

INTRODUCTION

Health is the level of functional or metabolic efficiency of a living organism. In humans it is the ability of individuals or communities to adapt and self-manage when facing physical, mental or social challenges. The World Health Organization (WHO) defined health in its broader sense in its 1948 constitution as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” This definition has been subject to controversy, in particular as lacking operational value and because of the problem created by use of the word "complete" Other definitions have been proposed, among which a recent definition that correlates health and personal satisfaction. Classification systems such as the WHO Family of International Classifications, including the International Classification of Functioning, Disability and Health (ICF) and the International Classification of Diseases (ICD), are commonly used to define and measure the components of health.

Systematic activities to prevent or cure health problems and promote good health in humans are undertaken by health care providers. Applications with regard to animal health are covered by the veterinary sciences. The term "healthy" is also widely used in the context of many types of non-living organizations and their impacts for the benefit of humans, such as in the sense of healthy communities, healthy cities or healthy environments. In addition to health care interventions and a person's surroundings, a number of other factors are known to influence the health status of individuals, including their background, lifestyle, and economic, social conditions, and spirituality; these are referred to as "determinants of health." Studies have shown that high levels of stress can affect human health.

RESEARCH METHODOLOGY

For the purpose of collecting all important data and information required to be processed for establishment of this report content, secondary data collection is chosen to gather all available information regarding health issues surrounding today's youth around the world. Different sources from different web sites used to extract and gather all factual information regarding health issues surrounding youth globally. A similar method used to gather all responses from the various stake holders towards youths' health issues. The sources are carefully chosen in order to ensure quality of the content, relevance, and ease of comprehension. Reason of choosing secondary data collection is based on a fact that varieties of sources are largely available in electronic network.

LITERATURE AND FACTUAL REVIEW

IMPORTANT GLOBAL FACTS

- ✚ Worm infections are the greatest cause of disease among 5-14 year old children.
- ✚ Vitamin A deficiency is the single greatest cause of preventable childhood blindness.
- ✚ Iodine deficiency is the single most common preventable cause of mental retardation and brain damage in children.
- ✚ Injury is the leading cause of death and disability among school-age youth.
- ✚ One out of two young people who start and continue to smoke will be killed by tobacco-related illness.
- ✚ Worldwide, 5% of all deaths of young people between the ages of 15 and 29 are attributable to alcohol use.
- ✚ In some countries, up to 60% of all new HIV infections occur among 15-24 year olds.
- ✚ An estimated 1.3 million adolescents died in 2012, mostly from preventable or treatable causes.
- ✚ Road traffic injuries were the leading cause of death in 2012, with some 330 adolescents dying every day.
- ✚ Other main causes of adolescent deaths include HIV, suicide, lower respiratory infections and interpersonal violence.
- ✚ Globally, there were 49 births per 1000 girls aged 15 to 19, according to 2010 figures.
- ✚ Half of all mental health disorders in adulthood appear to start by age 14, but most cases are undetected and untreated. Around 20% of the world's children and adolescents have mental disorders or problems.
- ✚ Around 1 in 6 persons in the world is an adolescent: that is 1.2 billion people aged 10 to 19. Most are healthy, but there is still significant death, illness and diseases among adolescents.
- ✚ In many high- income countries the incidence of stroke is declining even though the actual number of strokes is increasing because of the aging population. In the low- and middle- income countries, however, the incidence of stroke is increasing. In China, 1.3 million people have a stroke each year and 75% live with varying degrees of disability

as a result of stroke. The predictions for the next two decades suggest a tripling in stroke mortality in Latin America, the Middle East, and Sub-Saharan Africa.

- ✚ According to the *Global Atlas on cardiovascular disease prevention and stroke*¹, over 17.3 million deaths each year are caused by cardiovascular disease (CVD). Ischaemic heart disease (e.g. heart attacks) is responsible for 7.3 million of the total CVD deaths and cerebrovascular disease (e.g. stroke) is responsible for 6.2 million of the total CVD deaths. This makes it the number one cause of death in the world today.
- ✚ In June 2001 there were 3.5 million young people aged 12-24 years in Australia, approximately 18% of the total population. The proportion of young people in the population has been decreasing over the last few decades and in 2001 was the lowest ever observed. This decrease is largely the result of a decline in fertility that began in the 1970s.

RESPONSES FROM VARIOUS STAKEHOLDERS

INTERNATIONAL RESPONSES

It is becoming widely recognized in both developed and developing countries that friendliness towards clients enhances clinic accessibility and acceptability, though such quality-related criteria are difficult to measure. The United Kingdom health service makes it a priority to ensure that all potential users of services, including young people, are able to exercise their right to health care. Throughout Africa, a friendly approach towards young clients involves giving them a say in decisions regarding working hours, staffing, decoration and the attractiveness of the premises, ensuring the presence of younger health professionals at least at the reception and initial screening interview, and/or providing a separate entrance for adolescent clients. Once standards and criteria are clearly specified, it is possible to measure them. An example is the “quality assurance framework for young people’s sexual health and contraceptive services” developed by the Brook Advisory Centres in the United Kingdom. The WHO technical report on programming for adolescent health and development describes the different models in place for delivering health services to adolescents and outlines a wide range of characteristics of “adolescent

friendliness” that corresponds to the World Health Organization’s wider definition of quality health care, highlighting the need for the following:

- ✚ Adolescent-friendly policies that advocate for the provision of services to honour the rights and fulfil the needs of adolescents, that are sensitive to gender-related factors hindering equitable provision and experience of care, that do not restrict the provision of health services on any terms, regardless of status, that guarantee privacy and confidentiality and promote autonomy, and that ensure that the special needs of different population segments/groups are taken into account.
- ✚ Adolescent-friendly procedures that ensure easy registration and record retrieval, short waiting times, free care or affordable charges, and consultations with or without an appointment.
- ✚ Adolescent-friendly health-care providers who are technically competent and act in the best interests of their clients/patients, who are interested and concerned, non-judgmental and considerate, easy to relate to and trustworthy, who treat all their clients/patients with equal care and respect (regardless of status) and are willing and able to devote adequate time to each, and who can be contacted at repeat visits.
- ✚ Adolescent-friendly support staff (such as reception clerks) who are understanding and considerate and treat adolescent clients with equal care and respect, regardless of their status.
- ✚ Adolescent-friendly health facilities that carry no stigma, are situated in an appealing milieu at a convenient and safe location, offer convenient hours of operation, afford privacy, and provide informational and educational materials.
- ✚ Adolescent involvement, whereby they are well informed about the services on offer and their rights to partake of them, and are actively involved in the provision of health services.
- ✚ Community involvement, whereby communities are engaged in positive dialogue to promote the value of health services and encourage parental and wider support for the provision of quality services to adolescents.

GOVERNMENTS RESPONSES

The ministry of health department with responsibility for improving adolescent health should carry out the following actions and functions:

Implementing a national step-by-step process:

- ✚ Conduct a situation analysis of adolescent health or a review of selected public health programmes.
- ✚ Develop a strategy to strengthen the health sector's response to adolescent health, within the context of a broader multispectral strategy.
- ✚ Develop national quality standards for health service provision to adolescents.
- ✚ 4 Disseminate the approved national quality standards to the regional/provincial level.
- ✚ Develop/adapt generic materials to promote and guide the implementation and monitoring of activities to implement and monitor the standards.
- ✚ Develop a coasted national scale-up plan for implementing the standards.
- ✚ Orient and engage leaders of district administrations, and leaders of district health management teams. In implementing these steps, the responsible department also needs to:
 - ◆ Institutionalize these activities within the work of appropriate government departments.
 - ◆ Identify sources of technical support required throughout this step-by-step process.
 - ◆ Integrate activities and associated costs into existing work plans and budgets.
 - ◆ Communicate national policies to all relevant stakeholders and ensure their application.
 - ◆ Ensure that district health management teams and health facilities have the resources they need to deliver health services to adolescents, including: adequate staff, guidelines and standard operating procedures, educational materials, equipment, medicines and other supplies.
 - ◆ Develop and/or adapt existing methods and tools to improve the competencies and attitudes of health facility staff, and information materials for community members and adolescent.
 - ◆ Support the documentation and sharing of experiences in strengthening health sector responses to adolescent health.

PRIVATE SECTOR RESPONSES

A systematic process has been developed for strengthening the health sector's response to adolescent health in individual countries, and specially for scaling up health service provision to adolescents. It begins with a set of actions at the national level, which are followed by subsequent actions at the district and health facility levels.

Implementing the step-by-step process:

- ✚ Orient and engage all relevant district leaders in strengthening health sector responses to adolescent health.
- ✚ Orient and engage district health management teams.
- ✚ Conduct a district-level mapping exercise.
- ✚ Develop a district scale up plan for provision of adolescent health services.
- ✚ Orient health facility managers.
 - Ongoing functions:
 - Act as a bridge between the national level and health facilities, thereby helping to ensure that health facilities have the resources they need to deliver health services to adolescents, including: adequate staff; guidelines and standard operating procedures; educational materials; equipment, medicines and other supplies.
 - Facilitate stronger working relationships among managers of health facilities, between officials in the health and other sectors, and between health facilities and community-based organizations.
 - Support health facility managers to carry out assessments of the quality of health service provision, and to use these findings to address gaps and areas of weakness.
 - Support health facility managers to carry out the essential actions in their health facilities and in the community.
 - Monitoring of the district health management team performance should be carried out by officials from the national level in collaboration with the district health management team.
 - Monitoring should assess whether the step-by-step process and ongoing functions listed above have been carried out.
 - The findings will be used to guide any re-planning that might be required at the district and national levels.

NGO RESPONSES

By bringing in new perspectives, resources and outreach capabilities to supplement the governments and WHO's work, NGOs can make significant contributions to the implementation of public health programmes and campaigns. NGOs can be particularly effective in reaching marginalized populations and remote areas, ensuring community participation, and providing services and advocacy. The polio and epilepsy campaigns chosen for this section demonstrate that when WHO forms stable partnerships with NGOs, public health goals can be greatly enhanced.

NGOs have a well-deserved reputation for setting up services and providing assistance to populations in emergency situations. Between 70 – 95% of health services are reported to be delivered by NGOs in emergency situations. The examples chosen in this section illustrate how NGOs have helped WHO treat and contain malaria, tuberculosis and guinea worm in countries where local systems have collapsed.

With the assistance of these emergency-NGOs, activities are ongoing in several Sub-Saharan African countries and in Afghanistan. Problems that have been addressed include the issuing of clear treatment guidelines in cases of drug-resistance, managing malaria effectively among malnourished people, and treating extremely poor people. Together, NGOs and WHO have developed standardized guidelines, a draft handbook on malaria control, and a training manual for health workers. NGOs have also helped develop and test new tools such as insecticide-treated emergency plastic sheets for the construction of shelters.

Seventeen international and local NGOs are the ones who actually provide out-reach services for people that cover the 18 regions of Somalia. In spite of considerable logistical and security problems, these NGOs have helped ensure that the overall treatment success rate has reached 79%, with several centres reaching the target of 85%. The TB-working group in Somalia is also facing new challenges that will require even more synergy and understanding among partners. The increasing prevalence of HIV in TB patients, the threat of multidrug resistance, and the new opportunities like the Global Fund to Fight AIDS, TB and Malaria make it necessary that a broader approach to tuberculosis be undertaken. The role of NGOs in ensuring that these challenges are met will prove critical in the future.

MEDIA RESPONSES

It is well recognised that the media plays an enormously influential role in public responses to health issues. The mass media - print, television, radio and internet - has an unparalleled reach as a communication mechanism. It has substantial power in setting agendas, that is, *what* we should be concerned about and take action on, and framing issues, that is, *how* we should think about them.

Public health professionals have always been sensitive to the persuasive power of the mass media. In fact public health has often had the challenging task of both using the media to influence health practices while countering this same influence where it encourages unhealthy choices. These issues are especially acute in a crisis, such as the current A (H1N1) 'swine' influenza pandemic. On such occasions hitting the right pitch is crucial, and difficult. Health communicators may need to advocate rapidly and effectively for the public adoption of basic preventive measures, like hand washing, while such messages may be displaced in a mass media dominated by discussion of technical interventions, such as thermal scanners.

For public health communicators to attempt to achieve their goals, it is essential to understand how the mass media works. Over the past three decades, a number of works have investigated how news is sought and shaped by journalists within media organisations. Others have proposed strategies for increasing news coverage of significant health and medical issues. But these strategies need to be pursued carefully.

It is well recognised that the mass media, especially its traditional components, print, television and radio, is in many ways a *poor* vehicle for the communication of scientifically accurate information about health and medicine, prone to sensationalism, sins of omission, and sheer inaccuracy. Many health and medical scholars and professionals would agree with those doctors and news commentators who recently stated that the media fails health services, and that the structural limitations on news production made "evidence based journalism" a "forlorn hope".

Significantly though, none of these dispirited commentators had researched the views of on-the-ground newsroom journalists, producers or editors, the people who select, shape and present news. While many studies of news production processes exist, few address implications

for public health directly, nor explore ways in which it can extend its reach and impact through the mass media. Some do identify that health communication will always be limited within the mass media. The fact that health professionals and journalists have different values and goals - not to mention different concepts of validity, objectivity and significance - is as well-known as the frustrations that arise from these differences.

Journalists tend to use anecdotal or rhetorical rather than statistical evidence; rely on expert testimony rather than on publications; emphasise controversy rather than consensus; and represent issues in terms of polarities rather than complexities. There are significant barriers to increasing quality of health and medical reporting. These include: lack of technical training for journalists, the time constraints of news production, and the commercial imperatives that drive story selection and headlines.

However, it is not all bad news. Research on reporters' attitudes and practices shows that their concerns and aspirations are often much closer to those of the health and medical professionals they report on, and sometimes place them in some conflict with editors and producers. Editors and producers in turn confront tensions between economic and structural imperatives and their own sets of values and commitments. This complexity makes researching journalists very important, and suggests the possibility for improved engagement with the mass media.

Furthermore, public health can have a more productive engagement with the mass media if there is greater understanding of how health news is constructed within media organisations. Armed with this knowledge, public health professionals engaged in advocacy can have the greatest possibility of working with, rather than against, the media.

Accordingly, this study aimed to identify how journalists from all sectors of the news production process worked within their organisations to select, shape and present health news stories. It was conducted as part of a wider study examining the production of news on avian influenza. The study offers recommendations for public health professionals in working more effectively with the media. It adds to the relatively small pool of empirical literature on journalistic practices in health and medical contexts.

YOUTH RESPONSES

Youth participation in community, political and social affairs puts them 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. Results of a 54-country survey indicate that young people wish to be treated with respect and have their voices heard, and to be provided with health services in a professional and respectful manner not just in traditional settings but in all the places that young people frequent. A major limitation in centrally directed programmes targeting high-risk behaviour can be overcome with youth participation in health promotion.

Often risk behaviour is defined according to the perceptions of epidemiologists or other specialists. This means that some vulnerable young people will be overlooked, including those who may be only occasionally or sporadically involved in the risk behaviour. This is increasingly important, as some young people may not identify themselves as injecting drug users, commercial sex workers or homosexuals, but may occasionally consume substances, sell sex or have intercourse with those of the same sex. Using peer-based but anonymous methods for the identification of young subjects makes it possible to extend coverage more widely. The UNICEF Voices of Youth web site provides a clear example of how to elicit and assemble the views of youth in order to structure their contribution to decision making. It should be noted, of course, that market research shows how access to the Internet as a health education resource varies widely between the regions of the world.

As mentioned earlier, a cascade of methodologies relevant to peer approaches is emerging, ranging from peer motivation, social mobilization and information sharing to peer education and counselling, peer-based services, and youth to youth commodity distribution. These approaches enhance the work of health, educational and social services. In most parts of the world, young people consider health a low to medium priority. A recent review of expectations of young Arabs indicates that while economic issues such as job opportunities are important to 45 per cent of 15- to 20-year-olds, health care is a top priority for only 4 per cent

of them. Health ranks below education, the environment, wealth and income distribution, and political participation. There are some young people, however, for whom health is articulated as an issue.

CONCLUSION

In conclusion, it is hoped to build on existing experience in adolescent and youth policy and to help accelerate programming in order to ensure the physical, mental, emotional and social health and overall well-being of young people. Efforts to achieve these objectives should focus on the following:

- ✚ Creating a positive environment for promoting the right of young people to participation, development and peace as milestones on their road to better health.
- ✚ Equipping young people with adequate knowledge, self-esteem and life skills to ensure their healthy development and to advocate for their provision at the family, school and community levels.
- ✚ Enhancing the concept of gender equality between young men and young women and redressing the imbalance in the provision of opportunities particularly for adolescent girls at risk of early marriage and consequent high-risk pregnancy.
- ✚ Providing care and protection for all young people - whatever their health, disability, vulnerability or risk status, their age, gender, sexual orientation or class, or their ethnic, racial, religious or linguistic background through a safe and supportive environment created and supported by appropriate legislation, clinical procedures and health services including counselling.

Recommendation

Responses of World Assembly of Youth

Responding to the issue, the WAY is working to improve maternal health through the Millennium Development Goals:

- ✚ Reduce by 10%, between 2010 and 2015, the maternal mortality ratio.
- ✚ Establish awareness programs and produce publication to assist young people to lessen unsafe motherhood.
- ✚ Encourage all members to organize programs to combat the causes of those deadly diseases or pandemics.
- ✚ Establish awareness programs and produce publications to assist young people to lessen unsafe.

Other objectives are:

- ✚ Reduce 10% of the death rate resulting from HIV/AIDS, Malaria and other diseases.
- ✚ Encourage all members to combat the causes of those deadly diseases or pandemics.
- ✚ Establish awareness programs and produce publication to assist young people to lessen unsafe motherhood.
- ✚ Request all member countries to create and fund facilities for single mothers.

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