



Global Health Education for Youth: A Humanitarian Priority

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DOI: [10.35898/ghmj-831259](https://doi.org/10.35898/ghmj-831259)

ABSTRACT

There may not seem to be an obvious link between the focus of the three events this issue is recognizing. However, in the context of global health and the journals' mission statement of "*shaping a more resilient, inclusive & youth-empowered future*" there is a connection. World Breastfeeding Week aims to raise awareness and encourage more women to breastfeed, International Youth Day focuses on an age group which includes 'the parents of tomorrow,' and Humanitarian day pays tribute to humanitarian workers who have given their lives and suffered injuries in the course of their work, including those actively campaigning for the rights of women and girls in the face of gender inequity. In this context, enabling more mothers to breastfeed would bring considerable health and social benefits, youth are key 'target audience' to engage and educate on the positive impact breastfeeding can have on their future infants' lives, and a global humanitarian aim is to balance traditional social norms that favor gender inequity, including those that negatively impact the ability of mothers to breastfeed.

Keywords: Youth; Breastfeeding; Health education; Global health.

Published: 30 August 2025.

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Editorial

The need for global health education that involves youth is underscored by the three distinct and seemingly unrelated events celebrated in the month of August, World Breastfeeding Week, International Youth Day and Humanitarian Day. In celebrating youth we are acknowledging the parents of tomorrow, and youth worldwide need to understand the impact on future social and emotional health of how they nurture their children. Youth are also the demographic whose voices will soon increasingly drive the norms that society follows regarding humanitarian issues related to gender, equity and inclusion.

Breastfeeding is recognized to be a critical component of infant nutrition and development and to have numerous health benefits (Victoria et al. 2016). Its importance is underscored by the fact that 45% of child deaths worldwide are attributed to the low number of infants who are breastfed, and low rates also contribute to malnutrition (Kinshella et al. 2021). Recent data from 24 low and middle income countries (LMICs) estimated that because of sub-optimal nutrition 149 million children under the age of five were stunted while 38.9 million were overweight or obese (Birhanu et al. 2022). A previous article in GHMJ emphasized how the first 1000 days of life from conception to the end of the second year not only contributes to the immediate wellbeing of an infant but also shapes her or his future by having an impact on whether or not she or he develops a non-communicable disease (NCD) in adult life (Macnab, 2024). Stunting in infancy is strongly associated with NCDs such as high blood pressure, heart disease and stroke developing in later life, and infants who gain excessive weight are at a higher risk of becoming obese and developing Type 2 diabetes as adults.

Being breastfed is relevant in this regard as infants fed in this way are far less likely to become stunted or obese. The World Health Organization (WHO, 2021) recommendations are that:

1. Mothers initiate breastfeeding within the first hour of birth;
2. Infants are exclusively breastfed for the first 6 months of life – this means no other foods or liquids are provided, including water, unless medically indicated;
3. Infants should be breastfed on demand – this means as often as the child wants, day and night. And no bottles, teats or pacifiers should be used;
4. Children should begin eating safe and adequate complementary foods from the age of 6 months, while continuing to breastfeed for up to two years of age or beyond.

However, these optimal breastfeeding practices are proving difficult to achieve worldwide and fewer than half of infants in low-and-middle income countries (LMICs) are breastfed to these standards (Zong et al. 2021). One of the aims of World Breastfeeding week is to make more of us aware that WHO has set a target for 50% of infants worldwide to be exclusively breast fed for 6 months by 2030, but many countries globally are not close to achieving this target, (Mohammed et al. 2025) so efforts to promote improvements in breastfeeding practices are urgently needed.

Youth are an essential sub-group in the population that needs to understand more about the benefits of breastfeeding. This is because knowledge gained in adolescence is known to translate into the health attitudes and behaviors subsequently adopted in adult life. One problem here that needs changing is that young women have been the principal targets for health promotion of breastfeeding, and education teaching other parental roles able to optimize fetal and newborn health through the first 1000 days of life. Because of this bias, the responsibility for infant health outcomes has largely fallen on mothers; this is an inappropriate burden and inadvertently deflects attention from other windows for intervention (Pentecost et al. 2018). Clearly it is relevant for both genders to learn the immediate and long term benefits of optimal infant health and nutrition, and achieving successful breastfeeding is not the sole responsibility of a woman. Importantly, fathers who understand the benefits of breastfeeding can significantly support mothers who want to breastfeed, and help them to succeed.

In this context, school-based health promotion offers a unique opportunity to engage with youth of both genders at a key age point as they are the parents of tomorrow (Tohi et al. 2024). While empowering future mothers and fathers in the practical, social and humanitarian aspects of breastfeeding does require broad engagement within our society, integrating the promotion of breastfeeding practices into health-related school curricula is one approach that offers unique opportunities. By using clear and uncomplicated messaging and innovative means of delivery tomorrow's parents can be given knowledge and skills about infant nutrition that will enable them to set up healthier trajectories for their children. Society-level factors which influence expectations regarding breastfeeding and its acceptability can be also be explained during school-based health promotion; explanations should include myths and misconceptions that exist in the local community and also factors that have a negative and a positive impact such as the limited success with breastfeeding that results from ineffective support for mothers, and how much fathers can contribute by adopting positive roles.

The adverse humanitarian consequence of traditional and social norms that overly favor men and boys also negatively impact the ability of many women who wish to breastfeed to do so successfully (Macnab et al. 2024). Hence including discussion in school-based education of the humanitarian implications of gender inequity and emphasizing the positive role that informed and empathetic males can offer in the context of breastfeeding should be an aim of all of us involved globally in health promotion. Research indicates that fathers educated to understand the benefits of breastfeeding can play several significant roles (Ogbo et al. 2020). Fathers' knowledge and attitudes significantly influence a mother's decision to initiate, continue or stop breastfeeding; new mothers who receive verbal encouragement from the baby's father breastfeed longer and more exclusively; sensitivity to the needs of the nursing mother positively improves breastfeeding practices, as does awareness of how to help prevent and manage breastfeeding difficulties, and even providing more practical help with household chores increases the likelihood that a nursing mother will be able to continue to successfully breastfeed. These are all effective support measures that boys can and should be made aware of.

Research has also identified that gender bias also influences what facts about breastfeeding boys and girls respectively find most interesting and relevant. Boys are significantly more interested in the cost benefits of breastfeeding, (Macnab and Mukisa. 2018) for instance, that no cost is incurred for formula. Also, more boys than girls see the relevance of the potential for the huge healthcare costs currently incurred by governments caring for diabetics to be reduced if fewer adults developed the disease in later life. In contrast girls see more relevance that breast fed babies are 'easy to comfort, so cry less and feeds during the night are easier,' and that 'changing diapers is less gross.' Consequently, in parallel with the need for educators to be aware of the need to discuss the humanitarian elements of the health knowledge and practices they are promoting, they also need to be mindful of gender-based factors influencing the interests of girls and boys in their target audience in order to engage and inform both groups effectively. The WHO Health Promoting School model is an effective way to engage and educate boys and girls through school-based programs (Macnab. 2013).

Health promotion is integral to the practice of global health management, and, education across all age groups in our society is central to the transfer of scientific knowledge to inform and potentially influence positive behavior. This applies to the promotion of breastfeeding, where effective educational strategies are important to improve and correct knowledge, attitudes, beliefs, and sociocultural norms. Youth must be seen as a critical target audience; as the next generation of parents they need the knowledge and the social awareness to provide the best they can for their future children. They and the rest of us in society can also contribute by viewing the issues surrounding breastfeeding, the challenges a new mother faces, and the ways in which fathers can play a positive role through a humanitarian lens.

So this month, the three events being recognized by the journal are linked in various ways, all of which have relevance in the context of global health and the journals' mission statement of "shaping a more resilient, inclusive and youth-empowered future."

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Cite this article as:

Macnab, A.J. (2025). Global Health Education for Youth: A Humanitarian Priority. *GHMJ (Global Health Management Journal)*, 8(3), 316–319. <https://doi.org/10.35898/ghmj-831259>