

**Challenges for the health sector and academic institutions concerning the health and well-being of young people in Palestine**

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**Abstract**

Research, policy and practice are the three complementary strands that link the emerging adolescent and youth health specialist sector to processes of national development. Academic institutions can contribute to the design and delivery of evidence-based youth health programmes and interventions, to policy-making that values and reflects sound analysis and finally, they play a role in improving the skills of professionals in relevant health sectors (including pre-service curricula and in-service training). The youth demographic dynamic (as related in various official and unofficial sources) is the essential motor that needs to be examined in order to make accurate descriptions, definitions and predictions concerning the relevant population age cohorts (which may be labelled children, adolescents, youth and should be gender disaggregated). Through the collection and dissemination of comparative information about youth policy and of findings from adolescent behavioural research, academic institutions assist in health sector quality improvement. The special Palestinian circumstances of occupation, migration, exile and diaspora are to be taken into account.

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**Introduction**

Interest in the health and well-being of young people has never been higher on the international public health agenda. It is being promoted widely by means of specific youth health partnerships between global and regional bodies (UN agencies, Economic Commissions) and in many countries in partnerships within and between government (Ministry of Health, Ministry of Youth, Sports, Education and other bodies) and Voluntary Organisations, in the framework often of national youth forums and councils.

It took many years to get to the point where one can speak at a development planning or medical conference and say that adolescent and youth health, development and well-being are respected topics for scientific, clinical and political interest. The theme is broad enough to encompass conceptual, applied as well as empirical work on the health and well-being of young people whether in Palestine, the region and beyond.

To set the agenda for the health sector and academic institutions to promote the health and well-being of young people in Palestine for the years ahead, the approach must have a holistic character (rather than one of a dilemma approach) to youth health. All major stakeholders (researchers, other academics, health and youth work practitioners and civil society actors, in particular international youth and health non-governmental organisations, institutions focused on health, policymakers) can provide their input.

**Scope and purpose of youth research**

There is certainly yet only a relatively small group of researchers, practitioners and experts who explicitly focus their research on the health and well-being of young people of Palestine. Such researchers come from a wide range of perspectives, disciplines, orientations and backgrounds. In terms of discipline, the spread of expertise is generally considered to range from social work to psychology, from professional youth work to public health.

Researcher groups worldwide interested in adolescents and youth generally emphasize the role of research to strengthen the knowledge base and the dynamic nature of social forces that impact on young people and determine their health status.

While it can be noted that the meaning of “well-being” may change from generation to generation and place to place, acceptance is almost universal that “social determinants of health” are extremely important considerations for this population. Less than universal, but widely accepted and now pretty standard is the view that research needs to take young people’s view into account. I have an interest to mention the advantage to subscribing to categories and labels used in the international setting. These describe 10-19 year olds as adolescents, 15-24 year olds as youth, and the whole range (10-24) as young people. The young

populations of individual countries may of course be differently labelled for internal statistical, political or epidemiological reasons.

Transition to adulthood is a recurrent and critical topic and there is an evident need to connect it with resilience-promoting factors when the population in question is living in situations of stress and fear. Hence, here in Palestine, research will underscore the need to understand the socio-cultural context of occupation in order to find specific experiences that promote or hinder healthy behaviours, that facilitate health-seeking responses or indeed that ensure that the development tasks of late childhood, adolescence and early adulthood are achieved in the right order and within a normal timeframe.

Critical to adequate understanding of the behaviours and attitudes of adolescents are the behaviours and attitudes of significant adults who influence them, parental responses to changing societal dynamics and particularly to those who might be considered as substitute role models.

There is a wealth of operational research evidence in public health – as well as anecdotes from policy development processes – that emphasize the need to avoid seeing health as a professional matter or technical issue alone. In my own clinical experience, I often would tell a young patient that “your health is too important to be left in the hands of doctors!” Young people can be construed as agents of their own health promotion and protection. It is important to remember that “problem” or “unhealthy” behaviour can be also often understood as “healthy participation” in a given situation. A community needs the meaningful participation of young people in all areas, including in the struggle for health and well-being. In this sense, young people’s “problem behaviour” can be a sign or resource for change. There is a social mobilization potential here in seeing young people as assets rather than as a burden.

In line with these social assessments, researchers need to employ qualitative methods, as well as quantitative methods, to uncover meanings, functions, identities, and subjective cause-effect relationships. From a practical vantage point, youth-friendly approaches to the design and delivery of health services and education programmes are now widely considered to be justified based on evidence drawn from public health settings around the world. On the other hand, peer methodologies, for instance, while they can be a very effective tool box in planning participatory approaches to programmes, cannot be used in isolation from non-peer based mechanisms of supervision and support to integrate them into a system.

### **Research-informed practice of youth work**

Whatever the evidence for the mechanisms used in practice, young people need to know objectively about behavioural risks, including those associated with health-related consequences. It is widely shown that knowledge mediated simultaneously by appropriately informed other young people and by non-judgmental but respected authorities will result in harm being reduced.

If these risks or risk-taking are considered “normal” (i.e., normative), then there is a need to foster familiarity with risk – it should not be treated as taboo. Methods to support familiarity and awareness logically should be developed for various settings (e.g., schools, youth centres, places of worship, etc.). Youth workers, in particular, can develop means to help young people deal with “risky behaviour” without suffering major harm. More attention needs to be paid to conventional and new information technologies, which present multiple and salient risks to young people, and often promote health-compromising attitudes. Awareness of, and ways to deal with these risks need to be a priority in a world where new information technologies are globally available and very salient. Even in the most traditional, marginalised or oppressed community (some would say especially so) new information and communications technologies are to be found, bringing with them content, some of it educational, some of it challenging older views and values.

### **Policy development**

The present conference has an interesting potential to facilitate exchanges between policymakers, researchers, international youth and health non-governmental and inter-governmental organisations as well as other practitioners and civil society actors, to identifying policy recommendations in the area of young people’s health and well-being. All communities have and need youth policy and where it is not set by explicit means, it emerges implicitly.

As participants representing all major stakeholders, different disciplines and backgrounds we can express the scientific based evidence to strengthen political will to improve the health and well-being of young people. A rich and insightful assessment of young people’s well-being and their existential trials and tribulations coming

from notable scientists gathered here will make the discussion of major policy issues more fluid in the corridors of government.

A virtuous circle links thematic research areas in the area of young people's health and well-being with sound developments in youth work practice and the framework of youth policy. The parts of the circle and therefore the items on a future research agenda are:

- **Socioeconomic and structural factors**  
Identify what needs to exist, change or disappear in order to provide young people with a healthier environment to live in and be participants of. The role of the media, how to strengthen the role of family and especially fathers, how to organise the collective work on public policies and the civil society in more youth-friendly manner and finally, how to focus on an individual young person and equip her or him with tools and skills to cope with the challenges found in society. The social and economic connection between youth employment and health status cannot be avoided.
- **Lifestyle factors**  
Identify what needs to exist, change or disappear in the way society treats young people (e.g. acceptance of young people as assets, recognition that youth is not a homogenous group, improved dialogue and solidarity between youth and other generations and with the whole range of stakeholders), in formal and non-formal learning opportunities and in young people's attitudes.
- **Participation issues**  
Verify the existence of and the bodies and communities creating spaces and structures where all social actors can work together on the needs of youth. Equally, identify the mechanisms that influence policies and decisions in order to complete a mapping of structures of participation according to a progressive ladder of involvement.
- **Knowledge base**  
Systems are needed to "know your youth" – these are the essential tools for monitoring the demographic position of young people, trends in union formation, how they benefit from education and training, their access to the labour market and contribution to economic development of the country, their health and well-being including mental health, the burden of disease, injury and violence falling on them. The national knowledge base of indicators should seek to be comparable across the Arab region and able to compare the situation of youth here with those in other regions. Youth aspects in the UN MDGs are possible to identify, and are becoming recognised as a basis for youth programme planning. Along with them go the strengthening of sources of demographic and health statistics. There is basic message to communicate, that sex and age disaggregated data are essential, especially if gender dimensions of development and the effects of sex- and age-related stereotypes are to be assessed. Improved dissemination of existing knowledge, including with other regions (for example, through Europe-Mediterranean co-operation) is needed.

A fuller understanding of the key topics of such a research agenda focused on the adolescent and youth population will make it easier to identify the expressed needs of adolescents and youth concerning health provision. The health system changes that are required to more closely respond to the relevant expressed needs of their potential young clients will be more accurately described, more easily implemented and efficiently managed.

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