Round Table

Lowell S. Levin

Health for today’s youth, hope for tomorrow’s world

What is the best way to ensure the highest possible level of health among young people? Sound public policies, supportive environments, community action, and the reorientation of health services all have a part to play. Of particular importance, however, is the direct involvement of youth in the promotion of its own health.

Young people struggle for their independence, question authority, take risks, and are often concerned about matters beyond their control, such as the degradation of the environment and the threat of nuclear war. They have to decide which customs and practices to honour and carry forward, which ones to drop, and which values, ideas and technologies to support. Consequently, they need information, skills in problem-posing and problem-solving, and opportunities to serve the community at various levels.

People in authority sometimes have difficulty in relating to these requirements. Public health’s tradition is fundamentally epidemiological and clinical. It is problem-orientated, not development-orientated.

Thus, those aspects of youth health that are of interest to public health are its problems, in the form of accidents, substance abuse, sexually transmitted diseases, teenage pregnancy, and so on. So it is easy to convert the “healthy youth” theme to one focused on the problems of youth. There are causes that can rally professional resources and produce programmes: a “dangerous youth” or “distressed youth” theme has, in some countries, taken the youth question to the pinnacle of public health priorities. In one country I know well, the enforcement of laws controlling alcoholic beverages has been strengthened and the government has proposed a programme to encourage chastity among youth.

No responsible public health authority can discount the seriousness of adolescent accidents, hazards of drug abuse, sexually transmitted diseases, and teenage
pregnancy. But strategies aimed at reducing these problems must take account of factors in the wider social and political context which affect young people's struggle to survive, grow, be caring, and be cared about. Furthermore, problems should not be overplayed to the extent that the more productive opportunities for strengthening youth as a health resource are neglected.

I believe that an ideal society would respect its human assets and provide equitable opportunities for creativity and growth; this would apply to all dimensions of social life, as these define both the state of health and the healthy state. Health is, after all, a social idea measured in terms of achievement, fulfilment, capability, good self-concept, responsible citizenship, and, of course, happiness and peace.

Healthy youths are survivors of what can be a hazardous first decade of life. Their health faces threats stemming more from social factors than from the mainly biological ones of their early years. Risk-taking, so essential for growth, can be problematic; education remains illusory for the majority; opportunities for full participation in community life and governance are often stifled by adult prejudices; and access to meaningful work may be limited and disastrously competitive. The list could be extended to include what may be a global phenomenon: the pressure on youth to grow up rapidly.

The requirement for youth to excel, achieve, compete, and, in many situations, bear adult responsibilities for family support, is surely a matter for concern. The erosion of discretionary time for relaxation, play, exploration, and even risk-taking may lead to conformist attitudes and other negative effects in adulthood.

So it seems to me that the first necessity for those having the most direct influence on the health of youth, namely families, educators, and employers, is to be aware of their joint impact and responsibility. The fostering of health among young people at the local level could be the ultimate example of intersectoral collaboration. But, unlike collaboration in problem-solving, community support for promoting the health of youth requires attention to the implications of routine roles, programmes, and policies. It is the ordinary behaviour, the "what" and "how" of everyday life in the family and community, that makes the difference. Do families and teachers acknowledge and honour the unique capabilities of each young person and avoid sex stereotyping? Are there built-in opportunities for creative expression? Do young people learn the art of problem-posing and do they understand the concept of ownership of their own bodies and minds? In what ways is youth engaged in public life? Are mutual learning experiences available in which educators, be they family members or teachers, honour what they learn from and about young people? How is youth encouraged to commit itself to lifelong learning—and teaching?

The routine of employment practices and policies promoting the health of young people also needs to be taken into consideration. What access routes are there for linking education with employment opportunities? Is equity with respect to sex, race, and social class reflected in
hiring, promotion and wage practices? Are part-time and flexitime options available to accommodate shortfalls in the available employment and to maintain youth in continuing education? Do mechanisms exist for young employees to participate in work-related decisions? What measures are there to create worker careers in contrast to dead-end jobs? Are employers aware of what constitutes a healthful, supportive environment for young workers? Do trade union policies provide both exemptions that allow for youth employment and protection of young people from wage exploitation and poor working conditions?

The adaptation of community and national resources for the promotion and maintenance of young people’s health should be a matter of public policy, which, in turn, is a reflection of public awareness and priorities. In many cultures, adolescence is seen as a period when young people inflict problems on themselves or others. The media are alert to the newsworthiness of youth in trouble or causing trouble. We are informed daily about the rising problems of drugs, sex and violence among young people. Even the “unrest” of youth is presented in its most ominous dimensions, particularly when it threatens the status quo of the adult world. Adults applaud youth participation in the political process—up to a point. Yet even examples of adult-approved social activism rarely make news. Negative stereotyping of youth is commonplace. It is not, therefore, surprising that programme priorities for adolescent youth start with clinical interventions, which are followed by preventive measures and, lastly, if at all, by health-promoting activities. There is also a tendency to put inordinate trust in professional definitions of problems, professional judgements about solutions, and professional criteria of the effectiveness of solutions.

This, then, is the situation in which the concept of healthy youth can be tested. Is the public aware of youth’s own potential for healthy development and the need for its control over the process? Does the public understand how a healthy self-concept is nurtured and what opportunities in education, work, and social life are critical ingredients? Have we in the behavioural and medical sciences been communicating with the public or merely with each other? What kinds of advice might we give to policy-makers which could make a reality of WHO’s 1985 public health theme: “Healthy youth—our best resource”?

The creation of a supportive, social, economic, and physical environment favouring health in young people requires a vision and political will. A conceptual framework is needed that can help us chart a progressive course and take advantage of the synergistic effect of multiple strategies directed at the same goal, bond the idea of health with the ideal of equity, and emphasize the active participation of people in the definition and fulfilment of their own potential. Such a framework was put forward in the 1986 Ottawa Charter on Health Promotion, based on the Alma-Ata Declaration on primary health care, the WHO targets for health for all, and the World Health Assembly’s commitment to intersectoral action. Five essential categories of action for health promotion, appropriate
to both industrial and developing countries, are proposed: building sound public policies; creating supportive environments; strengthening community action; developing personal skills; and reorientating health services. I believe that, within this framework, the health of youth can be achieved, as measured in terms of general well-being.

Building public policies sensitive to the health of youth

The task before us is to assist decision-makers to become sensitive to the possibilities for adjusting public policies in ways that create wider options for youth in such areas as employment, education and health care. The analysis of all public policies from the standpoint of their impact on the health of young people requires administrative authority, a focal point in government, and the combined technical expertise of several disciplines. The nature of such analysis is now under study (1).

There is a danger that the policy process could fall prey to bureaucratic trade-offs and lead to compromises not primarily in the interest of youth. It is essential, therefore, that policy formulation be fundamentally a public process with ample and continuous inputs from young people as well as from people who claim to represent them. This means that youth should organize itself so that its views are effectively expressed locally and networked nationally. Can we envisage national offices of youth affairs staffed by technical experts but managed by young people selected by their peers? Would such schemes be politically tolerable? Clearly, the investing of youth with such responsibilities would be a product of mutual trust deriving from demonstrations of youth involvement in community affairs. But there should also be an organized community forum where the contributions of young people can be received, a mechanism that would demonstrate youth's potential not only in caring roles but also in community decision-making, especially with regard to education, employment and health.

Creating supportive environments

The mass media frequently exploit negative events involving youth and exaggerate their prevalence. There is no way short of censorship in which they can be made to provide a balanced perspective. Good news about youth is not often seen as worth reporting. Young people should have access to the media so that they can tell their story of responsible citizenship and so that their involvement in community life is encouraged. The drawing together of youth groups with common goals can also be achieved through their access to the media. While much can be done by established community resources to support the aspirations of youth, there is no adequate substitute for organizations run by young people themselves to accomplish their own goals. I suggest that we encourage their natural inclination to come together in their own interest. In this connection it is useful to consider youth gangs in urban areas of industrialized countries, which appear to be largely motivated by a desire to stake out territorial influence other than for the purpose of crime. They are seeking to “be somebody”, to protect the identity of their neighbourhood, and to strengthen social bonds of loyalty and mutual commitment. These are not undesirable aspirations. Clearly, gang wars are abhorrent and often deadly; but they should not cloud the non-pathological aspects of gang formation and the potential for working with gangs rather than against them. Young people may turn to antisocial activities because their access
to legitimate channels in the adult world is blocked. Communities should try and remedy this situation without resorting to adult cooption. Community developers, both voluntary and governmental, should make constructive resources available to youth groups so as to help them define their own potential for contributing to the quality of community life. Their sense of ownership should not be destroyed. The benefits of youth groups should be extended to the wider community by a policy of inclusion.

**Strengthening community action**

The proposed approach to nurturing the well-being of youth is not focused on problems but on the potential for healthy development and physical, mental and social growth. It has to do with the right of young people to gain their full maturity in these areas and their right of access to health-promoting environments, opportunities and resources. Youth also has the right, indeed the obligation, to find a productive role in society. The development of supportive social structures is the first step, and the key element is youth’s active involvement. A sound youth strategy should insist on the participation of the young at all levels of decision-making, particularly in matters of education, employment, health and recreation. If such participation is to be genuine, youth will have to be involved in defining problems, setting priorities, managing programmes, and evaluating progress.

Youth involvement should also extend to the operational level. A commonly cited example is that of young people who are involved in caring roles, particularly ones that use the special talents, values and credibility of youth, in contrast to those that merely mimic or are scaled-down versions of adult professional roles. Youth can use its own special skills and unique credibility in peer counselling, participation in mutual support groups, and other activities.

**Developing personal health skills**

The strengthening of young people’s involvement in social structures should be complemented by the improvement of their skills in promoting, protecting, and caring for their own health. Self-care education and collective learning in health, on the lines of women’s health groups in several industrial countries, can lead to the acquisition of useful skills in health care. Such education can be achieved without the medicalization of social functions, without professionalization, and without inflicting damage on cultures. An informed, skilled, health-confident youth knows what it needs to do in health and health care, what it can do, and what requires the help of others. A sense of body ownership and a knowledge of what it takes to maintain health is essential. The medical education of young people should begin in early childhood. This means abandoning school health education that shies away from self-

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diagnosis and self-treatment. Young people can be taught, and are eager to learn, about personal medical care, and will respond to an educational approach that provides “clinical” opportunities to learn skills appropriate to their level of maturity. Such
skills should not be limited to the field of allopathic medicine, but should also include care strategies from other medical belief models associated with particular cultures.

In addition, it is never too early to help young people to learn about the application of epidemiological principles in decision-making, whether at the personal, group, or community level; the participation of youth should not only be enthusiastic, but informed and capable of adjustment as situations change.

**Reorientating health services**

A sound youth strategy should aim to involve professional health workers to the greatest possible extent. Professionalism among health workers as we now know it, however, tends to hinder youth empowerment in health. People enter professions with the expectation of developing skills that will differentiate them from clients or patients. And this differentiation is often seen in terms of power to define problems, order treatment, and obtain compliance. The sharing of power in these areas is seen by some professionals as removing their mystique and thus lowering the trust of patients and the care-giver’s effectiveness. It will not be easy to convince health professionals of the value and satisfaction of power-sharing, particularly with young people. Providers of health services should be aware of the impact of their routine services on the health of youth. Health promotion should be part of their caring role. The first guiding principle is that no harm should be done. Health care is an opportunity to engage young people in a partnership that maintains primary control with them. Self-ownership is the touchstone of health promotion. Paternalistic, moralistic and authoritarian approaches are demeaning and, ultimately, counterproductive. They can create a state of dependency and an addiction to medical care which depresses interest in personal health care and lowers resistance to iatrogenic disease.

The authoritarian image of health workers will not disappear by fiat or even goodwill. Health care providers have to learn by experience how it feels to liberate rather than control their clients. This means stepping out of the clinical role into an advocacy role and helping young people to understand their right of access to health-promoting options, both personal and communal. It also means motivating health professionals to learn more about adolescent development and the skills needed to promote healthy life-styles and healthy public policy. These requirements are almost wholly absent from professional education in health, which is orientated towards pathology and individual treatment. Is it too much to expect that care-givers be taught elementary skills in counselling, listening, and peer education strategies?

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Will it prove possible to reject the temptation to focus on young people as prospective patients or clients? Structural change, intersectoral planning, and youth involvement are all easier to propose than to implement. “Bottom-up” development is an ideal that requires community awareness and effective leadership. Country policies and traditions have not, on the whole,
favoured the redistribution of power, the altering of established social institutions, or the emphasizing of health promotion rather than preventive or curative services. Yet these are precisely the central requirements of a sound youth strategy. This state of affairs argues for global structures and activities making it possible to stimulate, offer counsel, diffuse innovations, and legitimize the efforts made.

This I see as a unique opportunity in the march from cure to prevention and from prevention to promotion, from primary health care to primary health. Far from being mutually exclusive, these concepts in fact strengthen each other. And there is no doubt that health promotion is needed most urgently among young people.

Reference


**Discussion**

**Yuan Xiaolou**

—Create the right conditions

China has more than 500 million people under 30 years of age. Since 1949, great efforts have been made to create favourable conditions for the development of the young, by building children’s hospitals, maternity and child care institutions, and activity centres for children and youths. Furthermore, a nine-year compulsory education programme has been instituted. Official surveys in recent years have shown that, particularly in rural areas, young people are taller and in better physical condition than their counterparts were forty years ago. Life expectancy has increased and some malignant and epidemic diseases have been virtually wiped out.

In China today it is the responsibility of society as a whole to ensure the well-being of the younger generation. Various governmental and nongovernmental organizations are engaged in this area. As Professor Levin says, intersectoral action is vital in working towards the achievement of a healthy population of young people. Departments in ministries and commissions under the central government deal with young people’s problems relating to study, work, employment and health.

Young people have organizations of their own, such as the Communist Youth League, the Youth Federation and the Students’ Federation. These bodies mostly have national networks and can influence government policy; they have their own financial resources, activity centres and newspapers. Frequently, they help decision-makers to work out guidelines on
youth participation, development and health conditions, and they make proposals to enact laws for the protection of juvenile rights and interests. All the members of these organizations are young people, whose representatives are elected under strict procedures. The most influential mass medium for young people is China Youth News, a national newspaper with many millions of readers. It receives several thousand letters a day from young people, concerning their desires, interests, and difficulties. Both the Communist Youth League and China Youth News have proved highly effective in encouraging young people to participate in social life. Spontaneously formed societies set up by young people with particular hobbies or occupations are also important in this respect.

Over two-thirds of China’s adult males and about a fifth of adult females are smokers. Several anti-smoking drives have been conducted by official bodies but the results have been negligible.

More and more young people in China are becoming short-sighted as a result of intense competition in college entrance examinations and excessive homework. In

There are also five million blind children, six million deaf-mute children, and 30 million handicapped young people and children in China. Some of them are taken care of by their families or helped out by social welfare bodies. However, quite a number have difficulties in getting medical treatment and employment.

It is worth noting that the deteriorating environment is adversely affecting the health of young people. They suffer both mentally and physically as a result of serious pollution of water, air and the soil, and because of ineffective safety measures in the workplace.

China needs young people of strong physical constitution. The government intends to create more opportunities for them and to give them more support and wider choices. It also plans to enable them to acquire useful knowledge about health from modern information facilities.

The young depend on political justice, economic growth and world peace for their healthy development, which, in turn, helps to strengthen these very conditions.

Masamichi Sakanoue & Noriaki Kasai

—Educate for health

The health of the young is profoundly influenced by environmental and economic conditions, which, of course, vary from country to country. In Japan, steeply rising land prices are creating difficulties in the

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cities, where millions of people, crowded together, work endlessly to pay off the mortgages on their homes. After the Second World War, vast numbers of people moved from rural to urban areas. Today there is a smaller proportion of young people in the villages than formerly, and a greater proportion of old people.

Education is widely available but its content leaves much to be desired and there is a great need to redefine its purpose. At present there appears to be too much uniformity and insufficient choice.

Unemployment is not a serious problem in Japan and it is fairly easy for young people to change jobs if they are dissatisfied.

There is an increasing awareness among ordinary people that the environment has been endangered, even sacrificed, in the name of economic progress. Some young people, and even older people, are returning to rural areas because they find conditions intolerable in the cities. Many people are making it clear that they wish to live their lives in comparative tranquillity. The environment can influence people’s philosophies; conversely, of course, philosophies can and do change the environment.

Young people are taking their destinies into their own hands, whether as family members, students, or employees. Instead of throwing up our hands in anguish at this prospect, we should perhaps change the educational system so that people are better equipped to cope with the modern world. As Professor Levin remarks, well-informed young people can be expected to know what they should do in matters of health care.

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Bencheikh El Hocine Abbas

— Guide the young

I should like to respond to Professor Levin’s article by referring to the Islamic religion, which attaches particular importance to health as a prerequisite for a happy, serene and responsible life. Only people who are in perfect health can have healthy minds and a good grasp of life and the world. Islam has sought to preserve human health by formulating a series of injunctions on what one should and should not do. The Koran advises us to “avoid putting ourselves in danger of our own making” (verse 195 in sura 2). According to Islam, prevention is better than cure. Islam tells man what to eat and drink, how to dress and where to dwell, as well as what to do, energy and strength permitting. A Muslim must practise the religion to the best of his ability, particularly in the observance of prayer, fasting and pilgrimage to holy places of Islam. Alcohol, adultery, drugs and anything else...
prejudicial to health are strictly forbidden. Islam is a source of moral qualities that help people to avoid succumbing to temptation. Certain desires, such as that for food, are not forbidden, but the Koran says "eat and drink without excess".

According to Islam the health of children, the rising generation and the hope of the future, is the responsibility of their parents. It is necessary for children to be taught all about what is good and what is bad for health. Parents should point out to their children people who have not taken account of the rules for health, so that they can serve as a warning. Children must be made to believe that failing health and all the ills attending man, paralysing him, poisoning his life and making him unhappy, are God's punishment for failure to obey divine commandments on health.

The religious education of young people involves purification of the soul, correction of conduct, development of moral qualities, enrichment of knowledge, and development of a proper attitude to life and of immunity to all the physical and moral ills to which they may be exposed. Thus the young are protected against the scourges of the world, such as the epidemics caused by the modern way of life in materialistic, permissive societies. Yet some people now live like animals without morality, religion or law to prevent them following the path of evil and practising immoral and disreputable acts.

Gathogo Ngugi
—Involve the young

Rapid population growth is a major challenge facing African governments. The percentage of young people in populations ranges from over 60% in Kenya to about 40% in most countries of the continent. We cannot afford to ignore their health if we are to face the future with confidence. Unfortunately, due to the crises of debt, famine, floods, environmental degradation, and so on, the health of the young has not always received the attention it deserves. True, a few countries have a ministry of youth, some celebrate a "National Youth Day", and others have a national youth policy. But even in these countries the health of the young is not a priority.

Everybody, and that includes young people themselves, should now do something about the health of the young. Professor Levin has identified some of the actors in this endeavour. I should like to look at the roles that various actors have to play. Parents, educators, politicians, churches, youth organizations and the mass media have important contributions to make.

Our parents are our first contacts with the world. They are constantly with us during our early childhood. Parents can have a positive effect if they educate their children to adopt healthy habits and life-styles.

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In most cultures, teachers are the first contact that the child has with the outside world. They are the bridge to knowledge and what they say is respected. They can promote healthy living through their teaching and example. Most health problems confronting young people are the result of behaviour that involves risk-taking. The energy, creativity, vision, adventurousness and other virtues of youth need to be properly harnessed and not frustrated. Teachers, who may spend more time with children than do their parents, have a major role to play here.

Politicians can influence decisions in favour of the health of the young. They should remind government that youth is a resource that can be used constructively and that it is the hope for tomorrow. Government policies should take care of young people's problems, especially those of school-leavers and the unemployed. Because they have nothing better to do, some youngsters become involved in activities that are injurious to health, such as smoking, drinking and drug abuse. Furthermore, there is a scandalous waste of the resource of youth in Africa.

Traditional cultural values in Africa promoted healthy living, and everybody had a role to play. The old social systems worked well but are now disintegrating. The churches have, by and large, replaced some of the traditional institutions and should, through their sermons and teaching, promote healthy living, especially during the formative years. Teaching should be realistic and practical. African society is by nature religious, and consequently religious institutions can do much to influence the health and future of our youth.

Professor Levin emphasizes the importance of youth organizations. I believe they have a crucial role to play in the promotion of health among the young. Left alone, young people can accomplish wonders, but they benefit from occasional adult guidance. Youth organizations should enable the young to come together, make plans and implement them; in other words, to do their own things and release their energy and frustrations. These organizations can also contribute significantly to the education of young people. Thus in the Scouting movement we encourage self-education through non-formal means in outdoor settings. This kind of learning, where the learner sets his own pace and is the central figure in the learning process, leaves a lasting impression on the individual. Youth organizations can also help the young to promote their own health and that of their families and communities through education, mass campaigns, information, counselling, participation in the provision of health services and improved living conditions, and the provision of support services to health professionals, e.g., the Scouts' and Guides' promotion of good child care practices in collaboration with UNICEF through the "Help Children Grow" project. Thus young people, through their organizations, can do a lot to improve the environment and bring about healthy lifestyles.

The mass media could play an important role in the promotion of young people's health by highlighting the problems of the young and the efforts they make to improve their health, and by giving them a

Youth organizations can contribute significantly to the education of young people.
forum to air their grievances, ideas and suggestions. The mass media could also help to educate the young. In Africa, radio is the most effective means of communication; television, the cinema and videos are also becoming popular. And it should not be forgotten that song and drama have long been used as vehicles for messages in Africa.

Clearly, we can all play a part in advancing young people’s health. Until now the matter has not been given the serious attention it deserves. Young people have a crucial role to fulfil in society and should be given an opportunity to do so. For the sake of society today and tomorrow let us involve them in the promotion of their own good health.

John A. Calhoun
—Give adolescents meaningful roles

Society, at least in the USA, does not seem to pay much attention to adolescents until they cross a pathological line into crime, teenage pregnancy, psychiatric distress, running away, or suicide attempts. Then we focus on attempts to fix or control the problems.

It is time to stop waiting for problems to occur. We should challenge the young, make them feel a part of their communities, and channel their energies into positive ends. Given the opportunity for responsible, useful involvement and the chance to contribute, they will acquire a stake in their communities that will help them mature into successful adults. What is needed is an approach suggesting that they are responsible and needed. In practice, however, policies rarely allow young people to feel that they are a part of the social contract.

Professor Levin mentions public health’s tradition as “fundamentally epidemiological and clinical ... problem-orientated, not development-orientated”. This is reflected in our attitudes and policies towards adolescents. The literature contains little about adolescents that is positive. Adolescence is seen as a difficult time of transition rather than a legitimate stage in its own right, with its own particular difficulties and unique opportunities.

Society has not given young people adequate opportunities to explore and integrate themselves into the social fabric. Refused partnership in the social contract, they display a variety of symptoms that reflect dislocation and isolation. But the adolescent years do not automatically usher in a decade of trouble. We can begin to regard youth as resources for the school and community.

The young can gain work-related experience, develop a sense of their role and stake in the community, apply what they learn in the classroom, and develop a sense of pride in their schools. We have been involved in projects in which youths help to tackle the most vexing of social problems, among them illiteracy and homelessness. We have seen all types of
adolescents serving in this way, from pregnant girls putting on plays for elementary school students about what it means to be a teenage mother, to relatively privileged young people “adopting” children in shelters for battered women.

In the course of executing projects, young people learn. Confronted with the need for resources, they must tackle budgeting and fund-raising. Those who wish to counsel their peers find they have to understand key concepts in psychology. Those organizing cleanups discover there is more to getting rid of debris and graffiti than they thought. Nascent skills in planning, coordinating and implementing are all needed. While the most fundamental health policies must continue to be pursued—those concerning adequate nutrition, reduction of injuries, and so on—we must consider what fragmented families and anonymous neighbourhoods seem to convey to our adolescents: that they are not needed. Professor Levin is to be applauded for advocating the involvement of youth in the promotion of its own health.

We could continue to deal with pathologies, treating symptoms instead of addressing core issues. Alternatively, we could re-examine our view of adolescents, and if we did so it might be possible to provide them with meaningful roles and for them and their communities to benefit accordingly.

O. Ransome-Kuti

—Listen to the young

As Professor Levin implies, young people are idealistic, vocal and readily take up causes. This may seem threatening to adults, even if they agree with the causes. Eruptions of student activism are, however, rarely the result of impulsive behaviour. Young people are eager to discuss issues, and confrontation can be avoided if open communication is encouraged.

Cultural values in some parts of the world work against normal adolescent development, particularly if adolescence and youth are viewed as an apprenticeship period. The creativity and curiosity of young people are sometimes suppressed by their seniors; young people’s contributions to discussions may be devalued and dismissed due to supposed inexperience; and the young are expected to know how to behave in an adult fashion with respect to sexual matters even if these are not broached with them.

In Nigeria there has been a deterioration in the situation of young people. They loiter in the streets, engage in petty crime and use drugs, perhaps because of the high unemployment that delays their assumption of full adult roles and responsibilities.

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Problems affecting young people represent a challenge for intersectoral initiatives.

Often the education they receive does not equip them for the entrepreneurial roles they may have to assume.

We should not hastily create juvenile courts and remand homes, but instead ask
ourselves what are the basic requirements for young people to grow up normally. Problems affecting young people do not fall within the realm of any one ministry; they represent a real challenge for intersectoral initiatives.

In many developing countries, medical records are not kept for young people. Consequently, disabilities acquired in childhood may not be recognized, e.g., mild mental retardation and congenital heart defects.

Our recollections of youth as a period of great joy and inspiration should evoke a positive attitude towards young people. By listening to the expression of their hopes and fears we will discover that what they are saying is both sensible and important.

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Ashvini Sarapeshkar

—Health has to be consciously sought

Professor Levin’s article induces me to reflect on the words of my parents. My mother said that ill-health was an old-age occupational hazard, my father that he had thought about health only when his parents had told him to eat this or that because it was good for his health.

I must confess that, until three years ago, I thought as they did, despite belonging to an age when people are increasingly health-conscious. However, I have since experienced a debilitating attack of jaundice. At first I felt too ill to think. Then I imagined I might produce a great work of art while incapacitated! Subsequently I suffered from depression; my world narrowed, so I tried to bring in the outside world, which tired me with its sheer magnitude. I became catatonic. Eventually, I recovered and everything fell back into perspective. This episode marked a period of self-realization for me.

In the 1960s and 1970s, people took to health as a fashion. It was no longer quaint for milk to replace whisky or for people to try to get themselves into shape. It became a status symbol to look young and fit. This contrasted with the seemingly lackadaisical attitude of my parents towards health. Were they naturally healthy? They said that they might have been constitutionally stronger than me because they ate less-adulterated food and breathed less-polluted air.

For the new generation, pollution is certainly a problem. Health cannot be taken for granted. It has to be consciously sought.

My father suggested that I had been seeing health in only its sheer physicality, as the world now depicts it. Was not “All brawn and no brain” a slogan of the present? Had mediocrity triumphed? He cited examples from the cinema, music and books. I responded by referring to T.S. Eliot and other distinguished modern men of letters. However, I had to admit that they had often derived inspiration from the past. The bad grows with the good, but when mediocrity and downright badness emerge as a trend, and spiritual and intellectual depravity are at their height, the bulk of art reflects the situation.

Of course, in India the problem assumes a different dimension, most of the population being rural and having exercise, in the form of physical labour, and health, in the form

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of home remedies, as a way of life. The emphasis therefore shifts and the consideration here is not one of cutting down on fat and of increasing exercise. Instead one has to contend with malnutrition and strive for economic self-sufficiency. Only when a reasonable standard of living has been achieved can one start worrying about mental and physical well-being. An empty stomach allows no scope for the luxury of intellectual debate.

Many young people in urban areas have begun to take a narcissistic interest in health and have become obsessed with what they see as improved life-styles. Sometimes they have created artificial needs for themselves.

The point is that the problem of ill-health has been recognized and isolated for attention. The uphill task of attaining health, partly through education, remains.

Robert Sebbag

—Make education a two-way process

The achievement of health among young people is surely one of the noblest goals to which we can aspire, yet adults often find it difficult to discuss.

Professor Levin cuts a clear path through a jungle of preconceived ideas about drugs, accidents, AIDS and other hazards to which young people are exposed. He rightly stresses the importance of education, training and the creation of awareness in opening the way to solving many of today’s problems. The merit of his article is that it shows the pernicious effects that education can have if poorly designed or imparted.

Training, education and the creation of awareness are what adults generally

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consider to be necessary for young people. But the young also need opportunities to explain their situation, opinions and perceptions to adults.

Many adults forget their own youth and the problems that young people encounter. Adults should try to remember how they felt when young and act accordingly, otherwise they will not be credible to young people.

Health policies tend to concentrate on clinical problems and the curing of disease. For young people, this is not good enough.

As a rule, the young are considered newsworthy only when they do something wrong. They should therefore create their own media so as to be able to describe their experiences and give their view of things to the wider public. The innocence and honesty of their opinions should shine out from their writings and influence the adult world.

Professor Levin’s article provides a realistic basis for discussion, but there is a long way to go before a satisfactory health policy for youth can be devised.

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Marcel Bleustein-Blanchet
—Let the young inform the young

One cannot but agree with Professor Levin’s basic conclusion: the health of young people depends on their integration into society.

The trouble is that we continue to regard youth as a stage that causes problems for everyone. This is why we generally provide remedies only after the event, and yet give dire warnings about catastrophes in store for youth.

Fear of AIDS, drugs, alcohol, road accidents, and unemployment: modern society imprisons its young people in a ring of fire fuelled by its own anxieties. I often wonder how young men and women manage to enjoy life when they are given so much advice, under pain of awful punishment, to stop drinking, smoking, making love, taking chances, being daring. The only escape routes are those of apprenticeship examinations, military service, marriage, and so on.

Today, many young people have two essential privileges of adulthood: economic power and access to information. Yet society continues to keep the young on the sidelines by preventing them from participating actively in community development.

In France the explosion of May 1968 was a warning shot that has been too quickly forgotten. A good opportunity was lost on that occasion to give young people their proper status. But it may not be too late.

Let us stop regarding the glass as half empty, and think of it as half full. Let us stop brandishing apocalyptic threats on the pretext of protecting the health of young people. Instead let us give them reasons for living. Of course, we should care for people with AIDS, drug addicts, and victims of tobacco, alcohol, or road accidents. And it goes without saying that we should develop information on preventive measures. But we should realize that messages are often received but not taken in, like water off a duck’s back. The young should be offered messages that will encourage involvement. In other words, let us ask the young to inform other young people.

Above all, new ways should be devised to interest young people in public affairs through clubs, shadow town councils, youth parliaments, and so on. Cooperation between industry and schools should be organized. Let us call on young people to help us in all areas of society. Let us stop wasting the enormous potential for creativity, dynamism and faith among the young. In this way we will do more for their health than any campaign based on epidemiological considerations.

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Twenty-nine years ago I set up the *Fondation de la Vocation* with the aim of helping young people to take up occupations in which they would have a passionate sense of commitment; 780 people have passed through the Foundation, a number of them physically handicapped. All have developed vocations to a high degree and all are in excellent health. There can be no doubt that good health is favoured where the joy of self-expression and the freedom to choose congenial work are realities in people’s lives.

**Abdul Ahad Gamaluddin**

— *Sport, a vital facet of health development*

Today’s children being humanity’s hope for the future, it is hardly surprising that their care is receiving increasing attention in all parts of the world. Education is provided by the family, kindergartens, schools, religious institutions, the mass media, and sports clubs. Societies of diverse cultural backgrounds have cared for children throughout history, and have instilled in them values and principles so as to favour continuity, progress and prosperity.

As may be deduced from Professor Levin’s article, the proper upbringing of children requires attention to all the diverse aspects of education. Physical education is closely linked to the requirements of growth, health status and social values. Societies that believe in the vital importance of sport are healthier and saner than those that do not.

It is therefore the duty of countries to promote sport for their citizens throughout life by means of well-conceived programmes based on:

- **The proper upbringing of children requires attention to all the diverse aspects of education.**

- health education in childhood;
- children’s films illustrating the relationship between the child and its environment, and explaining aspects of the major communicable diseases and means of prevention;
- lectures on health awareness given to youth organizations;
- publications for all age groups on means of preventing diseases;
- competitions on hygiene and improvement of the environment;
- the education of mothers and families on proper nutrition;
- emphasis on the importance of sport and exercise as means of attaining better health;
- control of adverse social behaviour, including the use of drugs and alcohol, among youth.

**Yong Sin Kong**

— *The case of the handicapped young*

Professor Levin’s article impels me to make a plea on behalf of a particular group of

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young people—the physically and mentally handicapped. They suffer tensions of all kinds and are often neglected, segregated and discriminated against.

Many physically handicapped young people are highly educated professionals possessed of great energy and ambition. They could help to solve some of the problems of others less fortunate than themselves by creating a foundation for this purpose. Within such a framework it would be possible for the leaders to dedicate their knowledge, skills and experience to guiding people towards commercial self-reliance and improved health care. Of course, in order to achieve this, financial resources would be necessary.

This kind of action could well persuade the community to accept unfortunate young people, and could lead to a diminution of the negligence, segregation and discrimination to which they are subjected. With the constant involvement of physically handicapped young people in such a scheme, the outlook for the young handicapped in tomorrow’s world would undoubtedly be somewhat brighter than it is at present.

How does the law help young people’s health?

A comparative survey of how legislation affects the delivery of health care services to young people throughout the world describes approaches representative of current practices and assesses the trends in law and policy apparent on a global scale. The information is presented in a simple and straightforward manner so as to be easily understandable by administrators and policy-makers without a legal background.

As might be expected, there are great disparities in the ways in which law and policy are used to address adolescent health issues. This is partly the result of differences in legal traditions but also, to a large extent, of differences in culture and socioeconomic conditions. An important conclusion that can be drawn is that, while law and policy are important and carry important messages, they have their limitations. Legislation is likely to have little effect if the messages are not translated into action.