COLUMN: GLOBAL HEALTH POLICY PERSPECTIVES

Why We Need to Think Young

为何我们需要保持思想年轻

¿Por qué tenemos que pensar joven?

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Citation

Global Adv Health Med.
2015;4(4):8-10. DOI:
10.7453/gahmj.2015.068

Key Words

Youth health risks,
young, adolescent
mental health,
youth engagement,
stakeholder
collaboration

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Overlooked and often marginalized, the young are our most precious resource. They are the future teachers, parents, health workers, political leaders, scientists, laborers, innovators, and world citizens. So why do I suggest that they're overlooked, or more so, marginalized? Let me explain.

First, young people, defined here and elsewhere as individuals 12 to 24 years of age,¹ are underrepresented in the issues that most impact their lives. While the period known as adolescence can vary across countries, societal and economic factors of the past century, particularly in high-income countries, have extended this developmental phase. Today, education in such settings often extends past secondary school to university and, for some, beyond to post-

graduate study and a more prolonged state of economic dependence. Left out of decision-making bodies and community councils, voiceless in policy-making circles and boards, the young, who represent 28% of the world's population,² entrust their wellbeing and the future they will soon inherit to today's leaders and various power brokers. We can do better.

Second, young people are vulnerable. Caught in the transitional years between childhood and full adulthood, youths' minds, bodies, brains, relationships, and perspectives are rapidly changing. In today's most complex world, they are exposed, more than any generation before them, to myriad complexities and entanglements of local, regional, and global concerns. Yes, many young people grow in stable environments; however, a disadvantaged larger proportion live impoverished with the associated lack of education, healthcare, and economic security that nurtures their more fortunate contemporaries who thrive in secure surroundings. Far too many are displaced by war and natural disasters, forced to serve as child soldiers, and forced into slavery in its various iterations as child laborers or prostitutes. In short, today's young experience a coming of age unlike any other generations before them. We can improve how we protect them.

Next, the young, though chronologically approaching the prime of their physical strength, are vulnerable to a number of health risks. Globally, they represent the second-largest proportion of individuals newly infected with HIV.³ They bear the highest burden of risk for injuries and accidental death, especially those associated with motor-vehicle and other transportation-related accidents.⁴ And they are disproportionately affected by mental health conditions, which, if left untreated, limit their productivity, confound their physical health, and shorten their life spans.^{1,5} Across settings, rates of adolescent suicide have increased,⁶ as suicide ranks as the second-leading cause of death among youths.⁷ We can and must work to minimize these risks.

Finally, despite their value to society and their vulnerabilities, young individuals are uncared for. As a cohort, they are routinely absent from health data⁸ and are under-studied by researchers. We lack visible health data for them as we have for infants, young children, and adults. With the exception of data on sexual and reproductive health (SRH) and infectious diseases, there is a dearth of information

on this substantial segment of the population.⁸ We can change that.

To better understand the lapses and gaps, let's examine each of these 4 areas: the underrepresented and voiceless, the vulnerable, the at-risk, and the uncoun-

THE UNDERREPRESENTED AND VOICELESS

Over the past half-century, several global declarations and convenings marked the rights of children. The Declaration of the Rights of the Child 1959,⁹ the 1979 Proclamation of the International Year of the Child,¹⁰ and the Convention on the Rights of the Child 1989¹¹ intended to assert and protect the human rights of children and to draw attention, resources, and concerted action to improve conditions that mostly afflict children: premature death, malnutrition, and lack of education. The promises made more than 55, 35, and 25 years ago and the Millennium Development Goals' (MDGs) health-related targets serve as cornerstones for programs that are reducing child mortality, improving nutrition, and expanding access to education. We need to bring similar focus to the concerns of young people. If we expect to improve the effectiveness of SRH programs, we need to better engage young people in their healthcare. Researchers report disappointing results from SRH programs noting their lack sustainability; while well intended, for various reasons, they fall short of producing desired health outcomes among young people.¹² We must invite youths to be more involved in their future by bringing them into conversations to plan and implement preventive health and treatment programs in their communities. They need to serve as valued members on the village councils and project teams. Their voices are essential in circles that develop health programs as well as those that strive to grow jobs and economic opportunities.

THE VULNERABLE

Adolescents are orphaned, abandoned, sold, displaced, enslaved, homeless, politically imprisoned, encamped, trafficked, and forced to serve as soldiers, child brides, prostitutes, and laborers. And yes, there are numerous foundations, non-governmental organizations (NGOs), and governments working to protect children: CARE, DIFID, Save the Children, UNICEF, the Bill and Melinda Gates Foundation, and scores of other foundations, faith-based entities, and organizations that target children. However, with well over 3 million NGOs across the globe, we can better protect the vulnerable young if we think of new ways to work collaboratively across sectors.

THE AT-RISK

Today, far fewer infants die at birth and under the age of 5 years due in large part to the efforts associated with MDG targets, associated program investments, and monitoring. By contrast, other than HIV/

AIDS and SRH programs, minimal attention and resources are directed at adolescents. Mental health and substance abuse represent the largest proportion of the global burden of disease that impact the young.⁷ The number of youths who commence a life controlled by addiction is staggering. Yet despite the setting, mental health disorders typically go unrecognized, unacknowledged or incompetently managed.¹ The lack of trained health professionals impairs the capacity to meet the mental health needs of the young.¹³ We must have adequate resources and work to identify more effective interventions. We need to skillfully implement programs so they are available and user-friendly, and we must destigmatize mental health and addictive disorders. We can do better at engaging young people through peer-to-peer models of prevention and intervention. And unquestionably, we need to prepare health workers to assess, refer, and treat young people with mental health issues—be they in Palo Alto, California, or the slums of Mumbai, India.

THE UNCOUNTED

We lack health data for the young.⁸ Government leaders and the global community needs to address the recommendations on measurement, data, and accountability,¹⁴ which are central to expanding equity. Data on adolescent injuries, rates of suicide, prevalence of mental health problems, and motor-vehicle and other transportation-related accidents need to be made part of local to global core indicators.

HOW WE CAN THINK YOUNG

We need to engage and mobilize concerned stakeholders: multilateral and bilateral organizations, governments, NGOs, faith-based organizations, foundations, private philanthropies, business groups, civil society, advocates, and affected individuals and families. We must rethink how we can better work together, step out of our tall silos, and join in more collaborative arrangements that are structured to incentivize, reduce redundancies, and expand sustainable access to effective programs.

We must start by asking young people for their ideas, listening to their solutions, and learning what works for them. Not only will we engage them by designing prevention and treatment programs tailored to their needs, but we will help destigmatize the health risks that most threaten them.

As we cross the threshold into the post-2015 period, adopt the sustainable development goals, and expand access and equity, we have a golden opportunity to think young each step along the way—and we should.

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