

The World Health Organisation's **Commission on the Social Determinants of Health** (CSDH) has identified principles and recommendations to tackle health inequities: the factors responsible for avoidable health inequalities, which persist globally and in the European Union. This series of summaries, updated and expanded online at www.equitychannel.net, introduces how those and other recommendations, as part of evidence based health promoting approaches, could be applied to a range of European Union legislation, policies and programmes. The aim is to improve international, national and local policies and practices within and beyond health systems, in order to promote better health and wellbeing for all

Why making the link matters

Adolescence and early adulthood represent a transition period marked by many pressures and challenges, including physical and emotional changes through puberty, changing social relationships and growing academic and professional expectations¹.

Every day, over 300 young people die from largely preventable causes². Risky behaviours and lack of access to healthcare facilities, support or information may have immediate effects on a young person in form of injuries from accidents or violence, self-harm, unwanted pregnancies or other conditions. In many cases negative consequences may arise later in life, such as chronic diseases resulting from tobacco or drug consumption, lack of physical activity or unhealthy diets. Poor health outcomes may also reduce the ability to adequately participate in academic, professional and social activities like school, trainings, sport etc. therefore “trapping” individuals in a vicious circle of social exclusion.



The situation

As young people approach adulthood, they face new choices that could represent dangers to their health relating to, for example, alcohol consumption, illicit drug and tobacco use, risky sexual behaviour, violence and injuriesⁱ. The biggest single cause of death in children and young people is accidental injury, and an association between socio-economic conditions has been established: when researchers compared young people of parents who were long-term unemployed with those of parents in professional occupations, the former had a mortality rate 13.1 times higher for deaths due to injury or poisoning and 37.7 times higher for deaths due to exposure to smoke, fire or flame³.

When it comes to substance abuse, around 27% of 15 year olds in Europe regularly smoke tobacco⁴, and the prevalence has been increasing especially among girls. The duration of smoking and number of cigarettes required to establish nicotine addiction are lower for adolescents than adults, so addiction is established more quickly⁴.

Overweight, obesity and unhealthy nutrition in young people are significantly associated with low family affluence in most European countries. In the Health Behaviour in School-Aged Children study carried out among school-aged young people in Europe in 2009 and 2010 it emerged that girls and boys from high-affluence were more likely to eat fruit every day, with a difference of up to 15%¹.

A period defined by substantial physical and psychological changes, adolescence also makes people particularly vulnerable to mental ill health. 4% of 12-17 year olds and 9% of 18 year olds suffer from depression, often with associated symptoms like self-harming and eating disorders, while suicide is the second leading cause of death among those aged 15-35 years. Risk factors for mental health include poverty, social exclusion, violence, peer rejection, isolation and lack of family support⁵. Similarly, migration also has an impact, as case studies from different countries show how foreign-born children generally report poorer psychosomatic health.

Moreover, adolescents tend to be at the stage in life where they initiate intimate relationships and become sexually active. Evidence shows that in many countries the age at which youth first has sexual intercourse is declining. Such early sexual activity may increase the risk of unwanted pregnancy or sexually transmitted infections (STIs), mainly owing to the misuse or non-use of condoms or other contraceptives¹. The WHO has identified inequities amongst youth in access to information and support due to age and place of residence. This means that adolescents may be unable to obtain help for reasons such as restrictive laws and policies that prevent the provision of contraceptives to unmarried adolescents, fear of being judged by health workers, or lack of confidentiality⁶.

Finally, in times of economic recession, young people are particularly affected by unemployment and its consequences as demonstrated by recent Eurostat statistics. In 2010, young people not in employment, education or training (NEETs) constituted 13% of all 15-24-year-olds in the EU, with great variations among Member States. Being in this situation gives rise to a context which is favourable for marginalisation and negative social conditions like insecure and underpaid employment, crime, and mental and physical health problems – These, in turn constitute a burden for the individual and the economy, and therefore for society as a whole⁷.

i According to the WHO, the main causes of injuries include traffic collisions, drowning, poisoning, falls, burns and violence.

Setting an example

The North London Cluster Project

Coordinated by the London Borough of Waltham Forest, this project provides short courses and mentoring to young people aged 14-21 who are NEET or at risk of being NEET. It takes place in areas of London that have high levels of health inequalities and poverty. Each borough delivers slightly different projects with some working only with schools and others focusing on students with learning disabilities. The programmes adapt to the situation of individuals and, according to their needs, address issues like self-esteem and confidence, rights and responsibilities, defining goals and aspirations, and the importance of being healthy.

The Club Health Project

Nightlife plays a major role in modern life, being a critical aspect of youth recreation and a major source of employment, economic development and tourism for towns and cities. However, nightlife activities also create a wide range of health and social problems including alcohol and drug use, anti-social behaviour and crime. The "Club Health – Healthy and Safer Nightlife of Youth" project, with 20 associated and 15 collaborating partners from 15 EU Member States and Norway, supports the European Commission in its public health and other related strategies to reduce the social costs and harm associated with nightlife youth risk behaviours. The project aims to reduce diseases (especially addictions and sexually transmitted infections), accidents, injuries and violence among youth with a focus on specific environments of nightlife. <http://club-health.eu/>

Pathways to progress

The health and wellbeing of young people need specific attention from policy-makers. While an integrated and holistic approach is the way forward, a life course approach recognizing the specific characteristics and needs of every stage in life is needed. Addressing the needs, priorities and risk factors of the youth in a realistic manner, while taking into account differences related to age, gender, sexuality, disability, ethnical and cultural backgrounds, makes social and economic sense for now and for the future. For instance, the WHO estimates that investing in the health of adolescents can help prevent the estimated 120000 deaths that occur in the European Region every year due to road traffic injuries, violence, suicide, HIV and pregnancy-related causes⁸.

EU Initiatives

- **Youth on the Move**

Under the framework of the Europe 2020 framework, Youth on the Move is an initiative that aims to improve young people's education and employability, to reduce high youth unemployment and to increase the youth-employment rate in line with the wider EU target of achieving a 75% employment rate for the working-age population (20-64 years). It focuses on making education and training more relevant to young people's needs, encouraging more of them to take advantage of EU grants to study or train in another country, and encouraging EU countries to take measures simplifying the transition from education to work.

- **Youth Health Initiative**

The Youth Health Initiative aims primarily to involve young people in the decision making process about their health and at generating commitment from stakeholders to improve youth health. Health and Well-being of young people is also a field of action of the new EU Youth Strategy.

- **Youth in Action**

Youth in Action is the Programme the European Union has set up for young people. It aims to inspire a sense of active European citizenship, solidarity and tolerance among young Europeans and to involve them in shaping the Union's future. It promotes mobility within and beyond the EU's borders, non-formal learning and intercultural dialogue, and encourages the inclusion of all young people, regardless of their educational, social and cultural background.

POLICY PRÉCIS

Making the link: Youth and health equity

Additional Information

- **Youth Health Initiative**
<http://ec.europa.eu/health-eu/youth/>
- **Youth in Action**
<http://eacea.ec.europa.eu/youth/>
- **Youth on the Move**
<http://ec.europa.eu/youthonthemove/>
- **WHO Adolescent Health**
<http://www.euro.who.int/en/what-we-do/health-topics/Life-stages/child-and-adolescent-health/adolescent-health>
- **WHO - European strategy for child and adolescent health and development**
http://www.euro.who.int/__data/assets/pdf_file/0003/81831/E91655.pdf
- **Young people's health in the work place**
https://osha.europa.eu/en/priority_groups/young_people
- **Ex-smokers are unstoppable Campaign**
<http://www.exsmokers.eu/>

Contact

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Sources

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- ² WHO Regional Office for Europe, Health at key stages of life – the life-course approach to public health,
http://www.euro.who.int/__data/assets/pdf_file/0019/140671/CorpBrochure_lifecourse_approach.pdf
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<http://eppi.ioe.ac.uk/cms/LinkClick.aspx?fileticket=mVu6mYHcwbc%3d&tabid=2410&mid=4471>
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http://www.euro.who.int/__data/assets/pdf_file/0003/184161/The-European-Health-Report-2012,-FULL-REPORT-w-cover.pdf
- ⁵ WHO Regional Office for Europe, Social cohesion for mental well-being among adolescents, WHO/HBSC Forum 2007
http://www.euro.who.int/__data/assets/pdf_file/0005/84623/E91921.pdf
- ⁶ WHO Department of Maternal, Newborn, Child and Adolescent Health , Making health services adolescent friendly – Developing national quality standards for adolescent friendly health services, 2012
http://apps.who.int/iris/bitstream/10665/75217/1/9789241503594_eng.pdf
- ⁷ European Foundation for the Improvement of Living and Working Conditions (Eurofound), Foundation Findings – Intergenerational Solidarity, Publications Office of the European Union, 2012
<http://www.eurofound.europa.eu/pubdocs/2012/38/en/1/EF1238EN.pdf>
- ⁸ WHO Regional Office for Europe, Health at key stages of life – the life-course approach to public health,
http://www.euro.who.int/__data/assets/pdf_file/0019/140671/CorpBrochure_lifecourse_approach.pdf



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