

Best practice (1)

**HEALTH PROMOTION IN LOW AND MIDDLE INCOME
COUNTRIES: ‘YOUTH CHAMPIONS’ AS AGENTS OF CHANGE**

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ABSTRACT

Background: Health promotion includes a wide range of social and environmental interventions that enable people to increase control over their own health. The aim is to achieve health literacy, where people have the knowledge they need to make healthy choices and the skills and daily practices necessary to improve their health, and can access information that helps to reduce the risk of illness or injury. Health promotion programs traditionally use adult experts or teachers to deliver the information and practices promoted, but in school-based programs WHO advocates the involvement of youth to make program content and delivery relevant and interesting to school children.

Aims: To summarize how youth leaders (‘champions’) can contribute to school and community based programs through their involvement in the design of school-based health promotion and by engaging and motivating the target population.

Methods: Summary of the HPS literature and experience of youth involvement in our school programs in Africa

Results: Schools are settings where important health knowledge and behaviours can be promoted. Teachers have a central role in creating an environment that fosters health learning, but the efficacy of health promotion is improved when youth are included in program design and delivery. Youth champions have a special ability to connect with the target audience in schools and by using the pupils ‘language’ and idioms make the knowledge and practices being shared relevant and accessible. Trained youth can champion individual messages or take on a variety of roles in health promotion initiatives. Youth champions have contributed to the success of programs that have promoted hand washing, oral health, improved nutrition, malaria prevention, sexual health and HIV/Aids prevention Youth involved as champions have an important opportunity to learn as well as to contribute; potentially, many educators, health care providers and leaders of tomorrow will emerge from among them..

Conclusion: Youth who act as champions and peer to peer counsellors have a unique contribution to make in school-based health promotion. As measured by long term retention of knowledge and sustained changes in behavior, school-based health promotion is improved when youth are included as ‘messengers’ and pupils help select the ‘messages’ promoted.

Keywords: Health promoting schools, school-based intervention, youth, teachers

Effective health promotion enables people to increase control over their own health. It covers a wide range of social and environmental interventions designed to benefit and protect individual people's health and quality of life by addressing and preventing the root causes of disease and ill health, rather than just focusing on treatment and cure (1).

Health literacy and healthy settings are central to health promotion. People need the knowledge and information required to make healthy choices, and the skills and daily practices necessary to improve their health and reduce the risk of illness or injury. And cities, villages, schools and work and marketplaces must also become settings where risk factors for disease and injury are minimized.



Figure 1. Schools can become settings where health knowledge and behaviors are promoted through pupils learning the incidence, distribution, and possible ways to control diseases and other factors relating to their health.

In low and middle income countries (LMICs) health promotion programs traditionally use adult experts to provide the information and practices promoted. However, there is growing recognition worldwide that the efficacy of health promotion, as measured by long term retention of knowledge and sustained changes in behavior, is enhanced by involving the recipients in the selection of the 'messages' shared and as 'messengers' responsible for their delivery (2).



Figure 2. Teachers have a central role in creating an environment that fosters health learning in school-based health promotion.



Figure 3. Youth who act as champions and peer to peer counselors can make a unique contribution in school-based health promotion.

Hence in school and community based programs in particular it is good to identify youth leaders who can act as ‘champions’ through their involvement in the design of the intervention and by engaging and motivating the target population (3,4).



Figure 4. Youth champions have a special ability to connect with the target audience in schools and by using ‘language’ and idioms familiar to the pupils make the knowledge and practices being shared relevant and accessible.

Youth champions are encouraged by WHO as part of the Health Promoting School (HPS) model. (5,6) With appropriate training, orientation and feedback their involvement can range from the promotion of a specific message through to leadership in many aspects of a program. Youth champions have contributed to the success of initiatives that have promoted hand washing, oral health, improved nutrition, malaria prevention, sexual health and HIV/Aids prevention (7-11).



Figure 5. Trained youth can champion individual messages or take on a variety of roles in health promotion initiatives.

Music, dance and drama are popular mediums where youth champions can take leadership roles (11).



Figure 6. Dance and drama provide rich opportunities for youth to promote health knowledge and behaviors.

The aptitude of modern youth for technology lends itself to their involvement in health promotion based on cell phone texts and messaging (6,13). Also in programs where computer resources and programs are available.



Figure 7. Adolescent friendly technologies expand the potential for youth to generate novel ways to share and promote information related to health.



Figure 8. Youth can be the conduit for computer and web based materials and learning to be incorporated in school programs.

Radio is a medium still popular in many LMICs. The ability to combine music with short educational messages and a phone in component where callers' questions are answered offers important educational opportunities, and teenage youth can be trained to do well with this medium.



Figure 9. Music can attract youth to radio programs and mixing peer to peer questions and answer periods with music in talk shows has a great potential to generate open and creative dialogue.

Some champions bring special talents, interest and aptitudes (14-16). These should be encouraged and channelled whenever possible. In our experience even challenges as extreme as drug addiction can benefit from unique approaches and empathy that a motivated youth champion can contribute.



Figure 10. Some youth champions find that what they learn as peer to peer counselors in school programs motivates them to support challenged youth in the broader community.

Many charities and aid programs supporting health promotion in LMICs actively encourage the involvement of youth champions.



Figure 11. In collaborative international projects the opportunities for youth from both countries to learn from the exchange of cultural, ideological and practical ideas is considerable.

Youth champions are involved in the evaluation of projects and dissemination of results. Where evaluation includes sharing their perceptions, many report beneficial changes in their self-confidence, competence, and skills (17). Benefits also accrue from opportunities to publish and travel so they can describe from a youthful perspective what works and why in the programs they have contributed to.



Figure 12. “A mind once expanded by the experience of new ideas never returns to its original size” (Wendell-Holmes). Youth champions should share with others what works.

Finally, youth involved as champions in health promotion programs have an important opportunity to learn as well as to contribute; many committed educators, health care providers and leaders of tomorrow may well emerge from amongst them.

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CONSENT

The children and adults photographed who are identifiable have given their consent for their pictures to be used in the dissemination of this research.

CONFLICT OF INTEREST

(None)

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