination coming

from the health providers that this can result in them not going back for necessary further care. The reality is that young people who are open about their sexual orientation and identity are likely to experience homophobia and heterosexism from their friends, family and society at large and this may cause them to keep their identity and sexual orientation secret, and to avoid seeking out the services that they might need. This means that due to their fear of discrimination they are not provided with appropriate mental and sexual health services. This of course perpetuates the perception that there are not enough young LGBTQ people who need specific healthcare services, and therefore that there is no need to provide these. The review of the literature on health concerns of LGBTQ youth by the Medical Foundation of Boston showed that a quarter of gay and lesbian youth drop out of school due to discomfort in the school environment, that gay and lesbian youth account for 30% of all youth suicide, and that gay and lesbian young people are two or three times more likely to try to commit suicide than their heterosexual peers. Studies in the UK on bullying and its impact on the mental health of gay and lesbian youth reveal that the bullying which lesbians and gay men experienced in school was more severe in nature than general bullying.

LGBTQ youth encounter multiple forms of discrimination. They are discriminated against on the basis of their age and sexual orientation. This often results in social exclusion of LGBTQ youth in society. They are invisible. Young people's LGBTQ status is not marked on their bodies and therefore they are not recognisable at first sight, and only when this invisibility is transformed into personal visibility, it can be accompanied by claims for social visibility, recognition, equality, acknowledgement and respect. LGBTQ young people face enormous barriers to being visible – one of which is the fear that they could be treated in the same way Ana was.

Ana has to begin living again and it is not an easy thing to do. She tried to find a job but was fired because of her health problems (one of the consequences of five years of abuse). Ana lives alone; she is not receiving any social welfare and is trying to complete her high school education.

IN NEED OF AFFECTION

**MANUELA
COSTEIRA-RANGEL**

Intern
Youth Express Network
(Y-E-N)



One day a Brazilian doctor told me he could never understand why the word 'love' never appeared in any medical dictionary. Weird idea? Not really. According to him, a lack of affection may be the cause of most illnesses and the main suffering factor of a huge number of people.

This echoes the condition of excluded young people. Despite their isolation on different grounds (racism, social inequalities, precariousness or lack of future perspectives), we cannot deny that they primarily suffer from a lack of affection because they are no longer linked to their family nor to society. This privation linked to the psycho-social stress caused by discrimination implies that social exclusion is lived as a painful situation in itself. It therefore hurts.

In Strasbourg, France, the Youth Club "L'Etage", a member association of Youth Express Network in charge of welcoming and supporting homeless young people aged 25 or under, has understood that social inclusion is a decisive health factor. The association also believes that it is very hard to consider any social or professional integration as long as health problems have not been solved. Hence, besides counseling and administrative support for access to healthcare or punctual actions in the field of health such as vaccination and accompaniment of young pregnant women, the Youth Club L'Etage also includes *joie de vivre* in its social actions. Their social restaurant for example, located in the city centre, proposes two hot and healthy meals a day, carefully prepared by their chef. The pleasure to eat is as important as the fulfillment of nutritional needs. The conviviality of the place and the team's ability to listen are an added value. Besides, the young people are encouraged to participate in

activities of personal development and cultural openness, such as music workshops, vocational training and sports. These initiatives enhance self-esteem, integration in society and therefore also their health.

Of course, health is far from being a priority in the life of certain socially excluded young people. But this reality is more complex; risky behaviours among this population do not exclude the fact that a certain attention is paid to their health. The fact of going to see a doctor and questioning oneself on one's health in certain cases also means considering a change of lifestyle, of functioning, and some young people are not ready for that. On the other hand, and particularly in very young people, it is not easy to say and accept that one is sick. In that case, if one neglects his/her health, it is because of a lack of financial resources, but also of a lack of attention to his/her own body and to the absence of family support. Nevertheless, the actions of the Youth Club L'Etage to have access to healthcare and prevention are a real success with their public.



If the word 'affection' in French is part of the doctors' slang, it is because it is used to define every pathological process, no matter their cause or mechanism. However, the word 'affection', synonym of 'love' is always absent. When social inclusion becomes a decisive factor for the good health of young people, the idea of 'combating affections' acquires a new meaning : from then on one looks to find affection close to the others.

YOUTH SPORTS - ADVOCATING THE HEALTH AND WELL-BEING OF YOUNG PEOPLE

**ANNA-MARIE
HAMALAINEN**

Vice Chair
Non-Governmental Sports
Organisation Youth Com-
mittee (ENGSO Youth)



Sport attracts young people for various reasons – it gives one the opportunity to develop one's abilities, to be with one's friends and it makes one feel confident, to name just a few examples. Sport is the biggest social movement in Europe, with approximately 700,000 sports clubs offering activities to nearly 60% of the population, and in many countries these clubs are run mainly by volunteers, often youth themselves. At the same time however, there is a considerable group of young people who are not physically active at all, thereby not ensuring them the health-related benefits that sports can offer.

Physical activity and health have a strong mutual relationship. Promoting physical activity is therefore potentially one of the most effective and efficient ways of preventing disease and promoting well-being, whether it be physical, mental or social well-being. In this regard, particularly the age group of children and adolescents, should be paid special attention to, as it is in the young years that the foundations are laid for a healthy and active lifestyle. Therefore play, sports and exercise should be encouraged during youth in order to embed a lifelong, healthy lifestyle.

The good thing is, of course, that many projects and permanent actions are already taking place. In Paris, the participants of the European Youth and Sports Forum 2008 listed a number of such innovative health-promoting projects, which are being implemented by the young people themselves. What do you think about such projects as "Dance4life", a project using peer education and empowering young people to lead healthy, physically active lifestyles through methods such as theatre, media and dance, or "Check your LimitZ", in which young people can test their fitness level easily and in a motivating way?

In 2008, the European Union published the Physical Activity Guidelines which, among other suggestions, recommend that children should have a minimum of 60 minutes of daily physical activity. In Finland, a set of physical activity guidelines recommends 1-2 hours of physical activity each day for all children and young people aged 7-18, and adds that continued sedentary periods of two hours or more should be avoided – this guideline targeting specifically those who are frequently glued to the TV or computer screen, which just happens to be a growing number of young people.

The two sets of guidelines are in line also in emphasising the nature of sporting activity important for young people: the daily portion of physical activity should include a variety of activities which are suitable for each age group and, most importantly, they should be enjoyable. ENGSO Youth supports this recommendation fully - we see the increased promotion of sports for all activities, as opposed to specialised and professional sports, as paramount for now and in the future.

Many examples have shown that early specialisation in children and youth sports is counterproductive and leads to increased drop-out rates and disappointed digression from sports and a physically inactive lifestyle among young people. In order to get the best possible effects from sports, also with regards to mental well-being, sporting experiences should be made positive and empowering, and they should emphasise even more the rewarding feeling when one succeeds at something, such as learning a new skill.

To sum up, sports and physical activity should be organised in a way that encourages a healthy, active lifestyle. Sporting activities should be easily accessible and possible for all young people – and not just because it is good for your health, but also because it is fun!



© ENGSO Youth



PROMOTING A SOBER LIFESTYLE AMONG YOUNG PEOPLE

**KRISTINA
SPERKOVA**

Secretary General
ACTIVE- Sobriety,
Friendship, Peace



Europe is the heaviest drinking region in the world with a consumption of 11 litres of pure alcohol per year. The consumption of Europeans varies from total abstinence through to occasional and heavy drinking. Besides the impact of alcohol on physical health (causing cancer, and cardiovascular, gastrointestinal and reproductive conditions), depression and alcohol dependency are the most striking effects of excessive alcohol use when it comes to mental health. Alcohol dependency affects 23 million Europeans a year and is particularly common among young adults, with frequent drinking around the ages of 14 – 15 years old, predicting alcohol dependency at age 20 – 21.

Nearly all 15-16 year old students (>90%) have drunk alcohol at some point in their life, on average beginning to drink at 12½ years of age, and getting drunk for the first time at 14 years. Over 13% of 15-16 year olds have been drunk more than 20 times in their life. Simple maths based on these numbers implies that more than 90% of 16 year old students have been drunk more than once every month since they were 14 years old. This mode of consumption leads young people from using alcohol - to abusing alcohol – and finally to becoming alcohol dependent. If we want to have a well functioning and democratic Europe, we need healthy citizens able to participate actively on different levels of social engagement. For this reason, we see a huge need to curb the current development of alcohol dependency among young people.

As a reaction to the alarming numbers related to alcohol consumption, the European Union launched a strategy to reduce alcohol-related harm in October 2006. Active welcomes

this initiative that will help us in our quest to prevent alcohol-related harm. Our aim is to reduce under-age drinking and if not to avoid, then to postpone the initial age of drinking, which also means reducing the later impacts of alcohol on physical and mental health. It also means changing the drinking patterns among people to less harmful ones (since binge-drinking is most typical for young people) and means influencing the social impact of alcohol consumption such as violence or reduced work performance.

The motivations to drink are based in individual reasons such as boredom, stress, low self-confidence; in social reasons (relationships with others); in peer and media influence. Active works with these categories by offering alternatives to each of them:

- We educate and empower young people, we provide space for their self-realisation, we encourage them to get involved and we help them to participate in the course of their conditions, using their talents and interests, making youth voice heard and accepted in society;
- We advocate the effective policy measures that lead to reduction of alcohol consumption among young people;
- We provide an alcohol-free environment where young people are not constantly exposed to and expected to consume alcohol.

When it comes to the socially-based reasons for underage drinking, the current situation is both very interesting and contradictory. In spite of the fact that alcohol is a chemical inhibitor, young people report disinhibitory effects of alcohol. Alcohol serves as a social lubricant based on a strong belief. People who believe in the social effects of alcohol become observably more sociable when they think that they have consumed alcohol but actually have not. We want young people to believe in themselves instead and we are giving them the chance to experience that they can. Advocating effective measures; lowering the alcohol consumption, promoting sober lifestyle among young people and providing alcohol-free activities for youth are the pathway for their self-realisation and our contributions to the good mental health of young people.

RESPECT, EQUALITY, COMMITMENT... THE BASIS FOR A HEALTHY SEXUAL LIFESTYLE

**ALESSIA
ZAMMIT**

Former President
National Youth
Council (KNZ-
Malta)



The subject of youth and health automatically leads one to think in terms of drugs, alcohol, tobacco and casual sexual relationships. Youth is unfortunately associated with abuses in these four unhealthy activities. While I think that there is a lot of positive work and social contribution carried out by young people at local, EU and global levels, I would be escaping from reality if I do not agree that there is a general perception that young people are the societal group that are most likely to fall into habits or abuses related to drugs, alcohol, tobacco and sex.

Throughout my experience in youth organisations I have participated in many discussions related to problems faced by young people in regards to sexual health. The discussion (and very rightly so) always revolves around the physical and psychological implications of unwanted pregnancies and Sexually Transmitted Diseases and on the relations between drug/alcohol abuse and casual sexual relationships.

At some point in the discussion, one would mention the need for promoting healthy relationships but the discussion usually falls short of explaining in detail what one understands by "healthy relationships". It is for this reason that I chose to focus this article on what I believe are some of the characteristic of healthy relationships.

I start by mentioning respect as a fundamental characteristic of a healthy relationship. One must start by respecting himself/herself and valuing his/her body and dignity. This will make it easier for the person to respect the dignity and well-being of others by avoiding acts that

will harm other people. This sense of respect towards oneself and the others will develop, if the person has had a positive upbringing where respect was promoted in the family, school and extracurricular environment. Thus, the basis for a healthy sexual lifestyle does not only depend on understanding the lessons on sex education but I believe that it very much depends on the formation of the character of the person. Many young people understand the messages given in sex education programmes but whether they find the strength and the discipline to lead a healthy sexual life and not fall into the pits of peer pressure depends to a great extent on their character formation.

Another important characteristic of healthy relationships is equality. Even in this respect, the backgrounds we grow up in and the work place are important places for promoting equality. The promotion of equality is related to sexual health since equality ensures safe sexual relations free from discrimination and violence.

Commitment is also an important element of healthy relationships. I am here referring to the commitment towards a decision of safeguarding one's health by ensuring that s/he engages in safe sex and thus the commitment to also safeguard the other person's well-being.

The promotion of healthy relationships amongst young people is a means of addressing the main problems related to sexual health. This aspect should not be bypassed in a discussion on

sexual education and sexual health. Additionally, our education systems must ensure well-developed sexual education programmes that give a comprehensive view of the scientific, medical and emotional issues related to sex. In my opinion, a well-developed programme on sex education is one that promotes a healthy well-being from the early stages of formal education and builds upon those early lessons in accordance to the mental and physical development of the child. I do not think that a sexual education programme should start at the secondary level of education but children must be taught from an early stage and in a language that they understand that their body is to be treated with dignity.



HIV - A POSSIBLE END TO A SMALL NATION IN THE NORTH?

**MEELIKA
JURISAAR**

Public Relations
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Youth Council
(ENL)



Sauna, white nights, long winters, a country full of blonde people and no mountains – this is Estonia! There are over 1500 islands and free wireless internet is seen almost as a human right. Estonia – a weird Finno-Ugric country in the North, is generally introduced by focusing on how Skype is an Estonian-based invention. Often it is told with pride how the world's first official government internet elections were held in Estonia. This is not what this article is about, though.

ONE MILLION NAIVE PEOPLE?

There are only approximately 1,3 million people in Estonia and from those 6852 HIV positive people have been registered. 57% of young people between the ages of 19-29 have unprotected sex and among older age-groups the usage of condoms is even rarer.

HIV in Estonia was discovered only in 1988. The numbers started growing rapidly from the year 2000. The virus was first spreading among drug-addicts through sharing needles. The studies show that HIV is more problematic in certain regions such as the capital and North-Eastern urban areas. 91% of HIV cases are still being found in the North-East which is a contrast region in several ways – culturally, ethnically and economically.

Such statistics have created a naive myth among native Estonians, in that HIV only infects Russian speaking Grigori from the North-East, while Kristjan from university town Tartu should be immune. The virus has spread into the group of young people who do not use drugs but simply have sex.

A LOST GENERATION?

Due to the background of a closed society, where sexual education was very random and not up-to-date, the youth in the 80s and in the 90s were not informed well enough about the issue. It created somewhat of a lost generation who mostly did not get proper sexual education in schools.

Estonia still faces several misconceptions maintained by older generations of politicians, teachers and parents. Therefore only few youth organisations work on HIV prevention, as there is lack of long-term trainings and knowledge.

IS IT YOUTH'S RESPONSIBILITY ONLY?

Even though programmes have become more accessible, the actions are still short term. Not all schools can guarantee capable teachers who feel comfortable talking about sexuality. Experts and youth groups are invited to schools randomly and in the universities there are no awareness programmes, simply assuming that youth in their early 20s know everything by nature.

63% of all HIV infected people are young people aged 15-24 (in year 2007). This means 1,9% of young people aged 15-24 are HIV positive. Even though the percentage of new cases is now decreasing among youth aged 15-24, HIV is increasing among youth from 25 to 29 years old.

WHAT TO DO?

The Estonian National Youth Council (ENL) is part of a government roundtable that discusses HIV and AIDS politics. The roundtable comes together regularly – twice a year. The reader can understand the author's irony. Several programmes and campaigns have been started but they are too short to grow understanding or break stereotypes.

Youth groups work together with the experts, and peer-to-peer programmes for youth are becoming more popular. Estonian School Student Councils' Union is working together with ENL and ministries to create a programme that focuses on sexual education in schools. The idea is to create an expert group in every school who would work with teachers, integrating formal and informal education.

ENL has developed more capability within past years to focus on wider youth issues. Still, there is a long way to go. Only recently first steps of cooperation have been made in order to integrate organisations that fight against HIV into ENL's activities. ENL will bring those organisations to the public events such as international youth day and other public events. Still, there is long way to go, much work ahead and plenty of "homework" to do on the issue.

CAN WE BUILD THE BULLY-FREE SCHOOL?

**ALEKSANDRA
MALDZISKI**

Board Member
Organising Bureau
of European
School Student
Unions (OBESSU)



Everyday, thousands of children from every part of the European continent wake up afraid to go to school. Students of all ages are regularly denied educational opportunity, not because of academic weaknesses but because they are being victimised by their peers. Both the bully and the bullied are victims of unfit evaluation of school systems and an outdated definition of Education. Students are usually assessed in function of their academic achievements, leading to a normalisation of the definition of “good” and “bad” students. By labelling the students with lower grades as “bad”, European school systems actually facilitate the emergence of the bullying phenomena. Victims of peer-pressure tend to feel excluded by the rest of the students, while the harassers are excluded from the school community by the teachers and administration.

OBESSU strongly defends the introduction of learner-centred curricula with less academic lessons and less formal evaluation: students must be given the opportunity to participate in defining the contents and methods of learning. Their curiosity and joy of learning should be fostered rather than having students being pressured to study for the sole aim of achieving high grades on exams. The school has to take care of all the students’ needs including different learning environments and facilities accessible to everyone, at all times, regardless of disability, social/economic background, culture, etc. In this way the segregation between students based on their grades could be lowered, which would bring about less peer bullying in schools.

Another lack of school systems in regards to students’ welfare is that these systems are assessed through the students’ academic results, leaving out their physical, emotional and mental well-beings. This creates paradox situations such as in Finland, which stood first of highest results in OECD’s PISA 2006 Science Competencies for Tomorrow’s World¹, but ranks in the

fifth lowest rank on “Family and Peer relationships” according to UNICEF’s Child poverty in perspective: An overview of child well-being in rich countries report². A good social climate in which everyone feels welcome and respected is a prerequisite for educational progress and development. For this to be achieved school systems must be adapted in accordance to the needs of the students.

Access to efficient and free health services is a necessity for the wellbeing of young people. Not only is it important to check the physical health regularly, but also the mental and emotional state of the student. Therefore it is of great importance for every school to provide the students with constant guidance services and psychological support in order to decrease the social exclusion which can directly lead to students dropping out of school. Social exclusion is not only a problem of society, but is also clearly present in the day-to-day reality of school, causing early school-leaving and inequality amongst school students. The educational system has to highlight these problems and work proactively against them.



The school community must not forget, nor ignore, the role that the school students themselves can play to face this issue. Different peer support systems are useful both when improving the social climate and when preventing bullying acts of all sorts. The peer student is a student who is elected and trained to support his/her classmates. However, to achieve respect by all, it is important to root the discussion of equality, respect and inclusion among all stakeholders in the school, not only among the anti-bullying team or the peer students. To be really inclusive, it also has to be guaranteed that people having committed bullying acts, are still involved in the social climate, and are not being segregated or discriminated in return.

In spite of the diversity of school systems throughout Europe, issues of mental health of students are global and affect them all. Non-wellbeing of the students as well as peer harassment need to be dealt with appropriately in order to build a fearless, comfortable and safe school environment where school students can develop their own personality.

¹ PISA 2006 Science Competencies for Tomorrow’s World, OECD (Organisation for Economic Co-operation and Development), 4th December 2007

² UNICEF, Child poverty in perspective: An overview of child well-being in rich countries, Innocenti Report Card 7, 2007, UNICEF Innocenti Research Centre, Florence

MIGRATION AND SUSTAINABLE DEVELOPMENT

**BEN
VANPEPERSTRAETE**

Bureau Member
European Youth Forum (YFJ)



Migration is one of the key challenges of the 21st century. Being a migrant covers very diverse realities, which are far more complex than what is presented in our media. People make the difficult decision to leave their lives behind for various motives. Economic opportunities, political repression, studying abroad, a changing environment as a result of climate change, or a combination of them force people to seek a better but uncertain future.

The European Union, despite the multiple national identities, and sometimes diverging traditions and ideologies of its Member States with regards to migration, has developed a common approach to migration which has been recently reflected in the European Pact on Immigration. However, this common vision contains some fundamental contradictions and does fail to not take a rights-based approach which should apply to all people on its territory as human rights are universal and indivisible. The European Youth Forum has adopted a Policy Paper on Migration which does emphasise the rights of everyone as well as the need to integrate young migrants into European societies, and health is considered a cornerstone in this. We believe that migrants should enjoy full access to social services, especially healthcare. We are not the only ones supporting this as several international instruments such as the Convention on Children's Rights, the European Social Charter, the European Convention on Human Rights as well as United Nations'

instruments such as the International Covenant on Economic, Social and Cultural Rights, defend and promote this vision.

However, policies of most Member States still distinguish citizens and those considered as denizens and foreigners. The most vulnerable categories of migrants such as refugees, women and young people especially face serious legal barriers which hinder their right to health. Furthermore, obstacles such as the lack of proficiency in the local language, the fear of being detected and repatriated, the lack of awareness (both from migrants as health providers) and complex procedures narrow down a migrant's access to healthcare to emergency health care only. Particularly the access to more specialist services like dental or eye care is very problematic.

But health is not only about access to proper healthcare. It is the health outcome that matters. Young migrants' precarious position makes them more vulnerable to mental health problems for example. A holistic vision on health for migrants would include delivering as well interdependent rights such as quality housing, access to education and quality employment. Youth organisations can be crucial to the integration of young migrants, especially in providing young migrants with a warm and welcoming environment. Therefore we should first and foremost think on how to become more inclusive ourselves. On the policy level, youth can also lead the way. Youth organisations should push governments towards ambitious integration policies for (young) migrants. At the European level, youth already expressed its vision of what a European society should mean. Youth organisations see more clearly the direction for sustainable

development that Europe should take. Based on this vision of an open, warm and social European society we are able to defend a decisive direction for integration policies on a European level as well, which start with the full respect of everyone's human rights.



Girls United For Global Health. ©IFMSA

GLOBAL HEALTH THROUGH LOCAL ACTION: YOUNG PEOPLE CAN DO IT!

**KAROLINA
TUOMISTO**

Trainer
International Federation of Medical Students Associations (IFMSA)



GLOBAL WHAT?

Global Health. Did you just imagine seeing a malnourished child suffering of malaria whose parents have just died of AIDS? Or were you perhaps thinking of a young adult weighing 250 kilos having a beer and a cigarette? Both of these unhealthy images are indeed part of what are considered health issues concerning this globe of ours, but in order to think whether these visualisations show us global health issues, we need to think more deeply about what has led to these situations.

Why is this child malnourished and suffering from malaria? Maybe there are worms living in the child's bowel due to poor hygiene, lack of proper sanitation and unclean water. Maybe the family cannot afford a mosquito net nor does it know that it should use one, or maybe there are no drugs available and the family could not afford them even if there were. The mother might not know what is proper nutrition and the closest health facility can be a hundred miles away. And this clinic might not have a doctor anyway. And what about the overweight young adult smoking a cigarette? Poverty, lack of education, insufficient access to health services and conflicts are just some of the underlying causes of people being unwell and sick in the world.

Global health is about a lot more than just tropical medicine or international public health. Especially globalisation and world trade are key players in the variety of factors that affect the health of people in the world. Trade barriers can keep some countries poor, intellectual property rights may worsen access to essential medicines and the freeing movement of people contributes to the migration of health professionals in the world. Wars and emerging conflicts, degraded health systems, extreme poverty, developing country debt, food security and global markets are all topics that affect global health.

YOUNG PEOPLE DO CARE

Village concept projects and other methods of health education in communities in developing countries are very popular ways for young people to be involved in local change management. Students or young people from abroad or from the town next door take part in such local efforts with significant ease and enthusiasm. Often these projects are organised in cooperation between a local students' organisation and one from abroad. A huge variety of public health projects including reproductive health and human rights issues are managed by young medical students all over the world in nearly every city with a medical faculty. Local youth is also included through numerous peer education projects and awareness raising campaigns.

Just to give some examples on larger scale advocacy for change, Canadian medical students have been working together with the regional branch of the World Health Organisation to organise simulation workshops concerning the migration of health care professionals. We are the ones who can make the difference in the future with the choices we make to find solutions to this brain drain. In Finland, in the UK and in the Netherlands, global health seminars open to medical and non-medical students are organised yearly to increase understanding of the different underlying causes of disease in the world.

THINK GLOBALLY, ACT LOCALLY

One of the slogans used by the IFMSA (International Federation of Medical Students' Associations) is "Global health through local action". As a global organisation making policies on an international level, our national and local committees perform the most important work on grass-roots through various projects and campaigns. However in order to have a larger impact, it is necessary to think on the society level and try to advocate for substantial policy changes globally. Using the voice of all medical students in the world, the IFMSA works in cooperation with the World Health Organisation on a variety of projects and also attends the yearly World Health Assembly in Geneva.

IFMSA wants to develop culturally sensitive students of medicine, who intend to influence the trans-national inequalities that shape the health of our planet. Young people of Europe, it is the world of tomorrow that we build, because it is the world we are all supposed to live in and it is a right of every human being to have access to health and well-being. You are the ones who can make the difference, be it locally through a peer education project at your school or knocking on a UN official's shoulder.

HEALTH AND SUSTAINABLE DEVELOPMENT

**ISABELLE
LETAWE**

Member of sustainable development group Council for International Youth Relations of the French-speaking Community of Belgium (CRIJ)



The current crisis reminds us how important it is to deal with issues more globally in order to find sustainable solutions. Health is one of them. For two years, the Committee for International Youth Relations of the French-speaking Community of Belgium (CRIJ) has committed itself in various themes of sustainable development, some of them more particularly affecting health.

On the one hand, we deal with the problems linked to young people's consumption choices and we do awareness-raising in this field. One of our preoccupations is the over-consumption of meat in our country, which has very bad repercussions on health and agriculture. It is the same combat for soft-drink vending machines that can be found in schools. We try to increase youth awareness of their consumption choices through animations in fairs and shows. Our team is even in the process of creating a board game on this topic. Because of the hype, it is really difficult to make young people understand that to eat less meat or snacks and to drink less soda is better for their health, their wallet and the environment. We also work on that level, leading lobby actions within a platform called "Vigilance – Action – Pub" that aims at regulating the advertisements targeting youth. A third action lever is the political demand that school canteens offer sustainable menus in schools and that the management takes the education for a healthy and sustainable consumption into account in their schools.

On the other hand, as a Youth Council and thanks to the recognition our action gets on the federal and international level, we have been invited to take part in the elaboration of the NEHAP (Environment and Health National Action Plan). Youth and childhood have not been omitted in this plan since

two projects out of six specifically target them: the first one is about the quality of air in day-nurseries and schools, and the second one aims at raising the awareness of young people about the environment-health thematic. The technical nature of the first one prevents us from having a major role to play, but regarding the second one, the plan is really focused on youth participation. It aims at elaborating information tools 'with and for young people' and also tools to help them change their behaviours for a better promotion and protection of health and the environment. In practical terms, a study day with the three youth councils will be organised in order to prepare the involvement of young people in NEHAP. During that day, young people will collaborate to find the theme to be developed in a national awareness-raising campaign, putting the accent on changes in behaviours. It is currently a draft project but we do hope it will be accepted as such.



Science exposition. © CRIJ

We are also starting to consider the lead of mobility which is often studied from a socio-economic or environmental point of view but which should also be explored in the field of health. The option "everything by car" should be considered as a health problem for at least four reasons: 1. the number of accidents and deaths it provokes, 2. the sedentary lifestyle caused by a massive use of the car, 3. the quality of the air we breathe, be it inside the car or in cities, and 4. the noise pollution caused by road traffic.

THE YFJ - A MAJOR ACTOR IN THE HEALTH FIELD ON THE EUROPEAN STAGE

JULIE TENG

Policy Officer
for Sustainable
Development and
Health
European Youth
Forum (YFJ)



The European Youth Forum has contributed to putting young people at the centre of the health debate, which is clearly emphasised in the work of the European Union over the last couple of years.

The first two areas in which the YFJ got engaged at the EU level were tobacco and alcohol, through the Help campaign, in which the YFJ is involved since 2005, and the European Alcohol and Health Forum of which the YFJ is a founding member since 2007. These were two successful examples of youth participation in institutional processes and in European wide campaigns initiated by the European Commission. Following this encouraging engagement, the YFJ continued to strengthen and expand its partnership with the EC, and the Directorate General for Health and Consumers in particular, in broader health fields, for instance through the EU Health Policy Forum. 2008 constituted a determining year in the YFJ achievements in the health field with the participation to the High Level Conference on Mental Health and the adoption of the European Mental Health Pact in June, followed by the adoption of the resolution on Health and Well

Being of Young People by the European Council in November to which the YFJ significantly contributed.

The YFJ is therefore clearly established as a major actor and stakeholder at the EU level. Since Commissioner Vassiliou clearly stated the need to involve young people, the YFJ takes part in most of the EU's important processes on health and particularly health of young people. The YFJ is the Commission's main partner in the "Youth Health Initiative". This initiative was launched this year and comprises several elements leading up to the conference which will take place on 9th-10th of July 2009 in Brussels. There will be, for instance, an online video, photographs and pictures' competition and a blog which will be moderated by the YFJ. Many stakeholders' meetings involving several youth organisations that are also foreseen to ensure meaningful and

effective youth participation to the event. Up to 150 young people could be invited to the event.

THE YFJ IS THEREFORE CLEARLY ESTABLISHED AS A MAJOR ACTOR AND STAKEHOLDER AT THE EU LEVEL

Another crucial process concerns mental health and the implementation of the Pact and its priority areas. The YFJ will follow it closely in light of the work plan and will ensure that its own activities are coherent with the European initiatives and feed into them, such as the upcoming YFJ training days on Mental Health which are under preparation. There will be a conference on Youth and Education in Mental Health in

Stockholm in September 2009, and the European Youth Forum will certainly contribute to its organisation and its outcomes, and will continue to profile itself as a key stakeholder while ensuring the recognition of non-formal education in promoting health and well being of young people in Europe.

INTERVIEW WITH...

ANDROULLA VASSILIOU, EUROPEAN COMMISSIONER FOR HEALTH



Androulla Vassiliou (Cypriot) has been the European Commissioner for Health since March 2008.

Previously, Ms. Vassiliou was elected Member of the Cyprus House of Representatives representing the Movement of United Democrats, and in 2001 she was re-elected for a second term of five years. During her parliamentary years she served on different committees like the Committee on Education and Culture, Committee on Environment and the European Affairs Committee. She was also a Permanent Member of the delegation of the Cyprus Parliament to the Inter-Parliamentary Union.

Between 2001 and 2006 she was Vice President of the European Liberal Democrat and Reform Party, and the chairperson of the European Liberal Women's Network.

Furthermore, she was involved in the United Nations Association of Cyprus, being elected as its President for four consecutive terms, and in that position participated in numerous human rights conferences. In 1991 she was elected President of the World Federation of United Nations Associations and was re-elected for two terms before being made an honorary president.

Ms Vassiliou, first of all thank you very much for accepting our request. In October 2007 the European Commission adopted a new Health Strategy, 'Together for Health: A Strategic Approach for the EU 2008-2013'. The aim of

this strategy is to set clear objectives to guide future work on health at the European level. What are those objectives? How do they relate to young people?

Thank you for this opportunity to share with you, and with many young people across Europe, our vision on health and youth.

The Health Strategy puts forward three general objectives.

The first objective is to foster good health in an ageing Europe.

We live in a time where preventable diseases caused by unhealthy lifestyles, such as smoking, binge-drinking and obesity are becoming more and more predominant.

This is why the health strategy puts health promotion and disease prevention at the forefront of EU policies. I believe it is important to encourage healthy lifestyles throughout the lifecycle from childhood until old age, with a focus on youth; childhood and youth are the age where healthy habits form, be it in terms of what we eat, how much we move, whether or not we smoke or drink, and so on.

For too long now, older people have been telling young people what is best for them. This is not how I see it. I would like young people to participate actively in decisions regarding their health and to become involved in health policy making. I want to encourage young people to take responsibility for their choices and lifestyles. In other words, I would like to see them becoming health literate.

This is why I have launched a new initiative on the health of children and young people. We are doing this in close partnership with youth organisations.

The second objective of our Health Strategy is to protect citizens from Health Threats.

This is a vital part of our work. Building on what we have already done to detect and control communicable diseases, we continue to work to combat health threats, in particular as regards preparedness in case of a pandemic. This is to ensure that, if there is a pandemic outbreak in Europe, both the EU and national governments are ready and able to respond in a coordinated and effective manner.

Our work on communicable diseases also includes, for example, proposing recommendations on the cross-border aspects of childhood immunisation.

Each health system has a different set of immunisation rules concerning which vaccines children should take and when. This initiative aims to reduce childhood diseases and deaths by promoting high vaccination coverage rates and by avoiding incomplete vaccination for children who go and live in another EU country.

Finally, the third objective is to support dynamic health systems and new technologies.

The EU is well placed to help the Member States to exchange best practice and co-operate on how to deal with common health challenges. In this current economic crisis, the sustainability of health systems is under pressure. I am sure that the youth of today are only too aware of the potential consequences this may have on their future access and payment for healthcare services. It is in all our interests, but especially those of young people, that we work together in Europe to find common solutions on how to address this challenge. New technologies, for example, may be more expensive at first but may save money in the long term. By pooling together knowledge and research results we can improve evaluations and reduce the time it takes to evaluate these new technologies. We have recently launched a joint action with Member States to exchange information on health technology assessment.

The European Youth Forum adopted a “Policy paper on the Health and Well-Being of Young People” in its last General Assembly in 2008 in Rotterdam, following the previous adoptions of two position papers on alcohol-

related harm and tobacco. This shows the increasing interest of youth organisations in health issues. You have repeatedly insisted on the need to involve young people and youth organisations in this work. Which role do you think they can/should play? How can they help implement the strategy?

I very much welcome the increasing interest of youth organisations in health issues. This is very encouraging for me, as Commissioner for Health, but also for the European Commission as a whole. It shows that young people today are willing to take up the challenge I made during my hearing before the European Parliament last year - to work with young people to ensure that they become active partners in actions to improve their health.

I have read with great interest your policy paper, which I consider a very useful background to steer the priorities of the Conference on Youth and Health this July in terms of contents and working methods. The priority areas highlighted in the Rotterdam paper are very much in line with issues we focus on in our own work and we will take them up in the conference.

In my opinion, youth organisations could, and definitely should, play at least two very important roles.

The first is related to raising the awareness of young people on health issues and reinforcing the message that good health is crucial for our ability to lead successful and productive lives now and in the future. For example, by adopting healthy behaviours early in life in order to prevent chronic disease later in life. Most health behaviours are established and shaped during childhood and youth. Heart disease, certain cancers, mental illness and musculoskeletal disorders are very much affected by attitudes and behaviour towards eating, physical activity, sexual behaviour, alcohol, drugs and tobacco.

Secondly, as I said in relation to the objectives of the Health Strategy, I invite youth organisations to work closely with the European Commission in order to see how the health sector can help to empower young people. Empowerment is crucial to enhancing the ability to cope with change and health problems when they arise. Of course, we will continue to build on the good

I VERY MUCH WELCOME THE INCREASING INTEREST OF YOUTH ORGANISATIONS IN HEALTH ISSUES

cooperation we have already developed with the European Youth Forum and its member organisations.

What are the tools to be used to improve such involvement of young people in the decision-making processes?



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I am rather sceptical about the feasibility of developing the one miracle tool. What is required – and what we are happy to facilitate – is to find the best ways in which young people and their organisations can systematically participate in the debates we are having at

the Commission on what are and how to implement actions to improve the health of young people.

I believe that we can build on what has been achieved with the European Youth Forum and some of your member organisations in working on issues such as the HELP campaign on smoking prevention, on alcohol, mental health or sexual health and AIDS. But perhaps we need to be more ambitious. How can we link better with unorganised youth? With migrants and minorities? How do we ensure that socially disadvantaged and excluded young people can take part in the health debate? These questions I think pose challenges equally for public policymakers and for youth organisations. As part of our cooperation with the Youth Forum, we should exchange examples of good practice on this important issue.

Which do you think are the main health threats and concerns regarding the health of young people? What are the key elements to take into account in public health in order to improve the situation?

Let me begin with a positive message, by stressing that, overall, the health of young people in the EU is better than it has ever

been. The rates of disease and disability are generally better now than 25 years ago and access to medical care is more widely available.

However, the health of young people is far from what it could be. There are disturbing trends in relation to health behaviours. Smoking levels in young people are worryingly high and there is a marked increase in childhood overweight and obesity as well as harmful alcohol consumption. We are also seeing higher levels of stress and mental disorders in young people.

Inequalities in the health of young people between areas of the EU and between social groups are also a cause for concern. To give you a very striking example, the probability of dying in childhood in Latvia is over twice as high as in nearby Sweden. Higher rates of illness, disability and death are experienced among disadvantaged young people too.

These are just some of the key elements that in my opinion should be taken into proper account not only at EU level but also within countries. This is why Member State governments need to be on board in this youth and health initiative. I intend to use my encounters with my national counterparts to discuss how to best make sure that a genuine concerted action on youth health is developed across Europe.

Following the adoption of a resolution on health and well-being of young people in Europe last November by the European Council, as well as a seminar on young people and health during the French Presidency, you have launched the youth initiative and your Directorate General is organising a conference on young people and health this summer. What will be the specificity of this event and what do you expect from it?

As I said before, involving young people in actions aimed at improving their health was one of the first commitments I made last April at my hearing before the European Parliament. I am therefore very pleased to acknowledge the valuable and intense work carried out under the French Presidency which resulted in the adoption of a Resolution on Health and Well-Being of Young People by the European Council. This Resolution is one of the building blocks in our own initiative.

The conference in July will focus on key health concerns of young people and on the environments they grow up in. But, the main distinguishing feature of the Conference which will

take place in Brussels on 9 and 10 July 2009 is the active involvement of young people and their organisations in its preparation. The Youth Forum will be a key partner in the event. Many young people will come to Brussels for the conference. A Youth Camp for young conference participants will precede the conference. This one day camp, facilitated by the Youth Forum, will enable young people to prepare for the conference as well as get to know each other and share their experiences.

The run up to the conference will be an exciting time, with the launch of a dedicated youth health website on the EU health portal. To encourage participation and involvement, we will launch a video and picture competition for young people. The Youth Forum will also moderate a blog around the main issues of the conference to hear the voices of youth.

Finally, we are working hard towards making sure that the structure of the conference will be more 'youth-friendly' and lively. All in all, I am confident that our efforts will be rewarded with lots of new ideas and important contributions from European youth. This should translate into a more focussed youth health work programme over the coming months and years.

The Commission has been a key partner of the European Youth Forum and we very much welcome the recognition of the role of youth organisations. What would you say have been the highlights of this cooperation, how would you evaluate it and how do you see its future?

The European Youth Forum is one of our key partners in implementing health policy, and has been for a long time now. For example, it is a partner in the HELP campaign, a member



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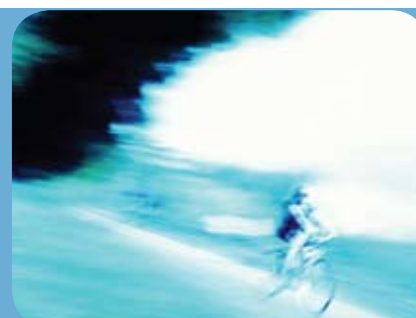
of the alcohol forum and of the health forum, and will be a privileged partner in co-organising the July 2009 conference.

I am very pleased about the way the cooperation has developed, and we are ready and looking forward to building on the joint work for the future. In addition to continuing to work on the key health issues such as tobacco, alcohol, mental health and sexual health, I would welcome some broader reflections, such as: how do we reach out to disadvantaged groups? How can we, in a broader way help build life skills in young people? How can we build youth participation into regulatory and self-regulatory processes, such as on marketing?

If you had one message to give to young people regarding their health, what would it be?

I would simply say: Get involved. Be part of the process. Be healthy, be informed, and you're your own choices!

Thank you Commissioner Vassiliou.



EU HEALTH INITIATIVE FOR YOUNG PEOPLE



HAVE YOUR SAY !

The screenshot shows the Health-EU website interface. At the top, it says 'Health-EU The Public Health Portal of the European Union'. Below this, there are navigation links for 'Conference', 'Competition', and 'Blog'. The main content area features an article titled 'Have your say!' with a date of 02/04/2009 and 0 comments. The article text encourages young people to share their views on health topics for an upcoming conference in Brussels. To the right of the article, there is a 'Any question? Contact us' section and an 'Archives' section with a 'MARCH' entry. The website has a dark theme with various graphics and text elements.

MEMBER ORGANISATIONS OF THE EUROPEAN YOUTH FORUM

Full members

National Youth Councils (NYCs)

Suomen Nuorisoyhteistyö Allianssi ry - Allianssi (Finland); Belarusian Union of Youth and Children's Public Associations – BUYCPA RADA (Belarus); British Youth Council - BYC (Great Britain); Conférence Générale de la Jeunesse Luxembourgeoise - CGJL (Luxembourg); Consejo de la Juventud de España - CJE (Spain); Comité pour les Relations Nationales et Internationales des Associations de Jeunesse et d'Education Populaire - CNAJEP (France); Conselho Nacional de Juventude - CNJ (Portugal); Consell Nacional de la Joventut de Catalunya - CNJC (Spain-Catalonia); Consiliul National Al Tineretului Din Moldova – CNTM (Moldova); Comité pour les Relations Internationales de Jeunesse - CRIJ (Belgium, French-speaking Community); National Youth Council of Switzerland - SAJV/CSAJ (Switzerland); Cyprus Youth Council – CYC (Cyprus); Deutsches Nationalkomitee für Internationale Jugendarbeit - DNK (Germany); Dansk Ungdoms Fællesråd - DUF (Denmark); Eesti Noorteühenduste Liit - ENL (Estonia); National Council of Hellas - ESYN (Greece); Forum Nazionale dei Giovani - FNG (Italy); Nemzetközi Ifjúsági Koordinációs Iroda – GYIK- NIKI (Hungary); Nationale Jeugd Raad – JEUGDRAAD (Netherlands); Kunsill Nazzjonali Taz-Zghazagh - KNZ-Malta (Malta); Lietuvos Jaunimo Organizacija Taryba - LIJOT (Lithuania); Latvijas Jaunatnes Padome - LJP (Latvia); Landsrådet for Norges barne - og ungdomsorganisasjoner - LNU (Norway); Landsrådet för Sveriges ungdomsorganisationer - LSU (Sweden); Landsamband æskulýðsfélaga - LÆF (Iceland); Mladinski Svet Slovenije - MSS (Slovenia); National Assembly of Youth Organisations of the Republic of Azerbaijan – NAYORA (Azerbaijan); National Council of Youth Organisations of Georgia – NCYOG (Georgia); National Youth Council of Armenia – NYCA (Armenia); National Youth Council of Ireland - NYCI (Ireland); National Youth Council of Russia - NYCR (Russia); Österreichische Kinder- und Jugendvertretung - ÖJV (Austria); Rada Mládeže Slovenska - RMS (Slovakia); Vlaamse Jeugd Raad - VJR (Belgium, Flemish-speaking Community).

International Non-Governmental Youth Organisations (INGYOs)

ACTIVE- Sobriety, Friendship and Peace; Association des Etats Généraux des Etudiants de l'Europe – AEGEE Europe; Alliance of European Voluntary Service Organisations - ALLIANCE; International ATD Fourth World Movement - ATD-Quart Monde; Democrat Youth Community of Europe - DEMYC; European Bureau of Conscientious Objection - EBCO/BEOC; Young European Socialists - ECOSY; European Confederation of Youth Clubs - ECYC; European Democrat Students - EDS; European Educational Exchanges - Youth for Understanding - EEE-YFU; European Federation for Intercultural Learning - EFIL; European Federation of Youth Service Organisations - EFYSO; The National Unions of Students in Europe - ESIB; European Trade Union Confederation - ETUC Youth; EU Federation of Youth Hostel Associations - EUFED; European Union of Jewish Students - EUJS/UEEJ; Ecumenical Youth Council in Europe - EYCE; International Federation of Catholic Parochial Youth Movements - FIMCAP; Federation of the Young European Greens - FYEG; International Cultural Youth Exchange in Europe - ICYE; International Federation of Liberal Youth - IFLRY; International Falcon Movement - Socialist Educational International - IFM/SEI; International Lesbian, Gay, Bisexual and Transgender Youth and Student Organisation - IGLYO; International Union of Socialist Youth - IUSY; International Young Naturefriends - IYNF; International Young Catholic Students - International Movement of Catholic Students - JECI-MIEC; Young European Federalists - JEF; European Young Christian Workers - JOC-Europe; European Liberal Youth - LYMEC; International Movement of Catholic Agricultural and Rural Youth - MIJARC-Europe; Organising Bureau of European School Student Unions - OBESSU; Rural Youth Europe – RYEurope; Service Civil International - SCI; World Organisation of Young Esperantists - TEJO; World Association of Girl Guides and Girl Scouts - WAGGGS; World Organisation of the Scout Movement (European office) - WOSM; European Region of the World Student Christian Federation - WSCF-Europe Region; Youth Action for Peace - YAP; Youth for Development and Co-operation - YDC; Youth and Environment Europe - YEE; Youth of the European People's Party - YEPP; Youth for Exchange and Understanding - YEU; European Alliance of Young Men's Christian Associations - YMCA; Young Women's Christian Association - YWCA.

Candidate members

National Youth Councils

Consiliul Tineretului Din Romania - CTR (Romania); Croatian Youth Network – MMH (Croatia); Ukrainian Youth Forum – UYF (Ukraine)

International Non Governmental Youth Organisations

Erasmus Students Network – ESN; International Federation of Medical Students' Association – IFMSA; Youth of European Nationalities - YEN.

Observer members

National Youth Councils

Rat der Deutschsprachigen Jugend - RDJ (Belgium, German-speaking Community).

International Non-Governmental Youth Organisations

European Council of Young Farmers – CEJA; European Confederation of Independent Trade Unions – CESI-Youth; Don Bosco Youth Net; European Council of Conscript Organisations - ECCO; European Free Alliance Youth – EFAY; European Non-Governmental Sports Organisation Youth Committee – ENGSO Youth; European Youth Press – EYP; International Federation of Training Centres for the Promotion of Progressive Education - FICEMEA; International Federation for Educational Exchanges of Children and Adolescents – FIEEA; International Coordination of Young Christian Workers – ICYCW/CIJOC; Jeunesses Musicales International - JMI; Pax Christi International - Pax Christi; Red Cross Youth – RCY; Youth Express Network – Y-E-N.



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