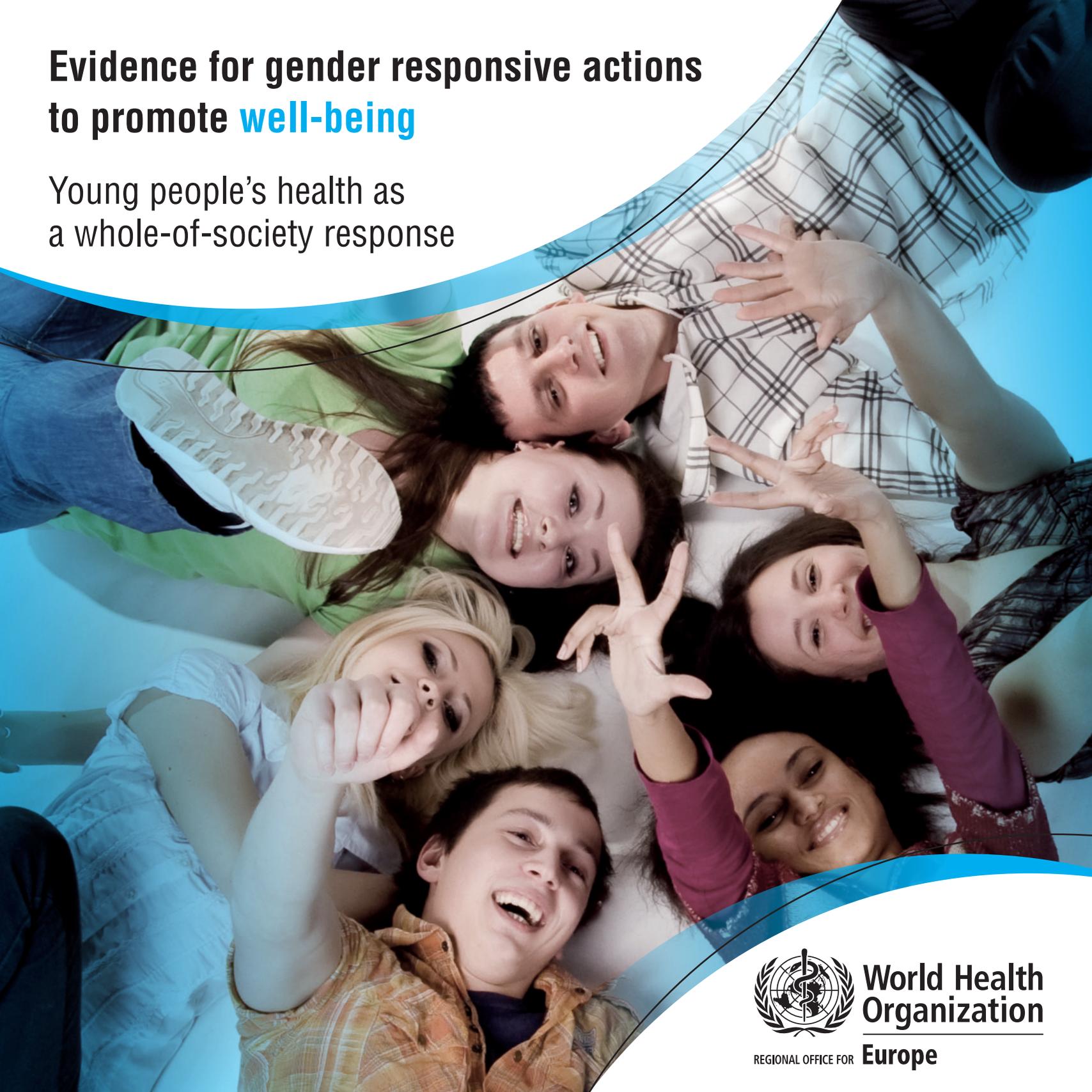


Evidence for gender responsive actions to promote **well-being**

Young people's health as
a whole-of-society response



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Keywords

GENDER IDENTITY
SEX FACTORS
ADOLESCENT
MENTAL HEALTH
HEALTH PROMOTION
SOCIAL ENVIRONMENT

Abstract

The WHO Regional Office for Europe supports Member States in improving adolescent health by recommending comprehensive, multisectoral and evidence-informed adolescent health approaches; by delineating the critical contribution of the health sector; by fostering actions towards reducing inequalities; and by addressing gender as a key determinant of adolescent health. This publication aims to support this work in the framework of the *European strategy for child and adolescent health and development*, and is part of the WHO Regional Office for Europe contribution to the development of a new policy framework for Europe, *Health 2020*, for which the WHO Regional Office for Europe has been mandated by the 53 Member States.

The publication summarizes current knowledge on what works in promoting the well-being of adolescents. It is part of a series that includes social and emotional well-being, chronic conditions and disabilities, adolescent pregnancy,

HIV/STIs, overweight and obesity, violence, injuries and substance abuse.

The publication assumes the position that young people's health is the responsibility of the whole society, and that interventions need to be gender responsive in order to be successful. It therefore looks at actions at various levels, such as cross-sector policies, families and communities actions, and interventions by health systems and health services. The publication does not prescribe nor recommend any particular course of action, which needs to be informed by the country specific context. It rather provides a basis to stimulate countries to further refine national policies so that they contribute effectively to the health and well-being of young people.

Acknowledgment

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Foreword

In May 2011, the World Health Assembly adopted a resolution urging Member States to accelerate the development of policies and plans to address the main determinants of young people's health.

This series of publications, advocating a whole-of-society response to young people's health, and looking at the evidence for gender responsive actions, will be a timely resource for Member States as they implement both the resolution and the European strategy for child and adolescent health and development. The publications clearly show that not only are the health, education, social protection and employment sectors jointly responsible for the health of adolescents, but that effective interventions do exist. Ensuring that adolescents who are pregnant or have children can stay in or return to school, or enacting regulations to limit unhealthy snacks and soft drinks in school cafeterias are examples of policies that are beyond the mandate of health systems and yet generate health. By bringing evidence to the attention of policy-makers, these publications take a practical step toward achieving one of the core aims of the new European policy for health, Health 2020: to promote and strengthen innovative ways of working across sector and agency boundaries for health and well-being.

A common shortcoming of adolescent health programmes across the WHO European Region is that they often look at adolescents as a homogeneous cohort. Far too often programmes are blind to the fact that boys and girls differ in their exposure and vulnerability to health risks and conditions, such as depressive disorders, injuries, substance abuse, eating disorders, sexually transmitted infections, violence and self-inflicted injuries, including suicide. They are affected differently not only by the socioeconomic circumstances of their community and their ethnicity but also by gender norms and values. Research shows this, yet there is insufficient progress in transforming knowledge into policy action. I hope this publication will be a useful tool to facilitate this transformation.

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Introduction

The WHO Regional Office for Europe supports Member States in improving adolescent health in four main ways: by recommending comprehensive, multisectoral and evidence-informed adolescent health approaches; by delineating and supporting the critical contribution of the health sector, including the leadership role of ministries of health to influence other sectors, such as education, employment and social protection policies; by fostering actions towards reducing inequities in health both within and between countries; and by addressing gender as a key determinant of adolescent health.

By bringing together and coherently interconnecting knowledge and evidence on effective interventions and good practices for the better health, equity and well-being of young people, this publication aims to support this work using the framework of the *European strategy for child and adolescent health and development*. It is also part of the WHO Regional Office for Europe's contribution to the development of a new policy framework for Europe, Health 2020, for which the WHO Regional Office for Europe has been mandated by the 53 Member States (resolution EUR/RC60/R5).

The publication summarizes current knowledge on what is effective in promoting well-being. It is part of a series that includes social and emotional well-being, chronic conditions and disabilities, adolescent pregnancy, HIV/STIs, mental health, overweight and obesity, violence, and injuries and substance abuse.

The publication includes two parts. The first part is a summary table of effective interventions and good practices for promoting well-being. The table emphasizes intersectoral governance and accountability for young people's health and development, and takes a *whole-of society* approach to young people's health. It therefore looks at actions at various levels such as cross-sector policies, families and communities actions, and interventions by health systems

and health services. It demonstrates that health systems in general, and health ministries in particular, can work proactively with other sectors to identify practical policy options that maximize the positive health effects of other policies on young people's well-being, and minimize any negative effects. Interventions need to be gender responsive in order to be successful; the publication therefore looks at presented practices through a distinct gender perspective.

The second part explains the impact of gender norms, values and discrimination on the health of adolescents relevant to promoting well-being. Through a review of the existing evidence, it looks at why is it important to look at gender as a determinant of adolescence health, what are the main differences between girls and boys in exposure to risk, norms and values and access to services, and what are the different responses from the health sector and the community. It complements the Gender Tool of the European strategy for child and adolescent health and development http://www.euro.who.int/__data/assets/pdf_file/0020/76511/EuroStrat_Gender_tool.pdf. It gives the readers a deeper understanding of the gender dimension of actions listed in Part I.

The evidence base of this publication includes a review of existing literature, such as scientific and research articles and books, policy reviews, evaluations, and 'grey' literature. It needs to be emphasized that this is not a comprehensive and systematic review of the evidence in the area of promoting well-being, nor of approaches to support policies and their implementation. The publication does not rank presented interventions and good practices in any priority order, and does not assess them against the strengths of the evidences behind them. The publication does not prescribe nor recommend any particular course of action, which needs to be informed by country specific context. It rather provides a basis to stimulate countries to further refine national policies and strategies so that they contribute effectively to the health and well-being of young people.

Adolescent well-being with focus on social and emotional health

PRIORITY	CROSS SECTOR ACTIONS		FAMILY & COMMUNITY ACTIONS	HEALTH SYSTEM ACTIONS	HEALTH SERVICES ACTIONS
	HEALTH IN ALL POLICIES	SCHOOL SETTING			
Promote pro social¹ behaviour and social network	<p>Improve the socioeconomic circumstances in which young people are raised and create greater socioeconomic equality in the population as a whole [13]</p> <p>Implement cognitive-behavioural therapy to reduce recidivism of adolescents placed in secure or non-secure residential settings [7]</p>	<p>Promote participation in formal associations; sport clubs, voluntary service and cultural associations, taking into considerations different preferences for boys and girls [14]</p>	<p>Develop social competences (empathy, gratitude) especially among adolescents boys taking into consideration different cultural contexts [9,10]</p> <p>Implement family and parenting interventions for juvenile delinquents and their families to reduce time spent in institutions [8]</p>	<p>Build psychologists and health professionals capacity to identify and augment adolescent boys' and girls' strengths, and not merely focus on symptom reduction [9]</p>	<p>Promote health professionals' role as advocates on behalf of young people and as providers to young people and their carers of the most relevant and up to date evidence-based information; the methods and language used should be deemed appropriate by the adolescents themselves [13]</p>
Promote independence, self-worth and connectedness with parents	<p>Implement simultaneous interventions for adolescents at government, community, and local level [13]</p> <p>Design and implement strategies that adopt a <i>whole-of-society</i> response to adolescent health and well-being rather than urge adolescents to behave healthy, and are on behalf of adolescents boys and girls rather than directed at adolescents [13]</p> <p>Design and implement interventions that focus on increasing adolescents' overall self esteem and self empowerment rather than on single health issues [13]</p>	<p>Develop comprehensive programmes to stimulate exercise to increase fitness levels and self-esteem in children and young people [5, 6, 11]</p> <p>Stimulate school psychologists working together with parents to make latter understand that adolescents girls have different privacy and independency needs comparing with boys, and different impact on self-worth [11]</p>	<p>Improve young people's social abilities such as assertiveness and self-confidence (especially among adolescent girls) to enable young people to make independent health choices about individual health related behaviours² [10, 13]</p> <p>Design and implement interventions that focus on increasing boys and girls adolescents' overall self esteem and self empowerment rather than on single health issues [13]</p> <p>Implement interventions to promote active leisure (e.g. physical activity) [2, 3, 4]</p> <p>Implement parenting programmes with certain characteristics³ [1]</p>		
Promote help seeking, school & life satisfaction	<p>Carry out research that considers gender and ethnicity simultaneously to better understand group differences in motivation, engagement and achievement [15]</p>	<p>Use effective teaching approaches to promote positive teaching climate, physical and psychological well-being, and diminish school stress</p> <p>Stimulate school psychologists working together with teachers to reduce the level of help avoidance specially among adolescents boys and taking into consideration different ethnic profiles [12]</p>			

¹ refers to the phenomenon of people helping each other with no thought of reward or compensation

² so that they can choose whether to accept or reject certain courses of behaviour; for example, reject a lift home by a drunken boyfriend.

³ see Annex for recommended characteristics

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Gender impacts on adolescent health and well-being with focus on social and emotional health

In line with the WHO definition of health, a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, this chapter focus on gender differences in promoting social and emotional adolescent health. Lifestyle change can be facilitated through a combination of efforts to increase awareness, change behaviour, and create environments that support good health practices (Viner and Macfarlane, 2005).

In order to ensure that women and men of all ages have equal access to opportunities for achieving their full health potential and health equity, the health sector needs to recognize that they differ in terms of both sex and gender. Because of social (gender) and biological (sex) differences, women and men face different health risks, experience different responses from health systems, and their health-seeking behaviour, and health outcomes differ” (WHO, 2009). By this analysis we want to: (1) explore gender differences in various dimensions of well-being, and (2) explore the implications of gender differences to health promotion and health outcomes.

Health promotion is the process of enabling people to increase control over, and to improve their health (WHO, 1986). Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health. Participation is essential to sustain health promotion action.

Social and emotional health among adolescent girls and boys – what do we know? What are the explanations behind the differences among adolescent girls and boys?

Psychologists and health professionals have recently emphasized the need for promoting adolescent well-being, beyond the existing focus on symptom reduction. Mitigating pathology is important, but its absence is different from mental health (Keyes, 2007). The traditional approach -identifying and fixing weaknesses- may be limited in fostering the “good life” (Sheldon & King 2001). Therefore, psychologists and health professionals should consider complementing existing practices by identifying and augmenting strengths among adolescent boys and girls (Froh, Yurkewicz and Kashdan, 2009).

Some scholars have described adolescence as a time of increased gender role differentiation for both boys and girls. Puberty, cognitive development, and new social roles spur students to be more concerned with compliance to gender norms (Lobel et al., 2004). In the last few years, a line of research has focused on exploring the gender differences in the socio-emotional developmental factors during adolescence (Garaigordobil et al., 2009). With regard to social behaviour, some studies have found that adolescent girls score significantly higher in social competence, for example, girls had higher levels of warm and friendly pro-social behaviours and lower scores in aggressive behaviour. However, intercultural differences have been noted; for example, Turkish male adolescents had significantly higher levels of assertiveness than Turkish females, but there were no gender differences in assertiveness among Swedes (Eskin, 2003). In pro-social behaviour, most of the studies conclude that girls have significantly higher

levels of pro-sociality than boys (Beutel and Johnson 2004; Keltikangas-Jarvinen, Terav and Pakaslahti, 1999; Pakaslahti, Karjalainen and Keltikangas-Jarvinen, 2002). Academic failure and dropping out of school (or rarely attending) is associated with the development of antisocial behaviour, higher rates of substance misuse, tobacco use, and emotional problems. In general, youth with more empathy reported more pro-social behaviour.

We identified, therefore, several dimensions that seem to be important in the process of enabling adolescent boys and girls to increase control over their social and emotional health. We have focused on the following dimensions:

1. *Pro-social behaviour*
2. *Gratitude*
3. *Social network*
4. *Independence, connectedness with parents and self-worth*
5. *Help seeking and school satisfaction*

Pro-social behaviours

Pro-social behaviour refers to the phenomenon of people helping each other with no thought of reward or compensation. Although cross-cultural differences have been found, in western countries, boys and girls adopt different cognitive-behavioural roles in life, and whereas it is more frequent for girls and female adolescents to develop cognitions and emotions related to internalizing problems (e.g., sadness, anxiety, anger inhibition), boys and male adolescents develop cognitions and emotions related to externalizing problems (e.g., aggressiveness, dominance) (Garaigordobil et al., 2009). The studies that have explored gender differences in conflict-solving styles have found that girls score higher in communication skills to deal with conflict (Black, 2000), they are more precise in the perception of conflict, and have more skills related to empathy, whereas boys are more assertive with regard to their needs. Therefore, many studies confirm gender differences from very early ages in children's and adolescents' expression of emotions and behaviour.

With regard to behaviour problems during adolescence, gender differences have been frequently found (Ellis and Zabatany, 2007; Gaoni, Back and Baldwin, 1998). Boys tend to display more aggressive, antisocial, and delinquent or externalizing behaviours, whereas girls present more anxious-depressive or internalizing behaviours. In another work (Aunola, Stattin and Nurmi, 2000), it was found that girls presented significantly higher levels of adaptation and had fewer behavioural problems than the boys. In this regard, diverse cross-cultural studies with adolescents have found a significantly higher prevalence of externalizing behaviour problems in boys, in samples both from the United States and China, and in samples from Spain and other countries from Europe, Asia, Africa, and America (Ingles et al., 2003).

Gratitude

A study conducted with the aim of examining gender differences in gratitude and subjective well-being in early adolescence (Froh, Yurkewicz and Kashdan, 2009), showed that positive associations were found between gratitude and positive effect, global and domain specific life satisfaction, optimism, social support, and pro-social behaviour.

Recent experimental research has demonstrated that gratitude causes pro-social behaviour, demonstrating its function as a moral motive (McCullough et al., 2001). Gratitude often causes direct reciprocity, leading individuals to respond pro-socially to a benefactor; which can cause upstream reciprocity, leading them to act pro-socially towards others (Bartlett and DeSteno, 2006). Grateful individuals may act pro-socially as a way of expressing their gratitude; however, over time these actions can enhance social relationships. Indeed, gratitude helps build trust in social relationships. Thus, gratitude may maintain and build resources of social support (Fredrickson, 2004). Fredrickson's broaden-and-build theory of positive emotions suggests that gratitude may also help individuals build other durable resources for well-being. Specifically, it may nurture creativity, intrinsic motivation, purposefulness, and spark an upward spiral of positive emotions and outcomes. This may explain why grateful people tend to be higher in

vitality, optimism, religiousness, spirituality (McCullough, Emmons and Tsang, 2002), well-being and relationship quality and lower in negative effects (Watkins et al., 2003; Watkins et al., 2006) and physical symptoms (Emmons and McCullough, 2003).

Women, compared with men, seem more likely to experience and express gratitude (Gordon et al., 2004) and derive more benefit from it. Women, compared with men, evaluated the expression of gratitude to be less novel, complex, uncertain, and conflicting, and more interesting and exciting. When asked to describe a recent episode when they were the beneficiary, women, compared with men, reported less burden and obligation, and greater gratitude. Finally, over the course of 3 months, women with greater gratitude, but not men, were more likely to satisfy the psychological needs of belongingness and autonomy. Furthermore, the willingness to openly express emotions, which was greater in women, mediated these gender differences. Taken together, women might be at an advantage compared with men to experience and derive benefit from gratitude.

Social network

Social networks have been recognized as an important factor for enhancing the health of people and communities. Bridging social capital, characterized by numerous and varied weak ties, exemplifies a particular type of network that can help people reach their goals and improve their health. In a study conducted in six different countries the perceived health and wellbeing and health behaviours were associated with participation in formal associations (Zambon et al., 2010). There were strong gender differences for sport clubs (51.1% boys; 33.3% girls), whereas girls were more likely to participate in a voluntary service (16.0% vs. 10.0%) and cultural associations (22.0% vs. 15.2%).

While some argue that health is equalized in adolescence, the recent international report of the WHO on Health Behaviour in School Aged Children highlights that in 2005–6 there were large inequalities in young people's health and health-related behaviours across Europe and North America and

strong relationships between adolescents' health and the socioeconomic status of their families. Further research is needed in order to better understand how pro-social behaviour, gratitude and social networks take place in different settings and cultures, and how these settings interact with gender inequalities in health. The impact of social networking services such as those widely used worldwide, Facebook and Twitter, on pro-social behaviour and the well-being of boys and girls is another area that needs further research.

Independence, connectedness with parents and self-worth

Throughout adolescence, young people experience an increase in their need for privacy, independence, and autonomy from their parents. Over the course of adolescence, youths may thus increasingly withhold information from their parents, for instance about what they do during unsupervised leisure time. However, secrecy has been identified as destructive for mutual trust and understanding and is negatively related to the quality of the parent–child relationship (Finkenauer, Engels and Meeus, 2002; Finkenauer et al., 2005). Adolescent boys and girls thus have to balance their level of secrecy from parents in terms of gaining independence while staying connected to them.

One of the major changes thought to occur during early adolescence is a shift in orientation from parents towards peers. A longitudinal study examined adolescent gender differences in the developmental changes and relational correlates of secrecy from parents. For 4 successive years, 149 male and 160 female Dutch adolescents reported on secrecy from their parents and the quality of the parent-child relationship. Latent growth curve modelling revealed a linear increase in secrecy, which was significantly faster for boys than for girls. Moreover, linkages between secrecy from parents and poorer parent-child relationship quality in girls were detected. In boys, much weaker linkages were found between poorer relationships and secrecy from parents (Keijsers et al., 2010).

Linkages between poorer relationships and secrecy were stronger for girls than for boys. Gender difference too could result from the fact that girls have more intimate relationships with their parents than boys do. Poorer relationships may not only be the result of high levels of secrecy; poorer relationships may also precede higher levels of secrecy, and secrecy and poorer relationships have been shown to be intertwined. In girls, secrecy from parents can therefore be considered as a marker of poorer relationship quality in previous years but also as a predictor of poorer relationships with parents in future years. In boys, higher levels of secrecy do not necessarily indicate relationship problems.

In relation to independence and secrecy, researchers propose that the increase in boys' secrecy is stronger than the increase in girls' secrecy because the costs of having a secret are higher for girls than for boys, in terms of damaged parent-child relationship quality. However, the advantages of secrecy in terms of higher emotional autonomy are equal for boys and girls. That is, connectedness to parents plays a central role in the development of female adolescents, and empirical studies show that girls' relationships with parents are characterized by more intimacy and reciprocity than boys' relationships with parents. Moreover, girls are found to be more dependent on the parent-child relationship and to need higher levels of emotional support from their caregivers (Geuzaine, Debry and Liesens, 2000). For girls, there is thus an ongoing ambivalence between dependence and demand for autonomy. When weighing the benefits of secrecy (i.e., higher autonomy) against the high costs (i.e., poorer relationships with the person who gives you emotional support), girls may thus more often choose to reveal personal information than to keep it secret. Boys are less concerned about connectedness with their parents, and their secrecy may thus increase along with their increasing need for autonomy and independence.

Results from both clinical observations as well as empirical studies have provided evidence for the role of parental influence and self-worth in the development of procrastination (the irrational tendency to delay intended tasks). For example, high parental expectations and criticism have

been linked to a form of socially-prescribed perfectionism that is positively related to procrastination. Similarly, parenting that is characterized by stern inflexibility and over control has been found to correlate with a measure of decisional procrastination for late adolescent females. A direct link between parenting and procrastination would suggest that parenting styles have a primary influence on the development of procrastination. In support of this conception, there is a great deal of empirical evidence to suggest that parenting variables have a significant effect on the development of children's personality traits. For example, a parenting style characterized by acceptance and involvement, as well as strictness and supervision is associated with children who tend to be independent, self-assertive, friendly with peers and cooperative with parents as well as intellectually and socially successful with a strong motivation to achieve. Lamborn et al. (1991) found that these children feel more competent, have higher self-esteem, and are more mature than other children. In contrast, a more authoritarian parenting style is associated with children who tend to be more fearful, moody, hostile, and vulnerable to stress (Pychyl, Coplan and Reid, 2002).

There is evidence of gender differences with respect to adolescent self-esteem and parenting styles. For example, Kling et al. (1999) reported that males scored higher on standard measures of global self-esteem than females. In addition, authoritarian parenting, which has been linked to low self-esteem, has also been shown to have a greater impact on the personality development of females than males.

Regarding global self-worth, gender and procrastination, it is demonstrated that self-worth was not significantly related to procrastination for males; however, for females a significant negative relation was found between self-worth and procrastination. A possible explanation for this finding is that women may in fact experience greater levels of procrastination-related anxiety than do men, thus lowering their global sense of self-worth. It is also possible that one contributor to self-esteem could be the quality of relationship an individual has with his or her parents. As this is only speculation, future research is needed to explore the entire

area of global self-worth, gender and procrastination in more depth.

Mothers' parenting style predicted self-worth in their daughters which in turn predicted procrastination, whereas fathers' parenting style had a direct effect on procrastination even after controlling for self-worth. It is apparent from these results that mothers and fathers have different effects on their daughters' development. Results from previous studies suggest that fathers have a more direct effect on their daughters' development of procrastination, while the mother's effect is mediated through the self-system. However, for males the results differed as expected. No significant relations between parenting styles, self-worth, and procrastination in the path models were found. These findings suggest that perhaps procrastination has a different meaning for males that is not associated with parenting styles or self-worth. It may be possible that procrastination is a type of deviant behaviour or misbehaviour that is more socially acceptable in males than in females.

Help seeking and school satisfaction

Help seeking is a common form of engagement in the classroom setting during early adolescence. According to teacher reports, however, about 20% of young adolescents regularly display help avoidance tendencies when they need help (Ryan, Patrick and Shim, 2005) and, indeed, the tendency to avoid help seeking has been shown to negatively influence changes in achievement over time (Karabenick, 2003).

A consistent finding is that girls are less likely to avoid help seeking in comparison with boys (Marchand and Skinner 2007; Ryan, Patrick and Shim, 2005). An issue that has not received any attention is how gender differences regarding help avoidance may vary by ethnicity. The lack of attention to the ways in which gender differences may vary by ethnicity is surprising given that there are cultural variations in gender role expectations and stereotypes for different ethnic groups.

Recent reviews of gender and ethnic differences in achievement beliefs and behaviours have drawn attention to the need for research that considers gender and ethnicity simultaneously to better understand group differences in motivation, engagement, and achievement (Meece, Glienke and Burg, 2006). Help seeking is social in nature and thus is likely to be influenced by social conventions pertaining to gender roles and ethnicity.

As noted by Garcia et al. (1996), specifying elements of culture that influence the development of competencies is critical to building more inclusive theoretical models that are relevant for all children. A study conducted in the United States of America showed that in the European American samples, girls are less likely than boys to avoid or conceal the need for help in the classroom (Marchand and Skinner, 2007; Ryan, Patrick and Shim, 2005), perhaps because appearing dependent is not at odds with ideal feminine characteristics. In contrast, admitting weakness and deferring to another person's authority is contrary to ideal masculine characteristics and may be more threatening for the autonomy of males as compared with females (Ryan et al., 2009). Thus, the emphasis on independence and self-reliance in male gender roles leads to greater help avoidance for males as compared with females (Green-glass, 1993).

However, there are cultural variations in gender role expectations and stereotypes (Basow and Braman, 1998; Harris, 1994). Studies conducted in the United States of America have found that African American young adults and adolescents are more likely to describe themselves and feel confident in terms of both feminine and masculine traits (Binion, 1990).

In line with these cultural variations in gender roles, research has found different patterns of adjustment for African American and European American adolescents. For European American girls, this stage of life is often associated with increased insecurities about their abilities, negative views of their physical appearance, worry about what others think of them, and declining self-esteem, whereas

none of this seems to hold true for African American girls as a whole (Greene and Way, 2005). In general, during early adolescence, African American girls have a more positive view of themselves when compared with European American girls, and there are most often no differences when compared with boys (both African American and European American boys).

Little research has examined how gender differences might vary by ethnicity for academic adjustment variables such as motivation and engagement in the classroom (Meece, Glienke and Burg, 2006). However, cultural variations in gender roles are applicable to the academic arena as well.

Are policies and programmes that address promotion of social and emotional health gender sensitive?

Little is known about health promotion programmes aiming at fostering well-being among adolescents with a gender perspective. Viner and Macfarlane (2005) in their clinical review on health promotion among adolescents included five domains for health promotions where care for emotional crisis, stress management, relations with the community, family and friends as well as love, hope and career development were included. They proposed five main reasons for a particular health promotion focus on young people and established four recommendations for effective health promotion strategies:

- Strategies should be on behalf of adolescents rather than directed at adolescents
- Interventions for adolescents should be simultaneous at government, community, and local level
- Interventions should focus on increasing adolescents' overall self esteem and self empowerment rather than on single health issues
- Health professionals should act as advocates on behalf of young people and as providers to young people and their carers of the most relevant and up to date evidence-based information; they should use methods and language deemed appropriate by the adolescents themselves

The main current strategic approaches to health promotion for adolescents have three main emphases. The first, and by far the most effective, is health promotion by society as a whole on behalf of adolescents. The second is health promotion by professionals with a “health education” interest, exhorting adolescents to behave in healthy ways. These individual approaches are not effective. The third approach is to improve young people’s social abilities. Evidence exists that improving these abilities so that young people

can choose whether to accept or reject certain courses of behaviour—for example, reject a lift home by a drunken boyfriend—is also effective in enabling young people to make independent choices about individual health related behaviours. It may also improve young people’s self esteem.

However, a considerable body of evidence suggests that the most effective health promotion intervention for young people would be to improve the socioeconomic circumstances in which young people are raised and to create greater socioeconomic equality in the population as a whole. Good evidence shows also that health promotion interventions at society level on behalf of adolescents are far more effective than health education messages directed at adolescents. Recognizing that adolescents often engage in more than one risky behaviour and that these behaviours often have common underlying predisposing factors (such as poor socioeconomic circumstances or poor mental health), evidence is growing that effective health promotion interventions for a specific risk or protective factor are both highly effective and also likely to have direct effects on a range of health outcomes. Interventions on bullying and emotional wellbeing covering whole schools, for example, are highly effective in reducing other problems, such as smoking and drug misuse among young people (Viner and Macfarlane, 2005).

Conclusions and recommendations

Health promotion interventions for adolescents should be simultaneously aimed at a governmental, community, and local level. Strategies should be on behalf of adolescents' boys and girls rather than directed at adolescents. It is important to improve the socioeconomic circumstances in which young people are raised and create greater socioeconomic equality in the population as a whole. Health should be promoted by society as a whole on behalf of adolescents as this has been proven to be more effective than urging adolescents to behave healthy (Viner and Macfarlane, 2005).

Pro-social behaviour and social network

Social competences such as empathy, or gratitude etc. should be developed, especially among adolescents boys, taking into consideration different cultural contexts (Froh, Yurkewicz and Kashdan, 2009; Garaigordobil et al., 2009).

The participation of adolescents in formal associations such as, sport clubs, voluntary service and cultural associations, should be promoted, taking into considerations different preferences for boys and girls (Zambon et al., 2010).

Psychologists and health professionals should consider complementing existing practices by identifying and augmenting strengths among adolescent boys and girls, beyond the existing focus on symptom reduction (Froh, Yurkewicz and Kashdan, 2009).

Health professionals should act as advocates on behalf of young people; as providers to young people; and as their carers of the most relevant and up to date evidence-based information; they should use methods and language deemed appropriate by the adolescents themselves (Viner and Macfarlane, 2005).

Independence, self-worth and connectedness with parents

Interventions should focus on increasing boys and girls adolescents' overall self esteem and self empowerment rather than on single health issues (Viner and Macfarlane, 2005).

Comprehensive programmes should be developed to stimulate exercises that increase self-esteem in children and young people. School psychologists should work together with parents to make them understand the different privacy and independency needs of adolescents girls, and the different impact on self-worth (Keijsers et al., 2010).

Improving young people's social abilities such as assertiveness and self-confidence (especially among adolescent girls), so that they can choose whether to accept or reject certain courses of behaviour is also essential. This is effective in enabling young people to make independent choices about individual health related behaviours (Viner and Macfarlane, 2005; Garaigordobil et al., 2009).

Help avoidance and school satisfaction

Further more, school psychologists should work together with teachers to reduce the level of help avoidance, especially among adolescents boys, and take into consideration different ethnic profiles (Ryan et al., 2009).

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Recommendations for parenting programmes

- **Focus on parent- as well as adolescent-focused outcomes.** In the challenging adolescent years, parents need support, information, skills and resources in order to function effectively. Particularly important areas include: information about normal adolescent development, facts about specialized topics like HIV and substance use, communication skills, information about local resources, and support for food and shelter to meet basic needs. Target special parent populations, such as those dealing with special needs, domestic violence, abuse, drugs, trafficking, or incarceration.
- **Specify the assumptions behind working with parents to influence adolescent health.** Think about how activities with parents will result in outcomes in parents and adolescents. Consider the five parenting roles and how they interact.
- **Plan and design interventions carefully.** Base them on appropriate theory, research, knowledge of local culture and customs, and data about local needs. Adapt theoretical and research knowledge, as well as existing curricula, to local circumstances and demographics, including cultural traditions and age of parents and adolescents. Include pre-testing and evaluation to guide next steps.
- **Tap knowledge of local organizations, networks and traditions to reach parents.** Use multiple channels of communication. Consider home visits, working with existing institutions such as schools and faith-based organizations, and special efforts to reach men. Be creative and strategic in offering incentives, such as waiving school fees, offering entertainment or buying seeds for farmers.
- **Offer a balance of information, skills, support and resources.** Parents generally need information about normal adolescent development, and often about specific issues such as sexual and reproductive health, but they also need to know how to use this information, where to go for help, and how to balance parenting with the other demands of their lives.
- **Conduct evaluation and share experiences among parenting projects** to build a base of knowledge, to avoid duplication of efforts, and to work towards a common language, and also on practices to be avoided, tapping lessons learned from existing projects in both the developed and developing world.

Source: Helping parents in developing countries improve adolescents' health
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