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A manual on youth health literacy for promotion of
youth health and wellbeing in the context of youth work

Youth Health Literacy

What's inside

About this manual

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Project Reference: 2021-2-MT01-KA220-YOU-000049937

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This manual has been co-funded with support from the European Commission. Its content reflects the views only of the author and the Commission cannot be held responsible for any use which may be made of the information contained herein.

The project

For a healthier Europe, promoting good health is an integral part of Europe 2020, the EU 10-year economic-growth strategy. Health policy is important to Europe 2020 objectives for smart and inclusive growth because keeping the people informed, healthy, and active has a positive impact on the future of the EU. There is growing evidence that health and literacy are closely linked, and therefore, influence other parameters of life such as poverty, inequality, discrimination, power relations, and income levels. Hence, health literacy is a strategy which contributes to the improvement of community's health, participation, and wellbeing where health is the basic human right that guarantees people autonomy and responsibility for their own health, and wellbeing. But despite its immense benefits, health literacy remains a challenge for the European public health. Research findings show that more than a third of the EU population face difficulties in finding, understanding, evaluating, and using information to manage their health, especially sexual and mental health. Whereas according to the World Health Organisation, health education interventions have formative character, since they manage to integrate both cognitive and attitudinal processes that allow behaviour modification, and become a conscious, rational, and voluntary action.

Thus, in this project, we sought to create a partnership aiming to strengthen partners' capacity to develop a youth work that can meet the health literacy needs of our targeted groups through inclusion and diversity; by using the approaches that offer potential for reaching out to and engaging targeted groups. From previous projects, efforts were falling short on these aspects, and thus, failing in meeting the needs of our targeted groups in the longer term perspective. Though each project focused a lot on needs assessments among the targeted groups, there was no room for impact measurement to see whether social change was happening. To meet those needs, the consortium and the targeted groups benefited from applying the Impact Pathway, Participatory Action Research, and Rights-Based Approaches in project's implementation. Project partners met their needs by strengthening their own capacities through research, experiential learning, and by sharing good practices on how programming a Youth Health Literacy Intervention must be rights-based; youth and their rights to health must be at the centre of such an intervention. Whereas the project targeted groups participated in community-based interventions to transform their health literacy problems into the human right language that abides to the EU's youth health policies.

The manual

This manual aims at providing a youth health literacy education tool for the youth to strengthen their own capacities to obtain, process, understand, and apply basic health information needed to make appropriate health decisions, but also to raise their awareness of the importance of achieving a greater state of youth health and well-being. Through a participative and an engaging approach, the manual contributes to the improvement of youth health, considering that youth health literacy is an important public health issue: a fundamental component of the pursuit of youth health and well-being and a basic human right that guarantees youth's autonomy and responsibility for their health and well-being. Although we live in a more progressive society where youth education has made some important steps, young people are continuously bombarded with health information, but more worryingly, with health misinformation and disinformation, and therefore, have difficulties or encounter obstacles in finding, understanding, and analysing the essential health information they need to safeguard their own health and well-being.

The manual contributes to improvement to current state of youth health literacy by providing youth health literacy education that reflects the needs and interests of young people: identifying the health knowledge, skills, attitudes, and habits that youth want to develop to achieve optimal health and well-being, and prevent possible health problems, especially with regard to mental, sexual, and reproductive health. Through youth engagement, we tried to ascertain how youth perceive health literacy and especially what they think could be improved in order to make it easily accessible for all. Therefore, the manual gives guidelines for youth workers and youth organisations often faced with situations of youth distress due to health misinformation and disinformation but do not have educational tools to address such situations and to raise awareness of and promote youth health literacy in youth. So, the manual provides justifications for youth health literacy, offers a framework, and concludes with suggestions for the most effective ways for including youth health literacy in youth work practices in context of non-formal education.

The consortium

Author: Comitato d'Intesa

Created in 1977, gathers associations operating in different sectors such as: youth policy, interculturality, sustainable development, social solidarity, assistance of persons with special needs and support a healthy way of life.

Contributor: Ministry for Gozo

An important public body that caters for Gozo, especially Gozitan Youths, and has connections all over Europe. It is a hub for innovative European Youth Education. Learners who are associated with this setup are youth in Malta and Gozo.

Contributor: TERRAM PACIS

Established in 2010, a human rights, non-profit organisation in special consultative status with The United Nations Economic and Social Council. Through education and training we facilitate youth build a universal culture of human rights.

Contributor: National College "Ienăchiță Văcărescu"

One of the top of Dambovita county's learning establishments. Under the attentive guidance of exceptionally professional teachers , the students develop their skills and creativity, as well.

Contributor: Universidade Atlântica

Created in 1996 as a public interest institution that focuses on the creation, transmission, and diffusion of knowledge, sciences, and technology through the articulation of studies, teaching, research, and experimental development.

Manual glossary

- ***Health literacy:***
  Refers to the personal skills and social resources needed by an individual to access, understand, apply, and use information and services to make health decisions, as well as the ability, capacity to communicate, affirm, and implement those decisions.

- ***Youth health literacy***
  Refers to the degree to which youth have the capacity to obtain, process, understand, and apply the most basic health information which is needed to make appropriate health decisions.

- ***A health literate youth:***
  Refers to the young person who has the ability and capacity of placing their own health and well-being and that of their family and community into context, understanding which factors are influencing them, and knowing how to address them.

- ***Youth mental health***
  Refers to the knowledge of how to prevent and recognise a mental disorder, the knowledge of help-seeking options and treatments, the knowledge of self-help strategies and also first aid skills to support others.

- ***Youth wellbeing:***
  Refers to how youth are doing and how they feel about their lives. A low wellbeing has been linked to poor mental health outcomes, which can lead to various mental health conditions such as depression and anxiety.

- ***Sexual health literacy:***
  Refers to an individual's knowledge, beliefs, attitudes, motivations, behaviours, and skills in accessing, understanding, evaluating, and applying sexual health information in the social, sexual, online, and health contexts to negotiate, and make decisions regarding sexual health, the health promotion, relationships, and wellbeing.

- ***Digital youth health literacy:***
  Is regarded as the convergence of digital literacy and health literacy, described as the ability to seek, find, understand, and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem.

- ***Media and information literacy:***
  Refers to the skills, knowledge, attitude, and competences that allow one to use media and information critically, effectively, and safely.

- ***Youth health misinformation:***
  Refers to the youth health information that is false, but the person who is disseminating it believes that it is true.

- ***Youth health disinformation:***
  Refers to the youth health information that is false, and the person who is disseminating it knows it is false. It is a deliberate, intentional lie, and points to certain health conditions actively dis-informed or stigmatised, such as mental health.

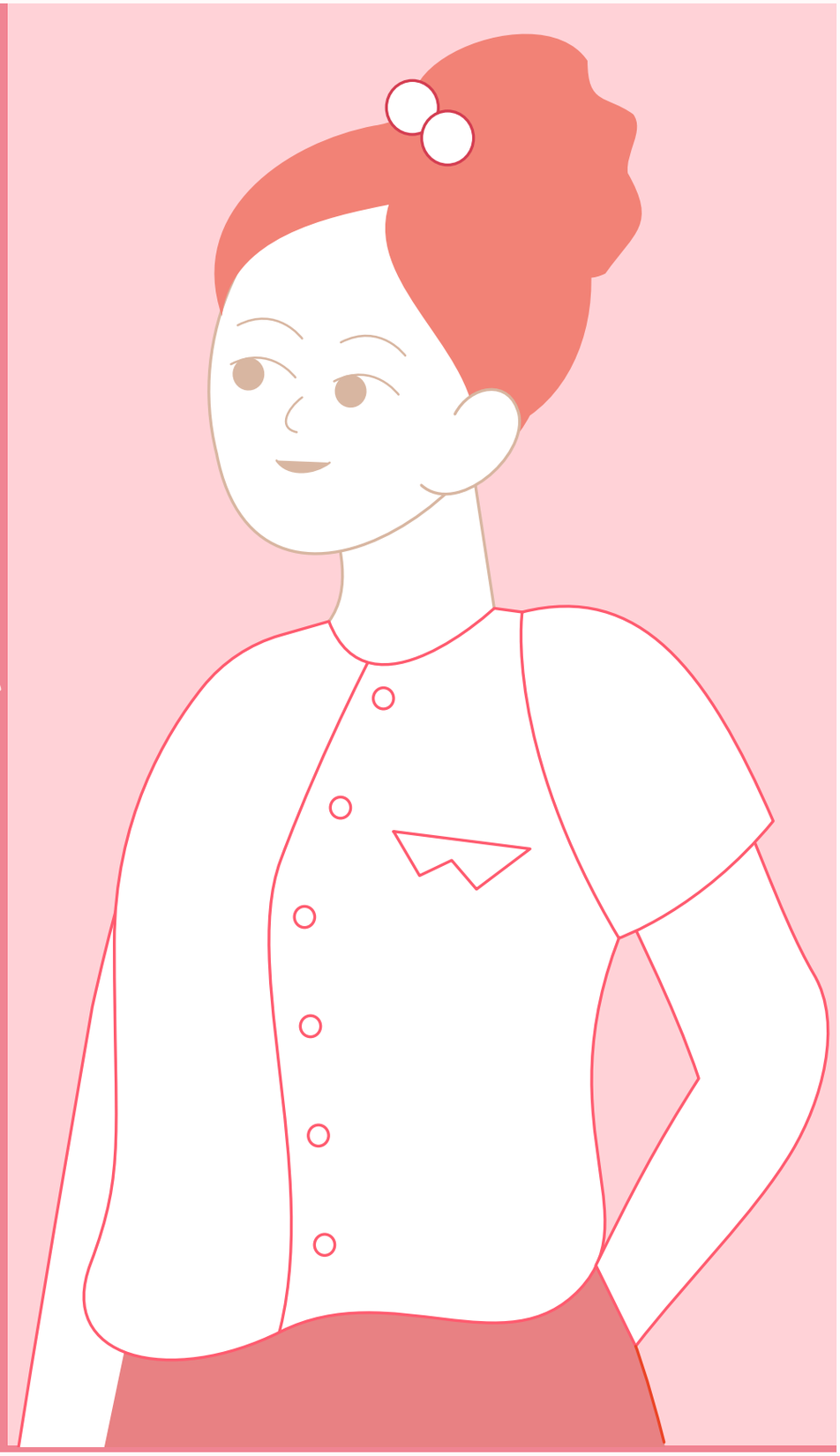
- ***Fact-checking:***
  Refers to an analysis driven by one basic question: How do we know that? So, fact-checking is not spell-checking.

- ***Youth health literacy education:***
  Refers to organised efforts to transfer youth health knowledge and develop youth health skills, attitudes, and the competences, which encourage positive youth health behaviours that contribute to high level of health literacy among youth.

- ***Non-formal youth health literacy education:***
  Facilitates youth to acquire relevant information regarding their own health conditions, share strategies to cope with the disease and with the physical and attitudinal barriers the youth face in their daily life, and develop a critical consciousness regarding their rights to health and their role as citizens in a community.

CHAPTER-1

Basics of youth health literacy education



1.1. Youth health literacy

This manual deals with *youth health literacy* which brings together different concepts related to what the youth community needs in to make effective health decisions for themselves, their families, and their communities as a means to develop healthier lifestyles necessary to achieve a greater state of health and wellbeing. However, to limit its scope, the manual has selected five themes that are deemed essential in the area of youth health literacy. Herein, themes including *Youth mental health and wellbeing*, *Drug abuse and youth wellbeing*, *Gender and sexual health literacy*, and *Digital youth health information* are introduced in this chapter, and each linked to further information. But what is health literacy? In the general sense, health literacy refers to the personal skills and social resources needed by an individual to access, understand, apply, and use information and services to make health decisions, as well as the ability, capacity to communicate, affirm, and implement those decisions. Therefore, health literacy of the individuals and communities influences health behaviour, characteristics of society, and the health system; so, the reason why it is essential to invest in health literacy.

The concept of health literacy was first proposed in health education as a social policy, emphasising the importance of health literacy on national health and the provision of the most basic health literacy education for the students in schools. Its goal was later to highlight that *(1). Health literacy is an important predictor of health status and outcomes; (2). Health literacy is a key factor for determining the effective use of health information and making choices for promoting health;* and *(3). Individuals with low health literacy have a limited understanding of health information and/or low health self-management ability that increases hospitalisation, and medical expenses as well as causes high mortality.* Both good health-promoting behaviours and healthy lifestyle habits are developed in youthhood, the vital developmental stage, which involves the physical, psychological, and social changes that affect both youth health outcomes and the quality of life in adulthood. So, early youth health literacy can help the youth in gaining an understanding of health information and promoting interaction with healthcare systems. Thereby, providing positive health outcomes and wellbeing in the future. Hence, understanding the health literacy of the youth is crucial for youth health and wellbeing towards the youth physical, psychological, and social development. That is, health behaviour of youth plays an important role in developing healthy lifestyles that affect their lifelong health outcomes. Thus, youthhood is a good opportunity period for learning and improving health literacy levels during youth development. So, an understanding of the factors related to youth health literacy is essential for promoting youth health and wellbeing. Then the question is what is *youth health literacy* and what does it has to do with *youth health and wellbeing?*

Defined as the degree to which youth have the capacity to obtain, process, understand, and apply the most basic health information which is needed to make appropriate health decisions; *youth health literacy* is an important public health issue and a fundamental component of the pursuit of youth's health and wellbeing. As modern societies grow more complex, youth are increasingly, and continuously bombarded with health information, more worryingly, with health misinformation and disinformation. So, the problem with achieving youth health literacy is not unique to one particular group of youth. Most youth with fewer opportunities and/or the youth who belong to racial, gender, and sexual minority groups are more often not proficient in reading, understanding, applying, and/or acting on health information due social barriers. Indicating that, most of those youth might have the below basic health literacy levels. The low youth health literacy level means that they are not able to make choices effectively and/or make their voices heard when making decisions about their health such as on *mental health, sexual and reproductive health including the menstrual health, hygiene, and healthy lifestyles*. Thus, risky behaviour choices, poor health outcomes, and increased healthcare use or costs are common consequences of poor youth health literacy. So, high levels of youth health literacy are important not only for the youth, but also for the youth workers and the youth organisations seeking to promote youth health and wellbeing through an equal and non-discriminatory access to health information, healthcare, and health services to strengthen the youth health knowledge, skills, and attitudes necessary to make informed, appropriate health decisions.

Findings from a recent European Health Literacy Survey (HLS-EU) indicate that a 12% of adults surveyed had inadequate general health literacy, and that 35% had problematic health literacy. The HLS-EU also showed that the percentages of limited health literacy varied considerably between European countries. Furthermore, while much research has examined the assessment of literacy levels with health outcomes, little is known about literacy in health settings and health literacy for the youth but there is no

doubt that high health literacy levels among youth would contribute to a greater state of youth health outcomes both in youthhood and adulthood. Hence, early family, school, community, and media-based interventions for the promotion of youth health literacy are therefore crucial from both a public and youth health perspective. That is, strengthening youth health literacy at an early age helps youth develop the capacity to obtain, process, understand, and apply health information and improve youth interactions with the healthcare system, which leads to positive youth health outcomes later in life. However, this requires a dynamic that involves both youth health skills and supportive, inclusive, diverse environments that make health information available and easily accessible through health a youth literacy education since the youth health literacy is developed in different contexts. When considering youth health literacy in the context of early and middle childhood, then the health literacy levels of the parents or the carers is considered the most important. In adolescence and young adulthood, youth health literacy becomes more important as the youth begin to take increasing responsibility for their own health and wellbeing and begin to rely on their own health skills to manage and take decisions regarding their health. Hence, it is essential to invest in health education that is open and accessible to all young people to provide them with the appropriate tools to make autonomous health decisions, to grow up healthy, and to promote their positive physical, psychological, and social development.

1.2. Youth mental health and wellbeing

Initially, the definition of health literacy referred to physical illness and did not refer to the promotion of mental health literacy. The definition of mental health literacy came in the late 1990s and referred to *"the knowledge and beliefs about mental disorders that aid their recognition, management, and prevention"* and *"the ability to recognise specific disorders; the ability to seek information about mental health; knowledge of risk factors and causes, self-treatment and available professional help; and the attitudes that promote the recognition and the appropriate help-seeking"*. Mental health literacy is even more significant if we consider the target groups of this manual, i.e., young people. Mental health literacy of young people is extremely important for their personality and behavioural development and also has an important impact on the communities in which they live. It is thus a multidimensional concept that includes different aspects; referring to the knowledge of how to prevent and recognise a mental disorder, the knowledge of help-seeking options and treatments, the knowledge of self-help strategies and also first aid skills to support others. It is essential to distinguish mental disorders and be aware of the importance of mental health, but beyond this, young people need to know practical actions to benefit their own mental health or that of others.

Youth mental health is conceptualised as the state of wellbeing in which a youth realises his or her own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to make some contributions to his or her community. An emphasis is placed on developmental aspects, such as having a positive sense of identity, the ability to manage thoughts, emotions, as well as to build social relationships, and the aptitude to learn and acquire an education, ultimately enabling youth full and meaningful participation in society. Whereas youth mental wellbeing is the combination of feeling good, which incorporates not only the youth's positive emotions of happiness and contentment, but also such emotions as their interest, engagement, confidence, and affection; and functioning effectively (in more psychological sense), which incorporates more the development of one's potential, having some control over one's life, having a sense of purpose (working towards valued goals) and experiencing positive relationships. Hence, youth mental wellbeing and youth mental health problems are interdependent: mental wellbeing reduces the risk of mental, emotional, behavioural, substance use disorders, whereas mental health problems reduce mental wellbeing.

Evidence shows that the largest group of youth with poor mental wellbeing are those with a mental health problem. Therefore, promotion of mental wellbeing is important for prevention of mental illness, and also recovery from a mental, emotional, behavioural, or substance use disorder. Among youth, a high level of a good mental health and mental wellbeing is associated with a range of positive impacts including improved educational outcomes; healthier lifestyles, reduced risk-taking behaviours such as smoking, excessive alcohol, or substance abuse; and reduced productivity of crimes, violence, and antisocial behaviour. So, good mental health and mental wellbeing is not only important in terms of the youth health and wellbeing, but it also has a huge economic impact.

- A mental illness or a mental disorder:
  A mental illness is when a person has the ongoing symptoms that cause frequent distress and affect his or her ability to function. Mental illness can influence the way a person thinks, feels, behaves and/or relates to others. Mental illness can refer to a wide range of conditions that affect a person's mood, thinking, behaviour. Examples of mental illness include depression, anxiety, bipolar disorder, schizophrenia, eating disorder, Post Traumatic Stress Disorder (PTSD), psychosis, perinatal depression, addictive behaviours, etc.

If these ongoing symptoms become more severe, a person may then meet the definition of having a mental disorder, which is the legal definition. The presence of a mental, emotional, behavioural, or a substance use disorder is described as clinically significant condition characterised by alterations in thinking, emotions (mood), behaviour associated with personal distress and/or impaired functioning. Such abnormalities must be sustained or recurring, and they must result in some personal distress and/or impaired functioning in one or more areas. Hence, they are characterised by specific symptoms (signs), and usually follow a more or less predictable natural course, unless interventions are made (WHO, 2001).

So, the more risk factors the youth are exposed to, the greater the potential impact on their mental health. The factors which can contribute to stress during young adulthood include exposure to adversity, pressure to conform with peers, and exploration of identity. Media influence and gender norms, and the quality of peer relationships can exacerbate the disparity between the young people's lived reality and their perceptions and/or aspirations for the future. Exposure to racial and gender discrimination, racism, and violence *(especially bullying as well as sexual and gender-based violence)*, harsh parenting and socioeconomic problems are recognised risks to youth mental health. Hence, determinants of youth mental health and wellbeing include not only individual attributes such as the ability to manage one's thoughts, emotions, behaviours, and interactions with others, but also the social, cultural, economic, political, and environmental factors such as national policies, social protection, living standards, working conditions, and community social supports. Depending on the local context, marginalised youth are placed at a greater risk of mental health conditions due to their living conditions, stigma, discrimination and exclusion, or the lack of access to quality support and services. Indeed, in many European societies, mental health problems related to gender-based violence and systemic racism are of growing concern, especially for racialised young adults as well as lesbian, gay, bisexual, transgender, queer and non-binary persons experiencing discrimination and other forms of human rights violations. Thus, promoting the racialised youth's socio-emotional learning and psychological wellbeing and ensuring access to mental health care are critical for their health and wellbeing during youthhood and adulthood.

1.3. Drug abuse and youth wellbeing

The use of licit or illicit substances is one of the public health problems with serious negative consequences for the youth and society. Though evidence of youth health literacy in relation to substance use disorders in youth is limited, substance use is linked to hundreds of physical and mental health problems and ranked as a major preventable risk factor. Indeed, harmful substance use not only has negative health consequences, but also affects social and family relationships in youth. Youthhood is recognised as a period for onset of behaviours and conditions that not only affect health outcomes limited to this period but also lead to adulthood disorders. The unhealthy behaviours such as smoking, drinking, or illicit drug use that often begin during youthhood; are closely related to the increased morbidity and mortality among youth and they all represent major public health challenges. Poor academic performance, increased youth unemployment, poor health, accidents, suicide, mental illness, and decreased life expectancy all have drug misuse as the common contributing factor that have major impact on youth, families, and communities. Their effects are cumulative, contributing to costly social, physical, and mental health problems. Several factors enhance the risk for initiating or continuing substance use including socioeconomic status, quality of parenting, peer group influence, etc. which all have negative effects on youth health and wellbeing.

Youth wellbeing is about how youth are doing and how they feel about their lives. A low wellbeing has been linked to poor mental health outcomes, which can lead to various mental health conditions such as depression and anxiety. A high wellbeing integrates *mental health (the mind)* and *physical health (the body)* resulting in more holistic approaches to disease prevention and health promotion. Drug abuse, the regular, compulsive urges to abuse

tobacco, marijuana, alcohol, and drugs is linked to poor wellbeing among the youth, which not only impact their relationships with their family and friends, but also how they feel about and interact with the world around them. Hence, the youth who persistently abuse substances experience an array of problems such as academic difficulties or health-related problems including mental health, poor peer relationships, involvement in violence and development of risk and aggressive behaviours. All have consequences for family members, the community, and the entire society.

- Academics: Declining grades, absenteeism and other school or out of school activities. Increased potential for dropping out of school are problems associated with adolescent substance abuse. Cognitive and behavioural problems experienced by youth who abused alcohol or drug may interfere with their academic performance.
- Physical health: Injuries due to accidents such as car accidents, physical disabilities and diseases, and the effects of possible overdoses are among the health-related consequences of adolescent substance abuse. Disproportionate numbers of youth involved with alcohol and other drugs abuse face an increased risk of death through suicide, homicide, accident, and illness.
- Mental health: Mental health problems such as depression, developmental lags, apathy, withdrawal, and other psychosocial dysfunctions are frequently linked to substance abuse among adolescents. Substance-abusing youth are at higher risk for mental health problems, including depression, conduct problems, personality disorders, suicidal thoughts, attempted suicide, or suicide.
- Peer problems: Substance-abusing youth often are alienated from and stigmatised by their peers. Youth who abuse alcohol and other drugs also often disengage from school and community activities, depriving themselves, their peers, and communities of the positive contributions they might otherwise have made.
- Family problems: In addition to personal adversities, the abuse of alcohol and other drugs by youth may result in family crises and jeopardise many aspects of family life, sometimes resulting in family dysfunction. Both siblings and parents are profoundly affected by alcohol and drug abuser youth. Substance abuse can drain a family's financial and emotional resources.
- Social and economic consequences: The social and economic costs related to youth substance abuse are high. They result from financial losses and distress suffered by alcohol and drug related crime victims, increased burdens for the support of adolescents and young adults who are not able to become self-supporting, and greater demands for medical and other treatment services for these youth.
- Youth delinquency: There is an undeniable link between substance abuse and delinquency. Involvement in criminal activities; arrest; adjudication; involvement in violence; development of risk and aggressive behaviours; school and family problems, involvement with negative peer groups, lack of neighbourhood social controls, and physical or sexual abuse are eventual consequences for the many youths engaged in alcohol and other drug abuse.

Most often, the youth who start using drugs have very little information about them: they cannot tell the difference between physical and psychological effects. They know nothing about what physical or psychological addiction means, they do not have the knowledge and skills to take into account the consequences drug abused for their social life *(friends, family, school)*. Many youth start with a positive outlook on drugs, the occasional drug use; the problem is then setting the limit since the line between drug use, drug abuse, and addiction is very thin and uncertain. And once the realm of drug abuse has been reached, it paves the way for addiction, and the way back is difficult. This is because, drug use among youth often takes the form of an experience: the curiosity, the desire to try something new, boost intellectual performance in order to satisfy the hunger and urges to discover and know the surrounding reality in all its exciting instances and its deep meanings, regardless of the consequences. In most cases the young people start using drugs with this false hope that the substances will be able to fill the void left by their unfulfilled social life. And most youth who reach the realm of drug abuse often have low self-esteem; undefined personality; family problems; and negative peer groups, which leave them without any support network to know when to set the limit: *from using to abusing alcohol and drugs*. What is certain, is that the main category of population vulnerable to drug use is without doubt young people, adolescence being the age when the need for identification is pregnant: the age of discovery of the dimensions of reality.

Motivations for drug use among youth can be:

- Stress: the most common cause of drug use. When youth end up going through situations where they do not know how to react or when the demands related to school, family, or friends are too difficult to fulfil, they can resort to repression methods, which disconnect them for a moment, from the very tense reality. Traumas such as parents' divorce, loss of a loved one, etc., are examples of stressors. So, youth to turn to drugs under the impression that they can pass over easily or forget all the shortcomings from their life.
- Social isolation: represents a major risk for adolescents to become addicted to drugs. Isolation changes the neural substrate of reward and motivation, making socially isolated youth more sensitive to receiving a reward in the form of drugs. It has been shown that socialisation and drugs have the same trajectory inside the brain.
- Lack of self-confidence: shy youth declare that under the influence of drugs they can do various things that they would not normally do such as expressing their emotions, feeling free, singing, or dancing...
- Boredom: being simply bored and not having deep interests, youth see drugs as fun, as something to explore, as a desire for the thrill.
- Desire for Integration: some youth feel unable to communicate or are shy and face difficulties in making friends. They feel that drugs and alcohol help them feel more valued, and that this can help them integrate more easily into a social group.

1.4. Gender and sexual health literacy

Sexual and gender health literacy refers to access to the right knowledge and the development of the right skills, attitudes, and behaviours on how sexual health and rights are both influenced by gender norms. *Sexual health literacy* refers to an individual's knowledge, beliefs, attitudes, motivations, behaviours, and skills in accessing, understanding, evaluating, and applying sexual health information in the social, sexual, online, and health contexts to negotiate, and make judgments or decisions regarding sexual health, health promotion, relationships, and wellbeing. Sexual health literacy is dynamic in nature; developed and applied in complex ecologies, and influenced by the individual, the health system, the contextual, and the social factors. Whereas *Gender literacy* seeks to empower the individuals to become advocates for gender equity to create a more inclusive and equitable society. Education, resources, and support provide positive changes to create a world where gender is no longer a barrier to equal opportunities and respect. Moreover, promoting comprehensive knowledge about sex, gender, and all aspects of sexuality *(emotional, physical, and social)* is a path to being mindful of one's own prejudices, and to working towards understanding and accepting the differences in others. Only by being aware of the singularity of each one of us, it is then possible to overcome harmful stereotypes, discrimination, and intolerance, thus, contribute to more respectful, inclusive, and supportive communities, and work towards creating a more just and equitable society. So, gender and sexual health literacy is extremely important to enable the youth access information and develop skills and abilities to take control of their sexual health and wellbeing. Though gender and sexual health are the integral part of overall youth health and wellbeing, conceptualisations of health literacy have typically neglected to incorporate the specific needs and concerns of sexual health and rights and their relation to gender norms. In a general sense, gender and sexual health literacy should empower the youth to make decisions and exercise their sexual health rights and gender identity and expression *(free from coercion, discrimination, violence)* and recognise the role that contextual, social, cultural, and economic factors have on these freedoms. But what is sex and gender?

Although sex and gender are often used interchangeably in the everyday language, they have distinct meanings. Sex is thought of as a dichotomous concept, with individuals being classified as male and/or female based on their reproductive anatomy (almost always based on the appearance of the external genitalia) and genetic makeup. The determination of sex in the fertilised zygote, fertilised egg cell that results from the union of a female gamete (egg, or ovum) with a male gamete (sperm), determined by the presence of either an X or Y chromosome, with XX resulting in a female and XY resulting in a male. This criterion is used to fill in a birth certificate, though however, it should be noted that there are also individuals who are born with variations in sex development (intersex) and their sex may not be easily classified as male or female. Sex refers to the biological characteristics that define an individual as male, female, or intersex, based on chromosomes, hormones, anatomy reproductive organs, and behaviours, but it is not always binary.

Some examples of sex differences include:

- Chromosomal differences: females typically have two X chromosomes, while males have one X and one Y chromosome.
- Hormonal differences: males typically have higher levels of testosterone, while females have higher levels of oestrogen and progesterone.
- Anatomical differences: males typically have larger muscle mass, broader shoulders, and more body hair, while females typically have wider hips and more body fat.
- Behavioural differences: some research suggests that there may be differences in cognitive and emotional processing between males and females, although there is an ongoing debate about the extent to which these differences are influenced by biological factors.

Even though sex is often thought of as binary *(male or female)*, it is more accurately described as a spectrum. Intersex individuals are born with sex characteristics that do not fit the typical binary definitions, and there, they are also individuals who identify as non-binary, meaning that they do not identify as exclusively male or female. It is thus important to note that while sex differences exist, they do not necessarily determine an individual's gender identity and/or expression. It is also important to recognise that any generalisations about sex differences should be approached with caution, as there can be significant variation between various individuals. So, stereotypes and assumptions about sex differences can contribute to discrimination and bias, particularly when they are used to justify unequal treatment or opportunities based on gender.

Gender, on the other hand, refers to social and cultural roles, behaviours, and identities in society's expectations that are associated with being male, female, or non-binary. Gender identity is an individual's internal sense of being male, female, or non-binary, and it can align or not align with the sex they were assigned at birth. Gender expression is the external manifestation of one's gender identity, which can include clothing, hairstyles, mannerisms, and the other characteristics that are typically associated with a particular gender. The concept of gender is specific to humans, since only humans have evident self-awareness that allows them to express gender, and it is not found in other animals, which only have sex.

Sex and gender are not synonyms and using these terms interchangeably can lead to confusion and inaccuracies in both the societal and biomedical contexts. The use of the term gender instead of sex in forms and surveys is problematic because it implies that there are only two options: a male and female, when in fact there are many more possibilities. So, this can be confusing as it excludes individuals who do not identify as either male or female, such as non-binary or gender-nonconforming individuals. Thus, to be more respectful and not to discriminate; it is important to be aware of the distinctions between these two socially significant factors. It is important to recognise the difference between sex and gender, as conflating the two can lead to harmful stereotypes and discrimination. By understanding and by respecting the diversity of gender identities, we can create a more inclusive and equitable society for all individuals.

Hence, sex and gender identities interact in more complex and unique ways, creating unique experiences and/or challenges for different individuals. For example, an intersectional approach to sex and sexuality may recognise that individuals from different racial or ethnic backgrounds may face different social, cultural, and historical factors that influence their experiences of sexuality and sexual health. The factors may include racism, discrimination, stereotypes, prejudices, and cultural norms around gender and sexuality. Similarly, the same intersectional approach may recognise that individuals with different abilities may face unique challenges and barriers related to sexual health and access to sexual education and resources. It may also recognise that LGBTQIA+ individuals face discrimination and stigma related to their sexual orientation and/or gender identity, which can have negative impacts on their mental health and wellbeing. By taking this approach, we can promote more comprehensive, inclusive, and equitable approaches to sexuality and sexual health for all individuals. So, improving gender literacy involves gaining a deeper understanding of the complexities of gender and its impact on individuals and society. It is an ongoing process that requires the willingness to learn, listen, and reflect. Doing so makes it possible to become a more informed and effective ally in the fight for gender equity.

- Re-educating oneself: education is the starting point. Reading reliable information from books, articles, and other materials about gender, and/or watching documentaries, and attending workshops or events that focus on gender issues is the best way to learn about its different dimensions, and its impact on individuals and society.

- Listening and learning from diverse perspectives: It is important to listen to and learn from people with different gender identities and experiences. Engaging in conversations with people who identify as transgender, non-binary, or gender-nonconforming, is the best way to learn from their experiences.
- Challenging pre-existing assumptions: Questioning those assumptions and biases about gender is the best way to be open to learning and exploring new perspectives and ideas.
- Being an ally: Using one's privilege and influence to support and advocate for gender equity. Speaking out against sexual and gender discrimination and sexual and gender-based violence and supporting organisations that promote gender equity and empower marginalised communities.
- Practicing inclusive language: Using gender-neutral language where possible, and respecting people's pronouns and gender identities. This is the best way to avoid making assumptions about people based on their appearance or gender expression.
- Fostering a culture of respect and inclusion: Creating a safe and inclusive environment where people of all gender identities feel welcome and valued. This is the best way to encourage others to be respectful and inclusive and hold people accountable for sexual and/or gender discriminatory behaviour.

1.5. Digital youth health literacy

Today digital technologies have changed and continue to change the health information landscape, presenting dynamic opportunities and challenges for youth seeking health information. Youth health information landscapes have changed in terms of the variety of different sources available and the relative importance of these sources. The digital environment can be a fertile ground for interventions in the field of youth health literacy, but the rapidly changing and relatively unregulated nature of the Internet makes it a more difficult context in which to work. That is, as modern societies grow more complex, the youth are increasingly, continuously bombarded with various health information, but more worryingly so, with health misinformation and disinformation. The Internet is inherently interactive and collaborative but with the explosion of social media and user-generated content, it is also an increasingly central part of people's lived experiences. In addition to the knowledge exchange, the Internet is increasingly becoming a service delivery site as the health services move towards a digital-first paradigm. Although access to the Internet and the ability, the capacity to use it are prerequisites to effectively find the health information online, this requires skills that may not be shared equally among youth. The rapid growth in the number of digital health offerings has indeed led to reflection on the skills needed by users to effectively navigate the health services and information provided. That is, in wake of digital media, the tasks related to digital health literacy are very complex and there are several barriers to their realisation.

Though digital media has permeated all strata of the youth's daily life, and while its relevance for youth health-related purposes is constantly increasing, digital media simultaneously play a draconic role in the online spread of factually incorrect information. This does not only create doubt but it is also detrimental to the youth and the public health. To harness the full potential of digital media to better support youth health and wellbeing as well as to mitigate and/or counteract the effects of health misinformation and disinformation, three fundamental skills should be continuously developed: *digital literacy*, *health literacy*, and *digital health literacy*.

- Digital literacy is described as the ability to use information and communication technologies to find, evaluate, create, and communicate information, requiring both cognitive and technical skills. Digital literacy is increasingly becoming very important to the point where it is regarded as a fundamental prerequisite for meaningfully participating in today's modern society.
- Health literacy is described as the ability to obtain, read, understand, and/or use healthcare information to make the appropriate, informed health decisions. Health literacy is increasingly becoming a core skill for youth health-related information on the Internet.
- Digital health literacy is regarded as the convergence of digital literacy and health literacy, described as the ability to seek, find, understand, and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem. So, having high digital health literacy means youth know how to use a digital health tool, make sense of the health information collected from the tool, and recognise the importance of that tool.

Health and digital literacy are commonly presented through competency-based frameworks. Health literacy is presented through a matrix of four (4) dimensions: *Access and/or obtain information relevant to health; Understand information relevant to health; Process and/or appraise information relevant to health;* and *Apply and/or use information relevant to health that*. And these are in return applied across the three domains: *healthcare, disease prevention,* and *health promotion*. The European Commission framework on digital competencies has taken a more similar approach to digital literacy by depicting five dimensions: *Information and data literacy; Communication and collaboration; Digital content creation; Safety;* and *Problem-solving*, each with sub-dimensions illustrating a core competence of digital literacy. Hence, the frameworks showcase the complexity and multidimensionality of health and digital literacy, and thus, highlight the need to conceptualise digital health literacy in the context of a competence framework based on:

- Functional competence: the ability to successfully read and write about health using technological devices.
- Communicative competence: the ability to control, adapt, and/or collaborate communication about health with others in online social environments.
- Critical competence: the ability to evaluate the relevance, trustworthiness, and risks of sharing and receiving health-related information through the digital ecosystem; and
- Translational competence: the ability to apply health-related information from the digital ecosystem in different contexts.

Even though both digital and health literacy are very related to digital health literacy, the reality is likely more complex. That is, the relationship between digital, health, and digital health literacy is a multi-dimensional one where each competence domain of digital and health literacy may affect one, more competence domains of digital health literacy. Digital health literacy and the Internet connectivity have recently been acknowledged as the most important social determinants of youth health in that they have implications for the wider social determinants of youth health. Though the youth must possess the requisite digital and health literacies to meaningfully participate in this digital era to achieve optimal health and wellbeing. And as such, while the digital transformations have tremendous potential to benefit both youth and public health, they are equally capable of exacerbating existing inequalities. For instance, low digital health literacy among youth carries with it several consequences. Primarily, it deepens youth health inequities in the increasingly digitised healthcare landscape.

For example, the youth who do not know how to use digital health tools, they do not see the importance of those tools. Those who cannot access those tools in a youth-friendly language, they ultimately will not use such digital health tools. And that puts them at a disadvantage for youth engagement and health improvement. Therefore, conceptualising and building digital youth health literacy is hence not only necessary at the professional level (those who can develop, deploy, recommend, prescribe the use of digital youth health services), but also at the youth level (those who make up the users of the digital youth health services). This is because, social and cultural determinants heavily affect the way digital youth health literacy is built up. So, having a clear model for the determinants of digital youth health literacy in place is key not only to frame digital youth health literacy as a set of core competencies but also to contextualise it amidst health literacy, digital literacy, and social and cultural determinants.

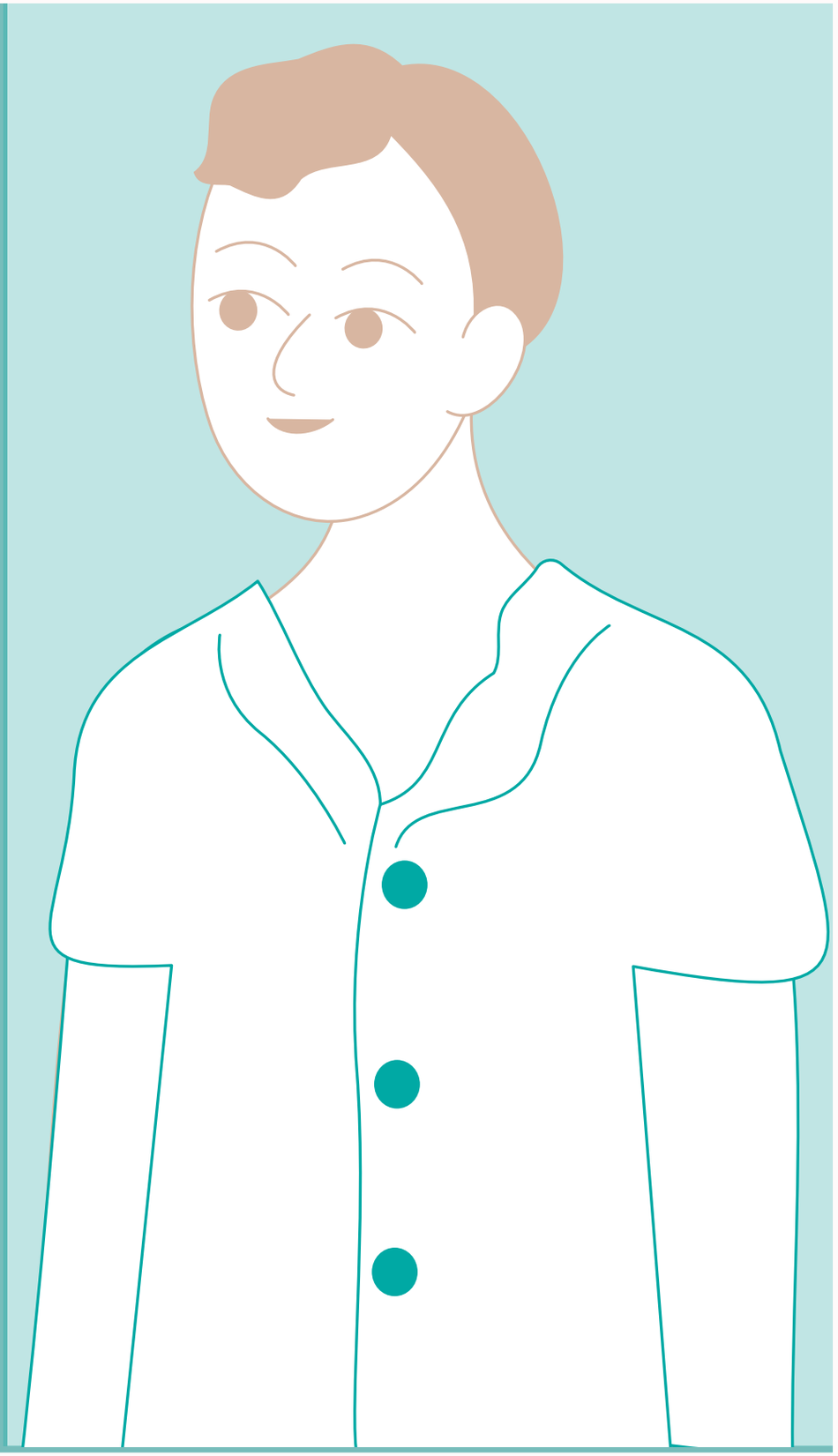
In Youth Health Literacy project, we have aimed at meeting that objective by creating an open Digital Youth Health Literacy platform aims at countering misinformation and disinformation around youth's health and rights. This web-based platform offers an interactive website with the open educational and learning content focusing on:

1. Youth health and rights;
2. Gender and social norms;
3. Sexual health and rights;
4. Mental health and wellness;
5. Drug abuse and wellbeing; and
6. Youth health education.

The platform further offers young people the opportunity to ask questions and receive answers. The platform is supported by a Get Help Search Page that young people can use to find information about youth health related offers and/or services provided at the local or national levels in the project countries: Italy, Malta, Norway, Romania, and Portugal.

CHAPTER-2

Social research on youth health literacy



2.1. Context and objective

2.1.1. Research context

A research was conducted to assess and analyse how youth perceive youth health literacy, but most importantly, to identify their learning needs, existing knowledge, and the unfilled gaps in terms of knowledge, skills, and attitudes, as well as the current health promotion interventions on youth health and well-being. Though: *(1). Age, gender, sex, race, culture, education, family status, and occupation are the variables correlated with youth health literacy; and (2). Age, gender, sex, race, culture, education, social support and self-efficacy are all associated with the youth health literacy levels;* this study did not look at how these variables correlated with youth's learning needs, existing knowledge, and their unfilled gaps in terms of knowledge or current youth health promotion interventions. Moreover, this study did not either look at how the youth health literacy is associated with smoking, alcohol and drug abuse, substance use, as well as mental, emotional, or/ and behavioural health among youth. These topics were addressed through separate research under the Youth Health Literacy Project, which includes *(1). Social research on youth mental health; (2). Social research on drug abuse among youth; and (3). Social research on gender and sexual health* literacy. Hence, our consultations with youth focused entirely on assessing and analysing how youth perceive youth health literacy: identifying their learning needs, existing knowledge, and their unfilled gaps in terms of knowledge, skills, and attitudes as well as in terms of the current health promotion interventions towards youth health and well-being.

Hereinafter, youth health promotion refers to the process of enabling the youth to increase control over their health and its determinants, thereby improving their health and well-being. It is a multi-dimensional pattern of self-initiated actions and perceptions that serve to maintain and enhance the youth's level of wellness, self-actualisation, and fulfilment. That include health responsibility, interpersonal support, and stress management necessary to achieve optimal youth health and well-being. So, the context in which our consultation with youth was held, forms the basis for our findings. The context takes into consideration the school environment as a place where the youth spend a big part of their day, and thus, apart from being a place of education, it is also a place for forming relationships. But In this school context, the promotion of youth health literacy is not placed at the centre of educational priorities by the formal education system. Further, the context takes into consideration the youth work environment as a learning space where the youth develop their emotional, behavioural, social, and/or relationships skills. In this youth work context, the promotion of youth health literacy is placed at the centre of non-formal educational priorities by youth organisations. So, much of our attention is placed on the youth work environment.

Even though youth work environment prioritises the promotion of youth health literacy through non-formal education practices, most of the current community-based interventions run by youth-based organisations present many gaps in terms of youth health literacy education. Thus, most of these interventions lack a rights-based, gender-sensitive, participatory approach: the youth attending local organisations feel that they lack the opportunities to communicate and present their own needs, wants, and gaps. Both in the school and youth work context, youth often find it difficult to express their thoughts, fears, and needs. Indeed, youth have a responsibility and a right to participate and be active participants in youth work. So, this context can be changed, and the concrete needs of youth can be prioritised if the youth manage to communicate them. Factors that limit meaningful youth participation and that have negative impacts on their lives and their communities are so many, including a traditional approach to youth health education that focuses only on learning notions, rather than, on experiential learning and awareness raising among youth. Youth are often not included in processes addressing their own health and well-being, and since youth cannot communicate both their needs and gaps, youth health education is therefore often not structured in the way that responds to the real needs of and gaps in youth. But there are a number of factors that favour meaningful youth participation and inclusion, such as the process of consulting youth about their needs and gaps, and opinions to making youth health education processes more interactive, youth-friendly, and youth-centre.

2.1.2. Research objective

The overall research objective was to assess, explore, and analyse how the youth perceive the youth health literacy by identifying their learning needs, existing knowledge, and their unfilled gaps in terms of knowledge, skills, and attitudes as well as in terms of the current health promotion interventions on youth health and well-being. Moreover, we wanted to ask youth about their thoughts on how youth healthy literacy education could

be integrated in youth work practices by:

1. Expressing the required knowledge, skills, and attitudes to promote youth health literacy in youth work.
2. Illustrating the factors limiting youth's capacity and participation to promote youth health literacy in youth work.
3. Presenting youth's frustrations in accessing current educational and training offerings for youth health literacy. And how youth wish those offerings would be changed to better serve them.
4. Outlining the appropriate educational and training interventions that would meet youth learning needs and gaps to effectively promote youth health literacy in youth work.
5. Determining the types of education tools and resources that could be developed and produced to effectively promote youth health literacy education in youth work.

2.2. Methodology and limitations

2.2.1. Research methodology

Through a combination of workshops activities with 20 youth who are between 18 and 30 years old, living in Italy, we aimed at exploring how youth perceive youth health literacy by identifying their learning needs, existing knowledge, and their unfilled gaps in terms of knowledge, skills, and attitudes as well as in terms of the current youth health literacy interventions in youth work. Research was conducted using Open-Ended Consultations, allowing the workshop's participants to voice their priorities, concerns, opinions, perspectives, needs, gaps, and ideas on how to promote and integrate youth health literacy education in youth work. Therefore, through Open-Ended Consultations' workshop activities, participants were able to determine appropriate youth health literacy promotion measures that reflect their unmet learning needs and their unfulfilled gaps. Research insights and the collected data were analysed and compiled in section 2.3.

An open-ended consultation is a research methodology that uses face-to-face workshop learning activities to voice the priorities, concerns, opinions, perspectives, unmet needs, unfilled gaps, and ideas of a specific targeted group before addressing a particular issue, or problem, which that target group wants to approach or address to achieve a desired social or cultural change. An open-ended consultation is:

- An interactive participation: it facilitates inclusive discussions among the participants to answer questions and solve problems together. It provides competitive workshop activities that allow the participants to test their knowledge, skills, and attitudes in the current subject and be able to assess their unmet needs and unfilled gaps.
- A participant-centred approach: it takes into consideration personal, professional, and the lived experiences of the targeted groups to accomplish the research's goal and objectives, by respecting balance between active, problem-solving, and experiential learning.
- An engaging research process: brings about an understanding of key factors limiting a target group's participation in a certain process aiming to address a particular problem to prevent and/or respond to the effects the problem is having on the target group.

2.2.2. Research limitations

This study is subject to several limitations for consideration. First, the school environment as the place of education, learning, and forming relationships, the promotion of youth health literacy education is not placed at the centre of the current formal education system's priorities. Second, whereas the youth work environment is the place for non-formal education and training towards emotional, behavioural, social, and relationships skills development among the youth; and even though the youth work environment at some extent does prioritise the promotion of youth health literacy through non-formal educational practices; most of its community-based interventions run by the youth organisations present many gaps in terms of youth health literacy education. This rather presents a challenge as it also indicates that there is a limited number of studies in the field of youth health literacy in the context of youth work. Though youth health literacy is increasingly viewed as an important aspect of youth health and healthcare, it is more concerned with the capacities of the youth to meet the complex demands of health in our modern society. Health literate youth means the young person who has the ability and capacity of placing their own health and well-being and that of their family and community into context, understanding which factors are influencing them and knowing how to address them. Thus, a youth with an adequate level of health literacy has the ability to take responsibilities for their own health and the family and community health.

Hence, youth health literacy is not only about the ability to handle words and numbers in medical context, but also a simultaneous use of a more complex and interconnected set of abilities, such as reading and acting upon written health information; communicating one needs to health professionals, and understanding health instructions. So, the fact that the school environment does not prioritise youth health literacy education at all and that the youth work environment that prioritises youth health literacy education lacks both research and evidenced-based approaches to the non-formal youth health literacy education; leave many youth with low levels of or poor youth health literacy. Indeed, there is an association between lower level of youth literacy and decreased medication adherence, knowledge of disease, and self-care management skills. Hence, the consequences of limited youth literacy are not reflected only on the youth health and the healthcare, but also on how the youth express and talk about their health needs and gaps in terms of their own health literacy knowledge, skills, and attitudes. Another indication to why many youths with fewer opportunities and youth who belong to the marginalised racial, sexual, and gender minority groups have difficulties in acting on health information due to many social, cultural, and/or structural obstacles. Moreover, the youth work environment on which we relied on in this study, does not present measures to ensure a better youth health literacy education and youth health communication by establishing youth health literacy guidelines to a trans-disciplinary approach to improve youth health literacy. Indeed, there is no research nor evidence-based information on how the youth work environment: *(1). Conducts the youth health literacy screening; (2). Improves youth health literacy education among marginalised youth with poor youth health literacy levels; (3). Explores the causal pathways of how poor youth health literacy level influences youth mental, emotional, and behavioural health outcomes and well-being;* and *(4). Values the role of youth workers and youth organisation in promoting youth health literacy.*

2.3. Research insights and results

Consultations with youth were implemented with the aim to explore and identify the obstacles that the youth experience on the topic of youth health literacy and to outline together with the youth what the benefits might be in making this topic more accessible to all. Hence, through consultations it was possible to identify what are the current obstacles of health literacy and what could be the potential in making it a theme at the core of youth health education, that would allow the youthto be more aware of their rights to health in relation to achieving optimal youth health and well-being. In this regard, the consultations data analysis is presented in four categories:

1. Youth health literacy learning needs.
2. Youth health literacy existing knowledge.
3. Youth health literacy knowledge gaps.
4. Youth health literacy education and promotion.

2.3.1. Youth health literacy learning needs

During consultation workshops, when the participants were asked to discuss and identify their desired knowledge, skills, attitudes, and competences to promote youth health literacy in youth work, they identified, presented various areas of improvement based on their learning needs:

1. Providing youth with health literacy education and training opportunities based on their actual needs and realities.
2. Making youth health literacy education more open and accessible even to marginalised and vulnerable youth in all their diversity.
3. Strengthening youth's capacity and competences in youth health literacy promotion and advocacy within youth work.

Table 1. Youth health literacy learning needs

LEARNING NEEDS	AREAS OF IMPROVEMENT
Providing youth with health literacy education and training opportunities based on their actual needs and realities.	• Conducting community-based participatory action research to assess and identify youth health literacy needs among youth and the contextual (social, cultural, and structural) obstacles that limit youth's participation in youth health literacy education in youth work. • Creating user-centred youth health literacy open educational resources and designing community-based participatory training interventions structured and tailored around the needs and lived experiences of youth.

Making youth health literacy education more open and accessible even to marginalised and vulnerable youth in all their diversity.	• Creating safe spaces for implementing community-based participatory training interventions structured and tailored around the needs, interests, and lived experiences of marginalised and vulnerable youth. • Developing free and accessible youth health literacy open educational resources and media-based interventions on youth health literacy, easily available for marginalised and vulnerable youth in all their diversity.
Strengthening youth's capacity and competences in youth health literacy promotion and advocacy within youth work.	• Empowering youth in promoting youth health literacy though youth-centred community-based interventions structured and tailored around their needs, interests, and lived experiences. • Empowering youth in advocating for youth health literacy through media-based interventions such as awareness raising campaigns structured and tailored around their needs, interests, and lived experiences.

2.3.2. Youth mental health existing knowledge

During consultation workshop activities, participants were asked about the knowledge they have on youth health literacy promotion, their knowledge of local health services and who provides those services, and their ability to find health information both online and offline. The participants responded that they have:

1. Knowledge of what youth health literacy education and promotion means for youth.
2. Knowledge on local youth health services, who provides those services, and how those services could be better provided.
3. Digital and health literacy skills and capacity for finding youth health information both online and offline.

Table 2. Youth mental health existing knowledge

EXISTING KNOWLEDGE	AREAS OF KNOWLEDGE
Knowledge of what youth health literacy education and promotion means for youth.	• Knowing the importance of the integration of youth health literacy educational pathways in formal and non-formal education systems. • Knowing the main objectives of youth health education and how to contribute to the promotion of youth health literacy within the formal education system, such as in schools, and non-formal system, such as in youth work.
Knowledge on local youth health services, who provides those services, and how those services could be better provided.	• Knowing the youth health services offered by the public healthcare system and youth rights necessary to apply for, claim, and enjoy youth health services and options at the local level. • Knowing the main challenges to youth health services, such as the contextual, social, cultural, and structural obstacles and how to prevent obstacles through youth health literacy to advocate for better youth health services.
Digital and health literacy skills and capacity for finding youth health information, both online and offline.	• Knowing how to find and contact public and private health services in the local area to seek health information and to prevent and resolve different health problems. • Knowing how to search for digital information on youth health; how to recognise reliable sources; and how to use social networks to advocate for or promote youth health literacy.

Table 3. Youth health literacy knowledge gaps

LEARNING NEEDS	KNOWLEDGE GAPS	EXISTING KNOWLEDGE
Providing young people with health literacy education and training opportunities based on their actual needs and realities: • Conducting community-based participatory action research to assess and identify youth health literacy needs among young people and the contextual (social, cultural, and structural) obstacles that limit young people's participation youth health literacy education in youth work. • Creating user-centred youth health literacy open educational resources and designing, community-based participatory training interventions tailored around youth needs and lived experiences.	**Knowledge gaps that need to be closed to promote youth health literacy in youth work:** • Before planning and designing any youth health literacy education intervention, youth organisations should be equipped with the skills for conducting community-based participatory action research to assess and identify youth needs. • The data from such a participatory action research should then be used to plan and design youth health literacy education and training activities as well as to develop open educational resources tailored to the needs, interests, and the lived experiences of youth.	**Knowledge of what youth health literacy education and promotion means for young people:** • Knowing the importance of the integration of youth health literacy educational pathways in formal and non-formal education systems. • Knowing the main objectives of youth health education and how to contribute to the promotion of youth health literacy within the formal education system, such as in schools, and non-formal system, such as in youth work.
Making youth health literacy education more open and accessible even to marginalised and vulnerable youth in all their diversity: • Creating safe local spaces for implementing community-based participatory training interventions structured and tailored around the needs, interests, and lived experiences of marginalised and vulnerable young people. • Developing free, accessible youth health literacy open educational resources and media-based interventions on youth health literacy, easily available for marginalised and vulnerable youth.	**Knowledge gaps that need to be closed to promote youth health literacy in youth work:** • Youth organisations should be equipped with the skills and competences for creating safe spaces for delivering community-based participatory training interventions structured and tailored around the needs, interests, and lived experiences of marginalised and vulnerable youth. • Youth organisations should be equipped with the skills and competences to developing free, accessible youth health literacy open educational resources and media-based interventions on youth health literacy, easily available for marginalised and vulnerable youth.	**Knowledge on local youth health services, who provides those services, and how those services could be better provided:** • Knowing the youth health services offered by the public healthcare system and youth rights necessary to apply for, claim, and enjoy youth health services and options at the local level. • Knowing the main challenges to youth health services, such as the contextual, social, cultural, and structural obstacles and how to prevent obstacles through youth health literacy to advocate for better youth health services.
Strengthening young people's capacity and competences in youth health literacy promotion and advocacy within youth work: • Empowering youth in promoting youth health literacy though youth-centred community-based interventions structured and tailored around their needs, interests, and lived experiences. • Empowering youth in advocating for youth health literacy through media-based interventions such as awareness raising campaigns structured and tailored around their needs, interests, and lived experiences.	**Knowledge gaps that need to be closed to promote youth health literacy in youth work:** • Youth organisations should be equipped with the skills and competences for facilitating the empowerment of youth in promoting youth health literacy though youth-centred community-based interventions tailored around their needs, interests, and lived experiences. • Youth organisations should be equipped with the skills and competences for facilitating the empowerment of youth in advocating for youth health literacy through media-based interventions such as awareness raising campaigns structured or tailored around their needs and lived experiences.	**Digital and health literacy skills and capacity for finding youth health information, both online and offline:** • Knowing how to find and contact public and private health services in the local area to seek health information and to prevent and resolve different health problems. • Knowing how to search for digital information on youth health; how to recognise reliable sources; and how to use social networks to advocate for or promote youth health literacy.

2.3.4. Youth health literacy education and promotion

In Table-3, the middle column presents the knowledge gaps that must be closed for youth, youth workers, and youth organisations to better promote and advocate for the integration of youth health literacy education in youth work. So, the data reveals that youth organisations involved in the fields of youth health literacy and digital youth health literacy should be equipped with the skills and competences in youth health literacy promotion. This is the most favourable approach capable of closing the gaps within currently youth health education programmes in the overall youth work towards the achievement of optimal youth health and well-being. Consultations with youth made it clear that there is a dire need to improve the promotion of youth health literacy, especially in youth work. It is particularly important to engage the youth in youth-centred and participatory health education programmes through youth work. Thus, this calls on youth organisations to play a central role in planning, designing, implementing the most effective youth health literacy education media and community-based interventions that significantly integrate the different lived experiences and the needs of youth. That is, to effectively promote and advocate for, and respond to youth health needs and experiences in non-formal educational settings through youth work, as starting point, youth organisations should:

Table 4. Youth health literacy education and promotion

MEETING YOUTH LEARNING NEEDS	CLOSING GAPS IN YOUTH WORK
Providing youth with health literacy education and training opportunities based on their actual needs and realities.	• Before planning and designing any youth health literacy education intervention, youth organisations should be equipped with the skills for conducting community-based participatory action research to assess and identify youth needs. • The data from such a participatory action research should then be used to plan and design youth health literacy education and training activities as well as to develop open educational resources tailored to the needs, interests, and the lived experiences of youth.
Making youth health literacy education more open and accessible even to marginalised and vulnerable youth in all their diversity.	• Youth organisations should be equipped with the skills and competences for creating safe spaces for delivering community-based participatory training interventions structured and tailored around the needs, interests, and lived experiences of marginalised and vulnerable youth. • Youth organisations should be equipped with the skills and competences to developing free, accessible youth health literacy open educational resources and media-based interventions on youth health literacy, easily available for marginalised and vulnerable youth in all their diversity.
Strengthening youth's capacity and competences in youth health literacy promotion and advocacy within youth work.	• Youth organisations should be equipped with the skills and competences for facilitating the empowerment of youth in promoting youth health literacy though youth-centred community-based interventions structured and tailored around their needs, interests, and lived experiences. • Youth organisations should be equipped with the skills and competences for facilitating the empowerment of youth in in advocating for youth health literacy through media-based interventions such as awareness raising campaigns structured and tailored around their needs, interests, and lived experiences.

2.4. Participants' perspective analysis

Consultations with the youth revealed that youth health literacy education does not effectively meet the needs and the expectations of youth. The youth who participated in our consultations recognised the importance of this concept and raised the questions that it is still and often not discussed enough or given the right value within both the school and youth work environments and in other areas of society. Hence, proper awareness and preparation of youth health literacy within youth work would improve the knowledge, skills, and attitudes needed among the youth to achieve optimal youth health and well-being. Through dialogue among the participants, some crucial aspects of youth health literacy were discussed and identified, but also challenges to youth health literacy faced by many youth such as contextual, social, cultural or structural obstacles, especially more prevalent among the marginalised and vulnerable youth. Firstly, it emerged that the attitudes and approaches of teachers or youth workers is crucial for youth-friendly health information and/or services when it comes to youth health literacy education. The youth educators should approach youth as equals, avoid adult-centred and paternalistic attitudes but also be aware of how their own prejudices about youth may influence their communication with youth. There are a number of characteristics that youth educators working with and for the youth in the fields of youth health literacy and digital youth health literacy education should incorporate in their youth work practices to ensure that the youth health information and services are offered in a more youth-centred manner, such as being open-minded as to not getting carried away by youth's questions and demands and to not imposing the youth's own moral opinions and perspectives: being interested in youth, being respectful, welcoming, not judging, not being condescending, being flexible and curious, and engaging the youth.

Another particularly but rather important aspect for improving youth health literacy brought up by the participants, is to ensure confidentiality and to assure youth that this is taken seriously. It is essential to inform youth about confidentiality and the any exceptions that may apply in order to reassure them of their rights to both autonomy and privacy. Institutions promoting health literacy should ensure spatial confidentiality in terms of ensuring safe spaces. It was also recognised that youth health literacy concerning sexuality, gender identity, and sexual orientation account for a significant amount of time with youth. Which is another reason why it is so important to ensure confidentiality, so that everyone feels free to access all services, even in local settings where youth often find it difficult to express themselves. In order to offer good youth healthcare services, it is very important to establish a dialogue with youth and to be attentive to their opinions and suggestions on services. Youth themselves emphasised the importance of asking the youth, welcoming their opinions, listening to their wishes and the changes they suggest. In the school environment for example, the participant pointed out that it could be effective if the school provides the boxes where youth can enter their notes anonymously or use anonymous online surveys to collect youth's opinions or ideas about their needs in terms of youth health literacy knowledge, skills, and attitudes. That is, learning to respond to youth's health needs is a never-ending process, as youth's needs change over time.

Hence, this also raises the challenges of keeping up to date with the youth health literacy education offerings. So, this process is that of continuous monitoring and evaluation procedures, methods, and interventions used, or applied in youth health literacy education by the schools and the youth organisations. Indeed, youth's opinions on youth health literacy education and services are certainly relevant and legitimate as an effective monitoring tool. Further, to offer quality youth health services, it is also necessary to consider how the youth reach or access a given health service. A number of strategies have been identified to ensure accessibility. First and foremost, it is essential to offer the youth free youth health services. In addition, it should be possible for youth to contact professionals at any time, either by telephone and/or by booking some services online. Moreover, youth health promotion activities in coordination with various sectors were also considered important. The various bodies working in the youth sector must engage with the youth by organising community-based activities aimed at different subgroups of youth, such as working with schools, workshops with young refugees or youth with special needs. This is because, meeting health needs of youth in different contexts and with different resources and political commitments often leads to different results. The services offered are often influenced by resource limitations and the characteristics of the context. Therefore, it is important to guarantee the minimum standard of health education and accessible health services so that all youth can have the same rights and abilities.

2.5. Discussion and conclusion

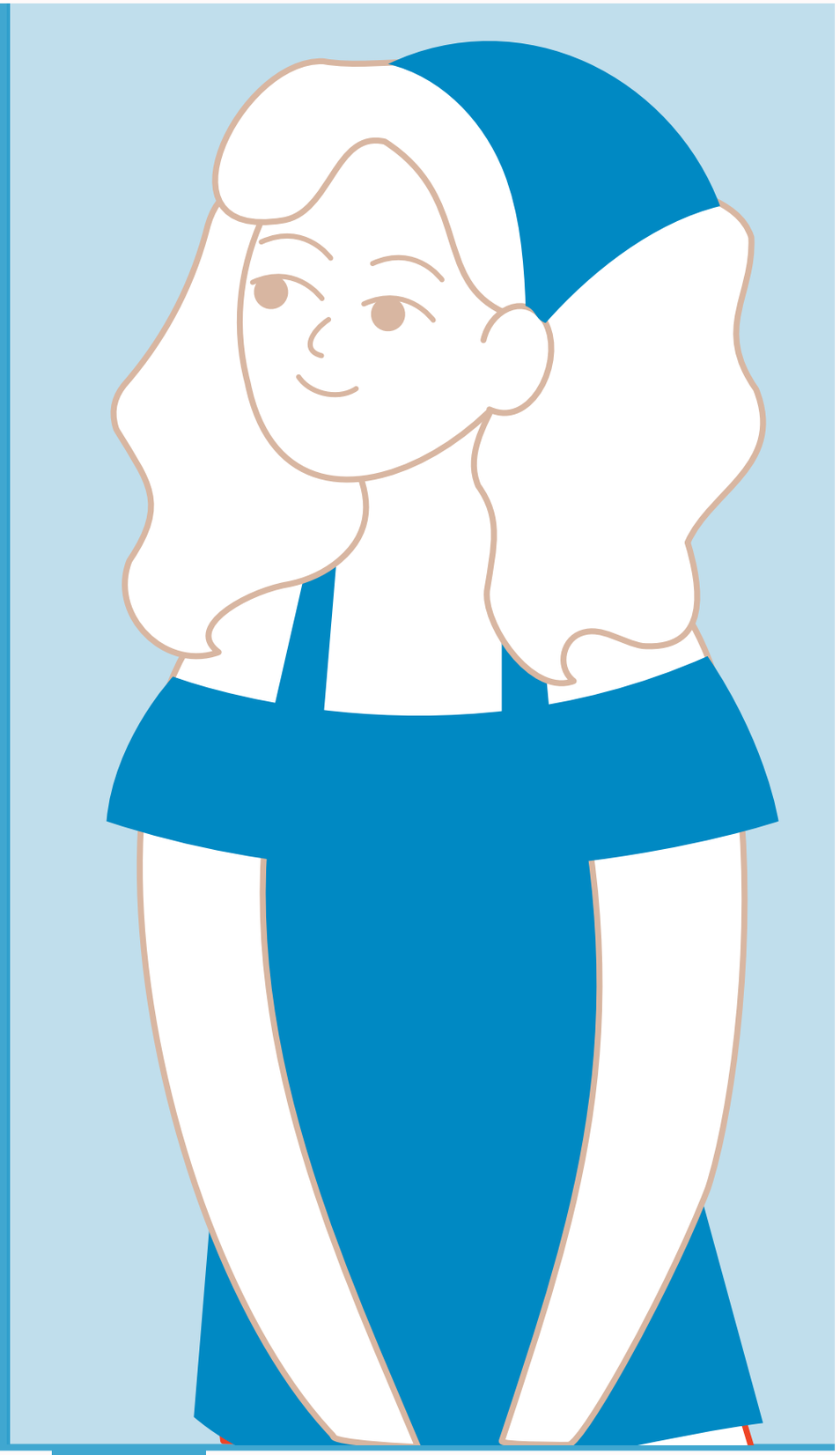
Most of the environments in which youth grow up are unable to provide the guidance and support that the youth need for their positive development and health awareness to achieve optimal well-being and health outcomes. Often so youth health policies that could transform high-risk environments into environments that promote youth development are neglected while the existing youth health policies do not support the meaningful, inclusive, and diverse youth participation in youth health literacy education for youth to achieve the most optimal well-being and health outcomes. So, there is an urgent need for greater support for key settings in which the youth live and for fundamental changes within both school and youth work environments where youth health literacy education is or should be provided. Therefore, facilitating the empowerment and strengthening the capacity of teachers, youth workers and their schools or the youth organisations respectively, are crucial to respond more effectively to the needs of youth. Then, effective responses involve stretching the boundaries of those environments; by encouraging collaboration between them to ensure that they are equipped with: *(1). skills for conducting community-based participatory action research to assess or identify youth health needs;* and *(2). skills for developing free, and accessible youth health literacy open educational resources and media-based interventions on youth health literacy, that are easily available for youth* in order to: *(1). providing the youth with health literacy education and training opportunities based on youth actual needs and realities; (2). make the youth health literacy education more open and accessible even to marginalised and vulnerable youth;* and *(3). Strengthen youth's capacity and competences in youth health literacy promotion and advocacy at school and in youth work.*

On the other hand, it is perhaps very important to reflect on the fact that even if the school and youth work environment become more effective in promoting youth health literacy education, youth continuously have needs that transcend the capacity of school institutions and youth organisations. For this reason, it is thus important that the community, the family, and the private sector make efforts in responding to the health needs of youth and that the youth are provided with the right tools and knowledge about their own health and about the health services from the family level so that youth can prevent health problems and seek timely help and in the appropriate manner. Beyond school and community-based interventions, there should locally and family designed and delivered interventions aiming to support the youth and strengthen community resilience. These interventions are the most effective since their common feature is that they seek to empower the parents and community residents to increase their capacity to inform and care for the health and the well-being of youth. Moreover, a quality and effective community intervention should not only aim to empower, but it should also be able to evolve in response to the current needs of the youth to provide education and services that ensure that all the needs of youth, their lived experiences, and their local realities are taken into consideration and met. Thus, assisting youth requires attention to the environments such as the families, schools, and youth organisations, which they interact with on a daily basis in their communities. So, the community as a whole should be regarded as an integral resource that can substantially contribute to changes and improvement in youth health literacy. Thus, it is necessary to support families, so that the family can in turn have the capacity to support youth. So, programmes to improve health literacy and youth welfare must consider family backgrounds, such as those with unstable economic and social conditions. That is, to promote youth health education, it is essential that the families also become more aware and knowledgeable about the health needs of youth. Further, youth health interventions should also be implemented to fill the gaps within both the public health and institutional systems on how to make the national healthcare services youth-friendly. So, various initiatives can be implemented to try to involve families, youth organisations, schools, and youth through collaborative efforts:

- Creation of community structures where youth, families, schools, and youth organisations can regularly meet to make decisions on the nature and types of youth health literacy education is offered to youth schools, youth organisations, or youth centres to ensure that the education, health, and welfare needs of all youth are explicitly addressed in different activities.
- Development of teaching and education activities consistent with the community's context and youth's health needs, emphasising reflection, confidence, and communication among youth.
- Supporting meaningful, inclusion, and diverse participation of youth in the planning, designing, and implementation of youth health literacy intervention to identify the main obstacles to quality youth health literacy education and develop frameworks to address priority issues.

CHAPTER-3

Relevance of youth health literacy education



3.1. Essentials of youth health literacy

Herein we begin by looking at what health literacy means in the European context in order to form the knowledge base of what youth health literacy entails. Health literacy has gained considerable importance and visibility in European health policies. Closely linked to empowerment and capacity strengthening, health literacy entails the capacity of the citizens to make informed and sound decisions concerning their health in the daily life, such as at home, at work, in the healthcare system, at the marketplace, and in the civil and the political arena. So, the concept of health literacy is not only in healthcare, but also within the public health contexts and discourse. At the European levels, the importance and the visibility of health literacy is amplified by its inclusion in the European policy report and documents such as the European Commission White Paper "Together for Health"; and the Vilnius Declaration on Sustainable Health Systems for Inclusive Growth in Europe, agreed on by health ministers during the Lithuanian Presidency of the European Union. However, in spite of growing attention being paid to the concept of health literacy among the European health policymakers, information about and on the status of health literacy in Europe remains scarce. And while several studies have presented the prevalence of limited health literacy across the world, population's data on health literacy levels within the European Union remains unavailable.

Our review of existing health literacy literature, namely from the WHO and HLS-EU, resulted in an integrated definition of the concept of health literacy as *the knowledge, the skills, attitudes, and competences to access, understand, appraise and apply health information to make judgments and take decisions in everyday life concerning the healthcare, the disease prevention, and health promotion to maintain and/or improve quality of life throughout the course of life.* Hence, this integrated definition serves as the basis for developing the multidimensional and comprehensive definition of what the youth health literacy entails in the context of youth work. Thus, transitioning from health literacy to youth health literacy, the youth health literacy implies a fundamental component of the pursuit of youth health and well-being and a basic human right that guarantees youth's autonomy and responsibility for both their health and well-being. And health literacy being closely linked to empowerment and capacity strengthening, youth health literacy implies the degree to which youth have the capacity and the skills to obtain, process, understand, and apply the most basic health information needed to make the most appropriate health decisions. Thus, achieving optimal levels of youth health literacy among the youth requires empowerment and capacity strengthening through what we will later on come to understand as youth health literacy education.

Multidimensional and comprehensive definition views youth health literacy as the youth knowledge, the skills, attitudes, and the competences to access, understand, appraise, and apply health information to make judgments and take decisions in their daily life concerning healthcare, disease prevention, and health promotion to maintain and improve quality of life throughout the course of life, which lead to optimal youth health outcome and youth well-being: *The ultimate goal of youth health literacy education is facilitating youth to work towards optimal health outcomes and well-being.* Youth well-being is about how the youth are doing and how they feel about their life. A low youth well-being is linked to poor youth health outcomes that can lead to various physical, mental, emotional, or behavioural disorders, and substance use problems among youth. Hence, a poor youth well-being not only impacts youth's relationships with the family and friends, but also how they feel about and interact with the world around them. A high youth well-being integrates mental health (the mind) and physical health (the body) resulting in more holistic approaches to informed health decisions-making, disease prevention, and health promotion. Looking at youth health literacy from this perspective is very important because making health decisions and navigating the modern complex healthcare systems is increasingly becoming a challenge, especially for youth who are responsible for making health decisions with the low level of health literacy. From a public health perspective, the youth constitutes a core target group for both the health literacy research and interventions as in youthhood, fundamental cognitive, physical, emotional development processes, and health-related behaviours and skills development are still taking place.

Hence, youth health literacy education through empowerment and capacity strengthening interventions can facilitate youth develop health knowledge, skills, and behaviours necessary to make informed health decisions, prevent disease, and promote their health and well-being. But the question remains on what kind of health literacy knowledge, skills, attitudes, or competences a young person must have to make sound and informed health decisions, to prevent disease, and to promote health and well-being. High levels of youth

health literacy imply the combination of personal competences and health-related skills, knowledge, attitudes, behaviours, and resources that enables youth to access, understand, appraise, and apply the health information to make informed health decisions that contribute to achieving optimal youth health outcomes and youth well-being. Moreover, the youth health literacy level differs from context to context and it is thus highly influenced by the complexity of contextual, social, cultural, structural, gender, and racial, and/or educational factors that the youth encounter when they are managing their own health in specific contexts. Therefore, this framework showcases both the complexity and multidimensionality of youth health literacy, and therefore, highlights the need to conceptualise youth health literacy in the context of a skill-based framework based on:

- Functional or basic health literacy: refers to the basic skills in reading and writing that are necessary to function effectively in everyday situations.
- Communicative or interactive health literacy: refers to more advanced cognitive and literacy skills which, together with social skills, are used to actively participate in everyday situations, extract information and derive meaning from different forms of communication.
- Critical health literacy: refers to more advanced cognitive skills that, together with social skills, can be applied to critically analyse information and use this to exert greater control over life events.

3.2. Digital and youth health literacy

Frequent searching for youth health information online, use of sophisticated search strategies and thorough verification of the identified youth health information sources are indicators of high levels of digital health literacy. In general, youth have a higher degree of digital health literacy than other age groups, as they make frequent use of social media and digital devices. Therefore, the digital environment can be a fertile ground for interventions in the field of youth health literacy, but the rapidly changing and relatively unregulated nature of the Internet makes it the most difficult context in which to work. That is, as modern societies grow more complex in terms of communication and technologies, youth are increasingly and continuously bombarded with various health information, but more worryingly, with health misinformation and disinformation. Internet is inherently interactive and collaborative but with the explosion of both social media and the user-generated content, it is a central part of youth's life. In addition to knowledge exchange, the Internet is increasingly becoming services delivery site as the most youth health services move towards digital systems. Though access to the Internet and the capacity to use it are prerequisites to effectively find health information online, it requires skills that may not be shared equally among youth. So, digital youth health literacy should be made accessible to all youth so that they can search for quality health information online and develop the ability to understand, analyse, and evaluate this information and use it to make sound decisions about their health.

Health information that youth find while surfing the Internet can influence their eating habits, their physical activity levels, the knowledge of healthcare and services, etc. which play a major role in youth health outcomes and well-being. Youthhood is considered the earliest period in which the individual is considered to be more independent in terms of media use and health behaviours. There is an association between media exposure and health behaviour in youthhood and the transition to adulthood. Indeed, eating habits, substance use and abuse, sexual and gender violent behaviour are correlated with the exposure to misleading media content on the Internet. Thus, digital youth health literacy correlates with youth health behaviours, to a point that, proficiency in online health information acquisition yields positive results for the youth health behaviours: nutrition, physical activity, sexual activity, safety behaviours, no substance use behaviours, etc. That is, the youth are more likely to engage in positive health behaviours when they feel more competent in obtaining the health information. There is thus a need to develop and apply new channels of intervention for health promotion among the youth, and thus, digital youth health literacy should therefore aim at developing a set of skills, empowerment, and competences that enable youth to be more aware and autonomous in sniffing and using online health resources. That is, the youth should also have a considerable level of media and information literacy and digital skills to verify, analyse, and act on accurate digital health information. So, high levels of media and information literacy and digital skills help the youth to continuously learn, communicate, campaign, and stay informed and connected. But with many misleading information, the advocacy to hatred, and other types of online human rights violations observed in media, there is a need to learn how media is used in the context of digital youth health information, but also how to help youth identify and address manipulated health information.

But what is media and information literacy? Literacy refers to a continuum education about lifelong learning; knowing how one knows and learns to fully participate in wider society. So, media and information literacy refers to the skills, knowledge, attitude, and competences that allow one to use media and information critically, effectively, and safely. Our thinking and interactions both depend on information to work optimally. So, the quality of health information youth engage with on the Internet largely determines their perceptions, beliefs, and attitudes about their own health, which further influence their socialisation and communication skills when talking about their health and well-being. This could be health information from other persons, the media, libraries, publishers, in the form of print, broadcast, or digital content, etc. Hence, media and information literacy provide answers to how the youth can access, search, critically assess, use, and contribute the health information content wisely, both online and offline. Media and information literacy is closely connected to the growing influence of digital technologies; health information exchange via digital media is widespread and active, to the point that mobile access to the Internet makes smart-phone a unique window to digital health information. And this has resulted in the ordinary youth becoming active consumers, distributors, and creators of youth health information. Digitalisation has given rise to the new health information reality where the user of media: digital media, mobile media, social networks etc., is required to have networking skills such as remixing, sharing, downloading, debating, creation, distribution and proper use of content and multimedia. A media and information literate youth is able to access, receive, critically evaluate, create, use, and disseminate information and media content regarding youth health and well-being. It is the youth who understands and knows their rights when it comes information and the media, as well as their rights to demand quality youth health information and media systems that are free, independent, diverse, and trustworthy.

Media and information literacy in youth health literacy education is thus relevant because an important aspect of digital youth health literacy is to ensure that the youth can distinguish between the real health information, misinformation, and disinformation, and how this health information can be disseminated on various social media. Thus, youth must have skills to identify health misinformation and disinformation and be able to fact-check the authenticity of facts contained in the youth health information they consume. These are indeed the most crucial skills to develop as in today's digital environment the youth information agenda can be determined by any person, being a recipient, distributor, creator of health information about an endless number of topics. That is, media and information literate youth are active participants in the health information exchange for social interaction. Thus, it is important to distinguish narratives that are true from those that are false but also narratives that are true and those with some truth, but which are created, produced, and distributed by agents who intend to harm, rather than, serve the public youth health interest. Narrative is present in health information or content it is embedded in what facts are selected as salient in social media, and in what facts are made up or taken out of context in toxic communications. The one reason why fact-checking is profitably accompanied by narrative unpacking, by examining the structures of meaning within which facts and non-facts are mobilised for specific purposes. Throughout this manual, we use the terms misinformation and disinformation to contrast with verifiable health information, in the public youth health interest:

1. Misinformation is the health information that is false, but the person who is disseminating it believes that it is true.
    - False connection: when headlines, visuals, or captions do not support the content, this can be called false connection. The most common example of this type of content is click-bait headlines. With increased competition for audience attention, social media users can write headlines to attract clicks, even if when someone reads the information, they feel that they have been deceived.
    - Misleading content: when there is a misleading use of health information to health problems in certain ways by cropping photos or choosing quotes or statistics selectively. Visuals are particularly powerful vehicles for spreading misleading information, as our brains are less likely to be critical of visuals.
2. Disinformation is the health information that is false, and the person who is disseminating it knows it is false. It is a deliberate, intentional lie, and points to certain health conditions actively dis-informed or stigmatised, such as mental health.
    - False context: Genuine health information is often seen being re-circulated out of its original context.
    - Imposter content: There are real issues with genuine sources of health information being used alongside fake sources, such as

organisations' logos used in videos or images they did not create.

- Manipulated Content: Manipulated health information is when genuine health information is manipulated to deceive.
- Fabricated content: This type of health information can be text format, such as a completely fabricated news site, or it can be visuals targeting youth.

3.3. A rights-based youth health literacy

Rights-based youth health literacy implies generally recognised agreements that the human rights-based approach acknowledges that youth are key actors in all aspects of their own health, well-being, and development, and that both the duty-bearers (state and its institutions), and the responsibility-holders (the youth workers and youth organisations) have the responsibility to enable the rights-holders (youth) to recognise, claim, exercise, and enjoy their right-to-health. The human rights-based approach to a youth health literacy entails the rights-centred empowerment process to engage with youth in determining, planning, designing, delivering, monitoring, and evaluating youth health literacy education interventions that are relevant for youth through a participatory youth work. Youth empowerment fosters youth's meaningful, inclusive, and diverse participation in the youth health literacy education for youth to take control of the health issues and policies affecting their health and well-being. Whereas youth work entails a grassroots and community-based process that strives to create non-formal youth health literacy education practices necessary to facilitate the transfer of youth health knowledge and the development of youth health skills and attitudes that encourage youth health behavioural change that contribute to optimal youth health outcomes and well-being.

The rights-based approach is guided by four working principles: *meaningful and inclusive participation in youth health literacy education offerings; non-discrimination and equality in youth healthcare and services; accountability and the rule of law in the context of youth health literacy; transparency and access to youth-friendly health information.* Hereinafter, the rights-based approach defines the State and its institutions as the accountable duty-bearers, with the duty to respect, protect, and fulfil youth's right-to-health. It further defines youth organisations and their youth workers as the responsibility-holders with the duty to empower and strengthen youth capacity, and advocate for the respect, the protection, the realisation, and the enjoyment of the rights of youth to achieve optimal health outcomes and well-being. Hence, strengthening youth workers' capacity in designing youth-centred and community participatory health literacy education and creating youth-friendly health literacy educational resources is pivotal since they represent the interests of the youth (the rights-holders). Community-based participatory health literacy education entails a community-based participatory action youth work where the youth are consulted on how the youth workers and youth-based organisations can: *(1). Tackle inequality, promote fairness, create opportunities for youth in all their diversity to claim, exercise, and enjoy their right to health; (2). Strengthen youth health literacy capacity for youth to make informed health decisions, prevent disease, and promote health; and (3). Empower youth with health literacy skills necessary to respond to youth exclusion and discrimination in making decisions about the issues and policies that affect their health and well-being.*

Rights-based youth health literacy not only recognise unique characteristics of youth as a target group and their human rights, but it also recognises the youth as social beings in their own right and their need to achieve a balance between their participation and protection. Youth are embodied beings and the social actors within their own right who encounter and engage in health discourse and health-relevant situations on a daily basis. Thus, the youth should be the core target population for health literacy since youthhood is the most crucial period to start maintaining, restoring, and promoting health among youth. That is, youth from an earlier age in life have the right to be informed and actively participate in their own health (decision-making), to access health information, and have this information presented to them in understandable, accurate, and appropriate manners. So, from a broader perspective, it is thus very important to understand what the human rights of youth are and that despite the fact that youthhood is a period of transition, youth face challenges and discrimination in family, school, and community environments in their efforts to achieve optimal health outcomes and well-being Therefore, the human rights of youth refer to the full enjoyment of fundamental rights and freedoms by the youth. Promoting these rights entails addressing the specific challenges and the barriers they face. Indeed, the Office of the High Commissioner for Human Rights' report on the youth and human rights presented the discrimination and challenges the youth face in their efforts to access civil, political, social, economic, and cultural rights:

- Participation: Youth are under-represented in political institutions, with less than 2% of parliamentarians worldwide aged under 30.
- School to work transition: youth worldwide are three times more likely than adults to be unemployed. Where youth are employed, they often face precarious working conditions, and thus, lack quality jobs and access to social protection.
- Access to health, including sexual and reproductive health and rights: Where information on sexual and reproductive health is not provided, adolescents' ability to take measures to prevent unwanted pregnancy or sexually transmitted infections is hindered; adolescent girls and young women aged 15-19 account for 11% of all births.
- Youth in vulnerable situations: young migrants including asylum seekers and refugees, youth in conflict with the law and youth with disabilities face additional challenges due to their specific situations.

Under international law, States bear the duty and obligations to respect, protect, and fulfil youth right-to-health by ensuring availability, accessibility, affordability, acceptability, and quality of youth health services in the public health system. It is hence essential to view youth health literacy as a human right. For every youth, there is the right to accessible healthcare and services, the ability to make informed choices and the right to be treated with dignity and respect, and not to be marginalised. Thus, the State through its private and public health system must ensure that it observes the principles and standards of human rights law as a right-to-health is universal, inalienable, indivisible, interdependent and interrelated with all the other human rights. Hence, the State bears the duty and the obligations to take measures at the national level to ensure the protection and realisation of youth's rights, while involving youth organisations or youth-led structures in the development, implementation, monitoring, and evaluation of policies, programmes, and strategies affecting the youth right-to-health. For a correct fulfilment of the rights-based youth health literacy, youth must develop: *(1). The ability to access, understand, interpret, and evaluate medical information, allowing them to make informed decisions on medical issues; (2). The ability to access, understand, interpret, and evaluate the health risk factors, allowing them to make informed decisions on the potential health risks;* and *(3). The ability to stay up to date on the determinants of health in the social and physical environment, allowing them to make health informed decisions.*

3.4. Participatory youth health literacy

Rights-based approach to youth health literacy places importance on the process of how youth health literacy education interventions are planned, designed, and implemented. It implies that the setting-up of youth health literacy education intervention must be youth-rights-based; meaning that youth's health needs, and their human rights must be at the centre of the intervention's activities. The rights-based approach to youth health literacy leads to the most effective youth health literacy education interventions which deliver sustained results based on the youth's health needs, while ensuring both the youth ownership and engagement around the planning, designing, delivery, monitoring, and evaluation of interventions. In the set-up of youth interventions, the rights-based approach ensures, through both a gender-sensitive and participatory approach, that in a particular context of concern, youth's health needs and their lived experiences, and health-related the contextual, the social, cultural, racial, gender, educational and/or economic obstacles are assessed, analysed, and included in health literacy education interventions, to address inequalities and multiple intersecting discriminations that youth confront. Then, two approaches: *(1). A gender-sensitive approach,* and *(2). A participatory approach;* are both at the core of the rights-based approach to youth health literacy.

Herein, gender-sensitive approach means integrating youth health literacy education in youth work from both a gender and a racial perspective; by acknowledging that in the public health system and discourse, youth are not only discriminated against on the basis the binary notion of gender, but most often, on the basis of their race and/or their non-binary gender identity and/or expression, such as youth who belong to racial minority groups and the lesbian, gay, bisexual, trans, intersex, and queer youth within the LGBTIQ. So, youth health literacy becomes gender-sensitive, when there is informed participation and inclusion of the most marginalised and most vulnerable youth regardless of their sex, race, ethnicity, ethnic origin, colour, religion, language, sexual orientation, gender identity/expression, age, or disability. Whereas a participatory approach means active, meaningful, inclusive, and diverse participation of youth in health literacy education, which is the most important factor that enables both learning and performance; considering youth's characteristics, their own lived experiences, and their local realities, and facilitating a critical reflection and analysis of their health needs, so that they can develop health literacy attitudes, skills, and knowledge.

Hence, an effective youth health literacy education intervention in youth work requires consensus among the youth workers and youth on what is to be achieved, how to achieve it, and which monitoring, and evaluation strategies will best inform needed adjustments to ensure that the expected results are achieved. Therefore, youth in all their diversity, especially the most marginalised, and the most vulnerable to exclusion and/or racial and gender discrimination must be consulted, and the health literacy education intervention activities must make active and continuous efforts to meet the expressed health learning needs by youth and fill the identify gaps by the youth in the current youth health literacy education interventions. That is, the intervention must be based on the follow:

- Involving youth: Taking a participatory approach means that the intervention ensures that youth in all their diversity as the beneficiaries of the intervention, are involved and consulted throughout the intervention's life-cycle, from planning, designing, and organisation, to implementation, monitoring, evaluation, and reporting. While a participatory approach usually requires time and resources, it yields sustainable benefits over the longer term.
- Developing a realistic intervention: Bringing together youth's inputs as the beneficiaries of the intervention, helps ensure that their knowledge, experience, needs, and interests inform the planning and designing of the intervention. This is essential for obtaining information about local, cultural, and socio-political contexts about youth health and other practices, as well as youth workers' capacities that may influence the intervention, and thus ensuring realistic implementation of the intervention.
- Achieving results sustainability: When youth in all their diversity as the beneficiaries of the intervention are fully engaged in the planning, design, delivery, monitoring, and evaluation of the intervention, the expected results (outputs, outcomes, and impact) are more likely to be achieved in a sustainable fashion. That is, an inclusive participation increases ownership of the results achieved and makes it more likely that youth will continue to be active agents in promoting youth health within their work, practices, or communities.

That is, it is significantly important to not only observe the different youth segments that require different health education and healthcare services, but it is also key to include those different youth segments both in actions and the decision-making process that are in the pursuit of improving their health outcome and well-being. So, when the youth health providers and the health system are more aware of the youth's health needs, their lived experiences, and health-related contextual, social, cultural, racial, gender, educational, and economic obstacles the youth face, youth health providers and the health system are able to provide better youth healthcare services, the ones that the youth needs and desire. Therefore, youth should not be placed in a passive role when deciding on how to improve their health outcome and well-being and how to promote; interaction, consultations with youth must be at the core of this process. The greater diversity in the number of the youth who participate in such consultations, the more complete is the analysis of their health needs and their context, which lead to designing effective actions and interventions among the youth health providers and within the health system to effectively improve the current youth health and well-being. Complementarity, exercising health literacy by youth is only possible if opportunities for engaging and participating in youth health literacy processes and the decision-making are present. Hence, the extent to which society, the family, and the community facilitate the youth to take an active role and participate in health literacy practices remains questions for future research. Future research should thus establish how the links of social and health participation can facilitate and/or limit the youth's empowerment in engaging in health-promoting activities, leading to personal and societal changes.

3.5. Youth development and health literacy

Youth is a life phase in which essential biological, cognitive, psychological, emotional, and the social development processes take place. It is the phase accompanied by developmental features, typical challenges, and social expectations. Apart from the cognitive development aspects, namely the skills and the competencies the youth should be capable to master and employ in the context of health literacy, it is crucial to recognise sociological and psychosocial development processes that are also taking place during this phase. Moreover, it is equally crucial to look at and understand how positive youth development contributes to optimal youth health outcomes and well-being. Therefore, positive youth development entails combination of positive experiences, positive relationships, and positive environments. It is an intentional and pro-social approach that engages youth in their

communities, schools, organisations, peer groups, and families in a manner that is more productive and constructive; providing opportunities, fostering healthy relationships, and furnishing support needed to build strengths. So, given the conceptual heterogeneity and gaps in understanding youth health literacy, a positive youth development explores the youth's particularities for health literacy through the development perspective structured into psychological and sociological perspectives. These developmental aspects are thus important for better understanding of *(1) how youth health literacy develops in youthhood;* and *(2) how general developmental processes and changes interact and affect youth health literacy.*

A common approach to a psychological perspective on youth health literacy and development is to focus on the cognitive abilities, for example, health literacy levels at the successive developmental stages. One development perspective is when health literacy is conceptualised within four skill areas (prose literacy, oral literacy, numeracy, and the systems-navigation skills) and the activities are provided for each youthhood developmental stage. Even though such a stage model may provide an overview, or a guideline of what health literacy skills can be expected of youth at the specific stage, this development perspective is strongly "top-down" as it limits the youth health literacy to the predefined set of abilities: if youth develops such abilities, then they are considered health literate; if not, the youth is left to a low score. Moreover, the stage models offer an idealistic, one-size-fits-all approach, implying that all youth develop at the same speed and reach certain levels at a particular age, not taking into account individual-experience-relationships-environmental interaction. Thus, they are based on questionable assumptions that it is possible to determine how youth understanding of health or illness and their health literacy skills typically evolve, regardless of the contexts and the culture in which a youth lives. On the other hand, from a sociological perspective, it is critical to review and discuss considerations of sociological perspectives of youth development for youth health literacy, focusing on 4 prominent sociological approaches:

1. Sociocultural aspects of youth development;
2. Socio-ecological approaches;
3. Youthhood socialisation; and
4. Sociology of youthhood.

Figure 1: Four prominent sociological approaches

Sociocultural aspects of youth development:

To highlight the fundamental role of social interactions with regards to youth health literacy and development. How cognitive processes are influence by specific socio-cultural factors in youth's surrounding results in the concept: inter-subjectivity of social meanings.

Socio-ecological approaches:

To highlight the relationships between youth and their social world within health literacy research. To promote youth health literacy effectively needs to consider the structure of youth's social worlds, and the reciprocal interaction between youth and their social environment.

Youthhood socialisation: a modern perspective

Focuses on direct, and mediating role of interpersonal (parents, peers, schools) and medial socialisation agents for youth health literacy. The emphasis on youth as the central agent of socialisation can help to understand the active role that is attributed to youth health literacy.

Sociology of youthhood: concept of intergenerational order

Viewing youth as being positioned in intergenerational relations sheds light on unequal power structures and the ways youth, as their own social groups, are viewed, listened to and involved in health literacy in different health-related settings (home, school, healthcare setting).

Though little is known about how the contextual factors interact with one another, and how this interaction affects how youth can build up and use their personal health literacy skills. One approach could be looking at the role of interpersonal and media socialisation for youth health literacy from a sociological perspective. Contextual factors can be distinguished in:

- The interpersonal context such as the parental socio-economic status, parental education level, and the home setting.
- Situational determinants such as the degree of social support as well as influences from family and peers, the school and community setting, and the media; and
- The distal social and cultural environment such as characteristics of the health and education system and political and social variables.

CHAPTER-4

Youth health literacy education in youth work

4.1. Youth health literacy education

To make sense of what the youth health literacy education means; it makes more sense to start by reflecting on the concept of youth health literacy. From conceptualised definition, youth health literacy being closely linked to capacity strengthening and empowerment, it implies the degree to which youth have the skills and the capacity to obtain, process, understand, use, and apply health information to make the most informed health decisions, and youth's ability to communicate, affirm, and implement those decisions. Therefore, by expanding on this definition, the youth health literacy implies the levels of the youth's knowledge, skills, attitudes, and competences in terms of accessing, obtaining, processing, understanding, appraising, and applying the health information to make judgments and to take decisions in their everyday life concerning healthcare, disease/illness prevention and/or health promotion to maintain and improve quality of life throughout the course of life, which lead to optimal youth health outcomes and well-being. Therefore, achieving the highest level of youth health literacy requires both an empowerment and capacity strengthening process herein called "youth health literacy education". Hence, the ultimate goal of youth health literacy education is facilitating empowerment and capacity strengthening of the youth to achieve optimal youth health outcomes and well-being.

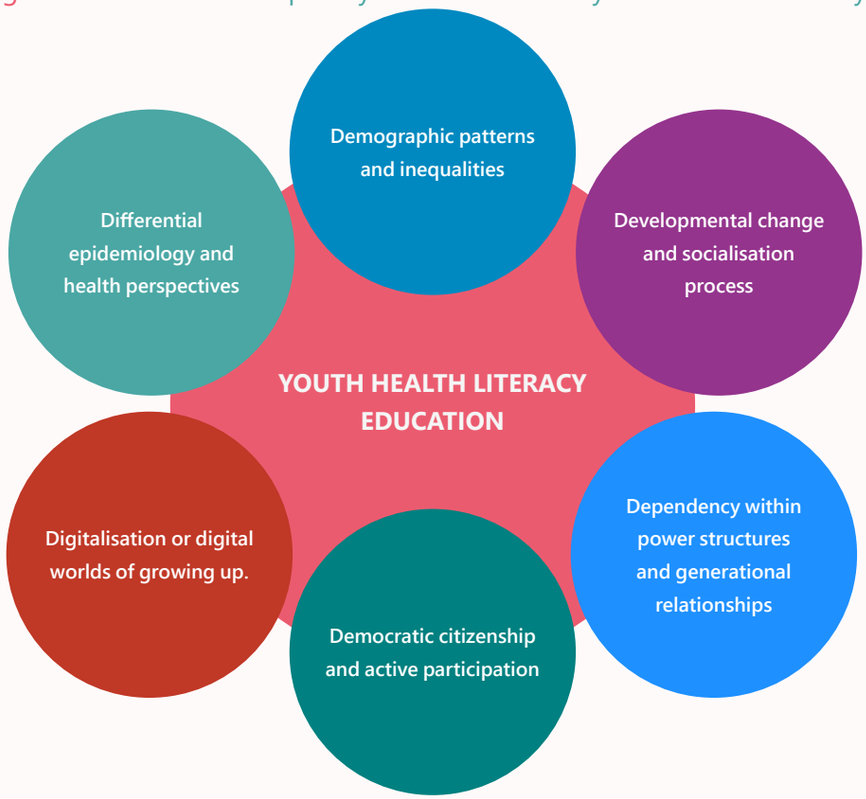
Youth health literacy education is both a teaching and a learning process that involves a wide spectrum of youth health literacy education interventions *(such as family, school, community, or media-based interventions)* aimed at empowering youth by strengthening their knowledge, skills, attitudes, and competences as a means to access, process, analyse, understand, appraise, and apply health information to make judgments and take decisions in their everyday life concerning healthcare, disease/illness prevention, and health promotion, as well as to strengthening their ability to communicate, affirm, and implement those decisions in order to maintain and improve quality of life throughout the course of life. Therefore, empowering the youth by strengthening their own health knowledge, skills, attitudes, competences, and ability through health literacy education interventions as teaching and learning processes, is what leads to optimal youth health outcomes and well-being. Hence, keeping with this context, a youth health literacy education intervention herein refers to *the organised efforts to transfer youth health knowledge and develop youth health skills, attitudes, and the competences, which encourage positive youth health behaviours that contribute to high level of health literacy among youth*. In other words, a youth health literacy education intervention is both a teaching and a learning process through which the youth strengthen their health knowledge and develop their health skills, attitudes, and competences that encourage positive youth health behavioural change needed to access, obtain, process, analyse, understand, appraise, and apply health information to make informed health decisions concerning healthcare, disease prevention, health promotion, as well as the ability to communicate, affirm, and implement those decisions.

1. Organised efforts: a youth health literacy education intervention should not be improvised. The implantation phase of a youth health literacy education intervention is one of the final stages of its life-cycle, which starts with planning and design.
2. Transfer health knowledge: the knowledge does not refer to just accessing and understanding of health information about healthcare, disease prevention, and health promotion, but also to both consider and act on this information to make informed health decisions.
3. Develop health skills: in a youth health literacy education intervention, skills to obtain, process, appraise, and apply health information are strengthened by practice and application, a process which needs to continue throughout and beyond the intervention.
4. Develop health attitudes: to change negative health attitudes and reinforce positive ones, so that youth can assume responsibility for their health and well-being, and thus, take the necessary actions to tackle and prevent youth health misinformation and disinformation about healthcare, disease prevention, and health promotion.
5. Encourage health behaviours: effectiveness of a youth health literacy education intervention lies in the actions that the intervention fosters among the youth, and its effects on health behavioural change at the individual levels that reasonably contribute to the ability to communicate, affirm, and implement informed health decisions to maintain or improve quality of life throughout the course of life.

The transformative power that youth health literacy education has on youth health outcomes and well-being is very strong. Not only does it facilitate the youth to know, understand, and apply health information in different health situations in their daily life, but at the same time, in terms of the societal and communicational benefits, the youth health literacy education

increases the youth's meaningful, inclusive, and diverse participation health education programmes. This improves community empowerment and the capacity to influence youth's health and the health of their peers, families, and communities. When the youth are more aware of those health issues facing them and their peers, they may take actions to improve the outcomes of their health. Youth are actors that actively and deliberately participate in seeking, processing, and evaluating health information they use in health-informed decision-making which indeed forms a direct output dimension for measuring youth health literacy levels. Through the youth health literacy education: *(1). Youth become responsible for their health and for dealing with different kinds of health-related issues;* and *(2). Youth become more engaged in their health, healthcare services utilisation, the disease/illness prevention, and in reducing health expenditure.* So, for youth health literacy education interventions to be effective, they must reflect a deep understanding of the structure of youth's social worlds and their developmental appropriateness. The entry points emphasise how and in what ways the youth is a unique target group compared to the general adult population. Below we present the 6-D model, to take a look at the central attributes of each entry point.

Figure 2: 6-D model to explore youth health literacy education holistically.



The above six dimensions of the 6-D model, highlights relevant aspects that are important in order to elaborate on and explore youth health literacy education holistically in terms of its relevance and meaning for youth.

- Differential epidemiology and health perspectives → youth attribute meaning to the concept of health, of being healthy, or of being well by drawing on their personal embodied experience and their interpretation of articulated health-related beliefs.
- Demographic patterns and inequalities → youth are especially vulnerable to social and health inequalities, because their health is influenced by a multitude of complex and interrelated factors in their proximal and distant social environment.
- Developmental change and socialisation process → youthhood is a life phase in which essential biological, cognitive, psychological, emotional, and social development processes take place. It is crucial to recognise sociological and psychosocial development processes.
- Dependency within power structures and generational relationships → whereas youth are dependent on their parents' assistance, competence, economic resources, and social support, they, at the same time, actively engage in and form a social world/reality, especially when they interact with adult society.
- Democratic citizenship and active participation → youth have a right to be informed, to participate in their own health (decision-making), to access health information, and to have this information presented to them in understandable and appropriate manners.
- Digitalisation or digital worlds of growing up → considering the opportunities and challenges in digital and media settings with their various multi-model formats is crucial for understanding youth's health literacy and their health information seeking.

4.2. Non-formal youth health literacy education

Although schools are the spaces that allow most children and youth to access health educational topics, materials, and/or resources, it is important to consider that not all the youth are in and/or use these spaces. Rather there are those youth who for various reasons are not formally studying

and/or have finished their studies and/or are working in different sectors. Though this does not mean that these youth should not have equal rights and opportunities to learn and/or acquire the skills related to health literacy that are very favourable for their future. Health literacy aligns the individual skills and abilities of those requiring health information and services with both the demands and the complexities of health information and health services. Therefore, youth health literacy can be enhanced by improving personal abilities through youth health literacy education and training and decreasing situational demands by refining accessibility, understandability, and usability of the health system, services, and materials. Thus, considering the latter, a youth health literacy-friendly environment makes it easier for the youth to navigate, understand, and use health information and services to take care of their own health. One setting relevant to youth health literacy education is the extracurricular youth work settings within the of context of non-formal education. Hence, to make these settings more youth-centred, non-formal education reduces the organisational demands and provide a system that is easy to navigate, understand, and use by youth.

In fact, this manual stems from the need to convey the importance of promoting youth health literacy at the level of the youth organisations working with the youth in youth work settings within non-formal education contexts. It does so by considering youth health literacy as a set of skills and competences classified into three main types: *(1). Functional health literacy,* which refers to the literacy skills needed to function effectively in everyday situations, like basic reading and speaking skills; *(2). Interactive health literacy,* which refers to advanced cognitive and literacy skills that enable a person to actively participate in their own healthcare; and *(3). Critical health literacy,* which refers to advanced cognitive skills, including the ability to critically analyse health information, apply the knowledge, make decisions, and evaluate health information. It is important that youth become aware of these skills and are able to develop them in appropriate environments. The focus should be on how the youth access, understand, evaluate, and communicate health information and messages and how these are used to make health-related decisions and how they influence health behaviours. Hence, the starting point is the acquisition and the use of skills, abilities and knowledge that constitute to youth health literacy. Therefore, this manual sought to move its focus beyond *individual cognitive skills*, such as reading, writing, critical thinking, and/or information processing, to include *affective attributes* (e.g., self-reflection, self-efficacy, and motivation), *operational or behavioural attributes* (e.g., communication and social skills); and *specific technical skills* (e.g., navigating both the context and the health system, and technological information search skills). And since youth health literacy is also a competence-related concept and a learning outcome of non-formal youth health literacy education, within youth work settings; the youth learn, perform, and retain health-related skills effectively.

Non-formal education, proven as the most effective educational method for the youth, is expected to have the same impact if used in public health. One of the main objectives of non-formal education is to empower the participants through building their competences and skills. It is important to highlight that this kind of education is purposive but voluntary learning in nature. Inclusion and equity are the main pillars of non-formal education, and thus, non-formal youth health literacy education offers the possibility, especially to the most marginalise youth from disadvantaged groups and communities, to take ownership of their health. If provide them with a safe space to act free from many of the constraints they experience in their daily lives; experiment with aspects of their health and well-being that are normally suppressed, and to a certain extent reinvent themselves without fearing disapproval and/or pressure of their peers.

> Non-formal youth health literacy education facilitates youth to acquire the relevant information regarding their own health conditions, share strategies to cope with the disease and with the physical and attitudinal barriers the youth face in their daily life, and develop a critical consciousness regarding their health rights and their role as citizens in a community. It also be acknowledged the youth have strengths and limitations in terms of youth health literacy that influence the way the youth interact effectively with health information and services, and thus, non-formal youth health literacy education is the most crucial educational method capable of improving levels of health literacy among youth so that they become more aware and autonomous, which strengthen their ability to interact with health information or services, and their ability to analyse and interpret health information to make informed health decisions and identify health services that can meet their health needs.

4.3. Youth health literacy education in youth work

Herein, Youth Work entails a grassroots and a community-based process that strives to create non-formal youth health literacy education interventions that are necessary to, essential in facilitating the transfer of youth health knowledge and the development of youth health skills, attitudes, or competences that can encourage youth health behavioural change that can contribute to an optimal youth health outcome and well-being. Youth workers, youth educators who are health literacy practitioners offering the youth health education and training interventions within the confines of youth work within non-formal education settings, are the most therefore well positioned to encourage and/or motivate, to educate, to training, and empower the youth they interact with to develop health behaviours which contribute to the optimal youth health outcomes and well-being. That is, youth workers, youth educators with youth health literacy training skills can facilitate, accompany, support and help the youth to connect their health knowledge, skills, attitudes, competences, and behaviours to their health needs, aspirations, and challenges by evoking their abilities of making and implementing informed health decisions in their daily life and throughout the course of life. Therefore, youth work should pay attention to key attitudes, beliefs, social barriers, context, and lived experience that can enable the youth to engage in skills and behaviour that could facilitate them to *(1). become responsible for their own health and for dealing with different kinds of health-related issues;* and *(2). become engaged in their health, healthcare services utilisation, disease/illness prevention, and in reducing health expenditure.* Indeed, this the goal of empowerment. Youth empowerment in the context of youth health literacy, has been defined as process that fosters youth's meaningful, inclusive, and diverse participation in youth health literacy education so the youth can take control of health issues and policies that affect their own health and well-being.

It implies that youth cannot be empowered by others, youth can only empower themselves to achieve their desired state of health outcomes and well-being. So, the role of youth work in youth health literacy education is to facilitate the youth empowerment through capacity strengthening by creating inclusive and diverse learning opportunities and the most safe, and favourable learning environments and conditions allowing the youth to acquire health knowledge, and develop the health skills, attitudes, competences toward health behavioural change. Empowerment is therefore a fundamental concept in youth health literacy within the confines of youth work: *emphasising the need for creating favourable learning conditions and safe learning environments for experiential learning.* Empowerment through capacity strengthening makes it so possible to integrate a rights-based, gender-sensitive, and participatory approach to youth health literacy in youth work. That is, the process of empowerment in youth health literacy brings about a youth work that is built on and structured around youth health learning needs, gaps, social barriers, and lived experiences. So, all forms of gaining knowledge are not equally relevant. Experiential learning within the confines of youth work in the context of youth health literacy education, is likely to be far more relevant, and a more powerful way for the youth to gain functional skills than the knowledge gained within the formal education which is encountered without any immediate applicability. And since formal education does not prioritise youth health literacy the influence of youth work on youth health literacy education is very important. Overall, we aim to encourage youth workers, youth educators to take these ideas and consider how they might be incorporated into their youth work or youth programme designs. That is, youth health literacy education field needs youth-oriented youth health literacy practitioners to experiment inventively and report back on what works and what does not work.

4.3.1. Integrating a training cycle to youth health literacy education in youth work

Youth health literacy education is a teaching and a learning process that involves a wide spectrum of youth health literacy education interventions (family, school-, community-, media-based interventions) that are aimed at empowering youth by strengthening their knowledge, skills, attitudes, and competences as a means to access, obtain, process, understand, appraise, and apply health information to make judgments and take decisions in their everyday life concerning healthcare, disease prevention, and health promotion, as well as strengthening their ability to communicate, affirm, and implement those decisions in to maintain or improve quality of life throughout the course of life. In addition, a youth health literacy education intervention refers to organised efforts to transfer youth health knowledge and develop youth health skills, attitudes, and competences that encourage

positive youth health behaviours that contribute to high levels of health literacy among youth. Ideally, a training intervention is a process, of which a training delivery, which is the most visible component, is just one of the final stages. So, a training cycle is a model that is used herein to conceptualise different phases of a youth health literacy education training intervention, from the initial idea to the post-training activities. That is:

- The first step is conducting a training needs assessment to identify training audience's learning needs and knowledge gaps. The data from this process is used to identify the desired level of health outcomes, set training goals and learning objectives, and decide on the most appropriate content and methodology of the training.
- The content and methodology are then worked out in depth in the design phase and looks at administrative aspects such as training team, budget, timing, venue, accommodation, agreement, invitation letters, information to learners, training material, etc.
- After a training has been held (delivery phase), through a training report, the training organiser documents the main aspects of the course, the used methodology, and results that could be identified in the short-term and medium-term perspective.
- During the follow-up phase, training beneficiaries, create enabling environments and conditions for conducting and assessing post-training interventions because of their participation in the training.

After analysing the current health context (the challenges, the opportunities, condition), the characteristics and lived experiences of youth as well as their own health learning needs; the unmet gaps in the currant youth health literacy education, and the health behavioural changes that the youth need, it is important to determine what that desired health behavioural changes would look like in terms of results and how those results could be measured in terms of health literacy levels. Although it may seem like thinking backwards, developing a clear vision of what the end results would look like and then determining how to achieve those results help to make sure that the training design is oriented in the right direction. Therefore, clearly articulating the desired results enables the setting of clearly defined goals and realistic objectives for the training and development of evaluation tools needed, to confirm, over time, that the desired behavioural change has indeed occurred. That is, youth workers, youth educators should be able to identify and measure positive changes and/or results, to which the training has contributed to at various levels of change:

1. Individual level: This is the change that the youth workers, youth educators want to see in the individual youth attending the training. That is, what health knowledge, skills, attitudes, and behaviours can the youth acquire, reinforce, or modify to achieve a desired state of health outcomes and well-being?
2. Organisation or group level: This is the change that the youth workers, youth educators expect when the training participants transfer their learning experiences to their peers, organisations, or groups they work with. That is, what effects might their gained health knowledge, skills, attitudes, and behaviours have on the youth's peer or organisations?
3. Community or society level: This is the change that the youth workers, youth educators anticipate when the participants' organisation transfers its incorporated, integrated participatory youth health literacy education training approach to the broader community or society. That is, what effects might be observed if the organisation adapts, uses, or applies the training output within its own youth work at the local level?

So, how can these changes be transformed into actual results? This can be done through the Results-Based-Management, performance management tool, supported by Impact Pathway that focuses on improving performance and ensuring that a training intervention contributes to achieving desired results through a logical causal chain from a training context to the training impact:

1. Context: These are the circumstances that form the terms for which the need for a training intervention to improve health literacy levels among youth people within their specific community can be fully understood.
2. Inputs: These are the financial, materials, and human resources such as funds, staff time, equipment, or venue, travel, meals, accommodation costs and their arrangement, or learning materials, tools, or resources costs, etc. used in conjunction with a training intervention to achieve desired results.

3. Interventions: These are concrete activities, or the processes, or tasks (training, workshops, seminars, consultations, forums, etc.), which the youth undertake to transform Inputs into Outputs. Outputs into Outcomes, and Outcomes into impacts.
4. Short-term results - Outputs: These are the immediate consequences or effects of a training intervention. Direct products or services and the number of learners stemming from the training.
5. Medium-term results - Outcomes: These are the intermediate effects or consequences of a training intervention, observed at two levels:
   - Immediate outcomes: the immediate learning outcomes among the learners who participated in the training, which are directly attributable to both the training Inputs and Outputs. They represent an immediate change or an increase in knowledge, skills, awareness, behaviours, or ability among the learners.
   - Intermediate outcomes: They constitute a change in behaviours or practices among the learners' organisations and/or communities, observed based on the quantity of post-training interventions delivered by the learners, the number of beneficiaries served by a post-training intervention, or the satisfaction level with the Outputs usability by those beneficiaries.
6. Long-term results - Impacts: long-term consequences or effects of a financial literacy training intervention which lead to the ultimate desired changes to which the training seeks to contribute to, observed based on financial actions taken by learners, their organisations or community, and the beneficiaries who participated in post-training interventions at the local or national level, and measured in terms of financial well-being.

4.4. Community-based youth health literacy education interventions

Community-based youth health literacy education interventions in youth work imply a community-based participatory action research process where youth are consulted on how youth workers and youth organisations can tackle inequality, promote fairness, and create opportunity for youth in all their diversity to claim, exercise, and enjoy their right to health. This manual places importance on the process of how effective community-based youth health literacy education interventions are determined, planned, designed, implemented, and evaluated: setting-up of a community-based youth health literacy education intervention must be collaborative, rights-based: youth and their rights must be at the centre of the intervention. Such an approach aligns with youth work principles to youth empowerment. Youth exclusion and discrimination undermine youth participation, especially youth in vulnerable situations such as youth who belong to racial, sexual, and gender minority groups. Hence, community-based youth health literacy education interventions foster an evidence-based youth health literacy education grounded in the rights-based, gender-sensitive, participatory approach. In this context, rights-based, gender-sensitive, participatory approach and intersectionality share principles and reinforce each other. They all focus on dismantling inequalities in access to resources and opportunities among youth (e.g. health services, health information, education, decision-making, etc.). Inequality undermines youth empowerment, decision-making power, and equal, non-discriminatory health services; especially for the most marginalised youth.

Indeed, the World Health Organization considers that a balance between the government, the community, and the individual action is necessary for both health education and promotion, recognising that non-governmental organisations, local groups, community institutions are central in this process. This perspective reinforces the idea that youth should be empowered and encouraged to make use of accurate health-related information. On one hand, this ecological perspective draws attention to how youth with diverse skills, resources, and world-views cope with and adapt to different local community contexts. On the other hand, these community contexts, and/or settings with their own specificities and dynamics naturally work to provide youth with the opportunities to learn and experience numerous situations. Thus, community resources are powerful tool for the youth and collective empowerment, since there are cultural factors, economic dynamics, and/or social structures whose contribution is vital for the improvement of the youth's quality of life. For instance, the community organisations and/or support associations whose mission is to defend the quality of life of youth with health issues and/or problems play a significant role in helping youth to address, cop, deal, or prevent those health problems through health education contexts. The literature illustrates strong and important benefits

of the youth involvement in community organisations, especially those with a more informal nature, such as emotional support, sharing experiences, acquiring health information or health services.

Hence, the community-based youth health literacy education interventions do not only serve to empower youth. By participating in the community-based youth health literacy education interventions, youth learn that there are others who share their values, common struggles, and working for a collective acknowledgment of shared goals: claiming rights and advocating for better life conditions within their community. For instance, youth counselling or training services offered by different actors at community level. So, when designed and targeted to youth needs, these can effectively improve youth health knowledge, self-care practices, and positive lifestyle behaviours. And due to their participatory action research nature, community-based youth health literacy education interventions promote the access to health education and initiatives to improve youth health literacy skills through a wide range of activities and policies to support the youth access, analyse, understand, evaluate, apply health information. The majority of interventions implemented aim to: *(1). disseminate health information via websites and/or large media campaigns; (2). promote access to health education or incentivise health literacy skills of the youth;* and *(3). develop counselling and training sessions at the community level.* Hence, these interventions contribute to reducing health problems; health misinformation or disinformation; harshness of disease; and reduce the number of hospital visits among youth.

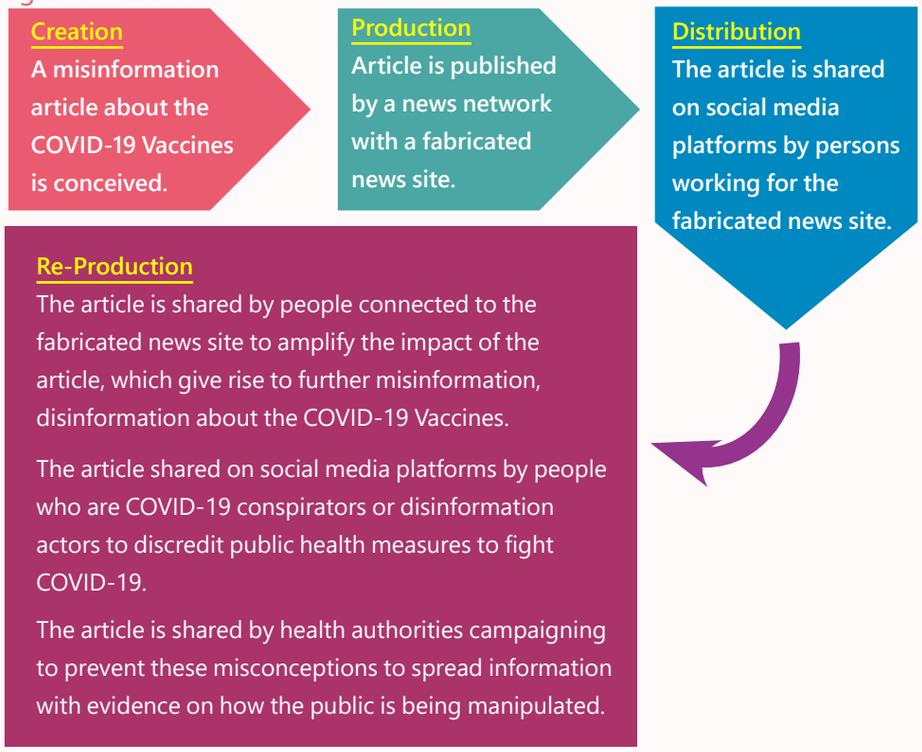
4.5. Media-based youth health literacy education interventions

With many misleading health information, advocacy to hatred, and other types of online human rights violations observed in the media today, there is a need for the youth to learn how to identify, fact-check, analyse the health information they consume in the media, but also to learn how they can address such a fake or manipulated health information through effective media-based youth health literacy education interventions. In other words, it requires integrating media and information literacy within health literacy education. Media and information literacy refers to the skills, knowledge, attitude, and competences that allow one to use media and information critically, effectively, and safely. Given the ubiquity of media messages and platforms for media exposure in adolescence, media literacy skill to critically analyse media messages is effective at preventing health risk behaviours such as substance use, smoking, risky sexual activity. But media literacy skills alone are unlikely to produce meaningful changes in attitudes and behaviours without the associated knowledge to resist the medium's message. Many youth grow up in highly digitised and media-saturated settings, youth naturally learn and become socialised with digital media formats because digital media are an integral component of their daily lives. And because youth encounter and access health information in various or multiple digital forms and formats, considering the opportunities and the challenges present in digital and media settings with their various multi-model formats is crucial for improving the youth's health literacy levels and their digital health information seeking.

Though the consequence of health disinformation or health misinformation may be similar, in some particular cases, misleading health information might exhibit a combination of both conceptualisations, and there is evidence that individual use of one, is often accompanied by the other as a part of a broader strategy by particular actors. However, it is helpful to keep the distinctions in mind because the causes, techniques, and remedies vary accordingly. That is, the purpose of media-based youth health literacy education interventions is to facilitate youth to separately examine the main elements of an information disorder: *the agent, message, and interpreter.* By dissecting, analysing, and interpreting information disorder from this perspective, youth can understand these nuances: The agent who creates a fabricated message might be different to the agent who produces that message, who might also be different from the agent who distributes that message. Moreover, there is a need for a thorough understanding of who these agents are and what motivates each, since once a misleading health information has already been created and distributed, it can be reproduced and redistributed endlessly via the mainstream media operating without any scrutiny, by various actors, with different motivations. So, there is a need to consider the 4 possible different phases of information disorder:

- Creation,
- Production,
- Distribution, and
- Re-production.

Figure-3: Phases of information disorder



An important aspect of media-based interventions is facilitating the youth to develop fact-checking skills, attitudes, and behaviours. *Fact-checking* is an analysis driven by one basic question: *How do we know that?* So, fact-checking is not spell-checking. There is not a dictionary-style guidebook with all the facts about online health information, nor a simple software that will examine information and flag something misstated as fact. Generally speaking, fact-checking is composed of three phases:

1. Finding fact-checkable health information by scouring through trusted records such as WHO or UNFPA websites. This includes:
   - Determining which health information can be fact-checked; and
   - Determining which health information is ought to be fact-checked
2. Finding the facts by looking for the best available evidence regarding the digital health information at hand.
3. Correcting record by evaluating digital health information in light of the evidence, on a scale of truthfulness based on these ratings:
   - True: the statement is accurate and there is nothing significant missing.
   - Mostly True: The statement is accurate but needs clarification or additional information.
   - Half True: the statement is partially accurate but leaves out important details or takes things out of context.
   - Mostly False: the statement contains some element of truth but ignores critical facts that would give different impressions.
   - False: the statement is not accurate and makes unfounded claim.

Fact-checking digital health information is crucial since research estimate that the youth spend about 33-50% of their waking hours on some forms of media, but that they can only derive maximum benefit from this information resource if they are able to search for, evaluate, and use the information effectively. The use of Internet therefore requires significant digital literacy skills, and little is known about the levels of digital youth health literacy among youth. Exploring the challenges faced when youth search for online health information indicate deficiencies regarding the digital youth health literacy skills: (1). Functional skills: the ability to successfully read and/or write about health using technological devices; (2). Communicative skills: the ability to control, adapt, and collaborate communication about health with the others in the online social environment; (3). Critical skills: the ability to evaluate the relevance, trustworthiness, and the risks of sharing and receiving the health-related information through digital ecosystem; and (4). Translational skills: the ability to apply youth health-related information from digital ecosystem in different contexts.

Thus, media-based youth health literacy education has significant potential to promote the youth digital health knowledge, attitudes, and skills. Thus, the media-based youth health literacy education interventions are effective in preventing unhealthy behaviours in youth. E-health interventions uses technology to teach the youth about health for the purpose of changing knowledge and behaviours, such as smoking prevention. E-health literacy interventions that are designed to build e-health literacy skills, which are the skills specifically related to searching for youth health information online and being able to navigate such a youth health information in the online environment. Online health literacy interventions aimed at developing the general digital health literacy skills that may include e-health literacy skills, but done in the online environment.

CHAPTER-5

Design and delivering of youth health literacy training

D1 S1 YOUTH HEALTH LITERACY YOUTH HEALTH AND RIGHTS

A01. Empowerment in youth health and rights

Learning activity	Reflecting on experience workshop
Training method	Experiential learning: Workshop-based learning
Goal of the activity	This workshop is used to capture the motivation, imagination, and energy of the workshop audience. Reflecting activities encourage workshop participants to look back on their own personal and/or professional behaviour in a way that prepares them for new learning and change. Reflection is often used at the beginning of a workshop or at a transition from one topic to another. To design a reflecting activity, it is important to identify the past experience that you want to invoke and to do so in an engaging way that can be linked to the workshop topic.
Targeted audience	Young people; youth workers or youth educators; trainers or facilitators; youth-based organisations; and other educators involved in youth education and training.
Learning objectives	• Develop participants' knowledge, skills, and attitudes on how to engage with young people on their youth rights and health during training interactions. • Strengthen participants' training skills and capacity in using interactive learning activities to integrate youth rights and health literacy in youth work.
Instructions	1. Divide the participants in small groups. Ask each member of the group to think of and share with the group at least five (5) words that each set describe "Youth Health" and "Youth Rights" based on their experiences and knowledge. 2. Upon completion of this spontaneous interaction, ask each group to analyse and interpret different words from all participants to generate one Word Cloud for each term composed only of ten (10) words that reflect everyone in the group. 3. Ask them to analyse and interpret the terms "Youth Health" and "Youth Rights" and create a list of at least five (5) types of Youth Health and a list of at least five (5) types of Youth Rights. Then provide a flip-chart to each group: a. Which type of three (3) interventions in the context of non-formal education that youth work can use in order to effectively meet youth's learning needs and knowledge gaps in Youth Health and Youth Rights? b. What do you think are the most appropriate training activities that youth can participate in order to strengthen their knowledge, skills, or attitudes of Youth Health and Youth Rights? c. Create one complete training activity that can strengthen youth knowledge, skills, and attitudes of Youth Health and Youth Rights.

Debriefing	1. Check the results in the bigger group with all participants. Discuss the experience with the participants. Ask questions such as: a. How did you manage to do the activity? b. Are you satisfied with the results of your group? c. What was difficult and how could it be done better? 2. Then use the follow-up questions for interactive discussions: a. How can you define or characterise the terms "youth health literacy" and "youth rights literacy"? What do they have to do with each other? b. What challenges and opportunities are you facing in dealing with or addressing different forms of youth health and rights problems in your practice or work? c. How do you see a lack of youth health and rights literacy impacting you personally or the communities or the groups that you work with?
Learning outcomes	• Participants are able to apply gained knowledge and skills to engage with young people on youth rights and health in their youth work. • Participants are able to use interactive training learning activities to integrate youth rights and health literacy in their youth work.
Training logistics	• Flipchart paper, large sticky notes, markers, and a tape. • A wall with enough space to attach several sheets of flipchart.
Required time	90 Minutes: As a facilitator you should expect to spend: • 15 Minutes for presenting giving instructions. • 50 Minutes for participants to complete their tasks in small groups. • 25 Minutes for reflection and discussion during debriefing.
Challenges	• This activity brings together different concepts related to what youth need to make effective health decisions for themselves as a means to develop healthier lifestyles necessary to achieve a greater state of health and well-being. We have created a set of 12 workshop learning activities that reflects essential themes in the field of youth health literacy. • The themes including Youth mental health and well-being, Drug abuse and youth well-being, Gender and sexual health literacy, and Digital youth health literacy are discussed, and each is linked to a workshop learning activity. So, beyond having experience in youth health literacy, the facilitator should have experience in human rights education and cultural literacy to facilitator this workshop.
Adjustments	• You can adapt the questions to the profile of the group and context in which a workshop takes place. • This activity works best with small groups, 20-25 participants.

D1 S2 YOUTH HEALTH LITERACY YOUTH HEALTH AND RIGHTS

A02. Challenges to youth health and rights

Learning activity	Experimenting and practicing workshop
Training method	Experiential learning: Workshop-based learning
Goal of the activity	This workshop encourages participants to use knowledge in a practical way. These activities provide an opportunity for participants to practice and involve themselves in new behaviours and skills. The workshop provides participants a safe environment in which to try out new things before putting them into practice in the "real world." To design experimenting activities, it is important to identify the specific skills you want participants to acquire and to provide ways for these skills to be practiced in a useful way. Role plays are commonly used as experimenting activities in workshops.
Targeted audience	Young people; youth workers or youth educators; trainers or facilitators; youth-based organisations; and other educators involved in youth education and training.
Learning objectives	• Develop participants' knowledge, skills, and attitudes on how to engage with young people on their youth rights and health during training interactions. • Strengthen participants' training skills and capacity in using interactive learning activities to integrate youth rights and health literacy in youth work.
Instructions	1. Ask each participant to present a situation describing a time in their lives when they felt excluded or unable to claim, exercise, realise, or enjoy their right(s) to health? 2. Divide participants in small groups. In their small groups, ask each participant to present their situation. Ask them to listen to each-other and then to compare any similarities and differences among those situations. 3. Ask them to analyse and interpret various situations from all participants in the group to identify common aspects enough to create a one situation story that reflects everyone in the group. Then provide a flipchart to each group: a. Did the interpretations of various situations provide you the opportunity to learn how to overcome differences and become allies to address a common problem from different perspectives? If yes, how? If no, why not? b. How can youth education and training offerings in the field of youth health literacy address the needs, gaps, or challenges expressed in your one situation to fully claim, exercise, realise, and enjoy the right(s) to health? c. Which learning activities the person(s) in your one situation could undertake or be involved in, in order to strengthen knowledge, skills, and attitudes on how to claim, exercise, realise, and enjoy the right(s) to health?

Debriefing	1. Check the results in the bigger group with all participants. Discuss the experience with the participants. Ask questions such as: a. How did you manage to do the activity? b. Are you satisfied with the results of your group? c. What was difficult and how could it be done better? 2. Then use the follow-up questions for interactive discussions: a. How can you define or characterise the terms "youth health literacy" and "youth rights literacy"? What do they have to do with each other? b. What challenges and opportunities are you facing in dealing with or addressing different forms of youth health and rights problems in your practice or work? c. How do you see a lack of youth health and rights literacy impacting you personally or the communities or the groups that you work with?
Learning outcomes	• Participants are able to apply gained knowledge and skills to engage with young people on youth rights and health in their youth work. • Participants are able to use interactive training learning activities to integrate youth rights and health literacy in their youth work.
Training logistics	• Flipchart paper, large sticky notes, markers, and a tape. • A wall with enough space to attach several sheets of flipchart.
Required time	90 Minutes: As a facilitator you should expect to spend: • 15 Minutes for presenting giving instructions. • 50 Minutes for participants to complete their tasks in small groups. • 25 Minutes for reflection and discussion during debriefing.
Challenges	• This activity brings together different concepts related to what youth need to make effective health decisions for themselves as a means to develop healthier lifestyles necessary to achieve a greater state of health and well-being. We have created a set of 12 workshop learning activities that reflects essential themes in the field of youth health literacy. • The themes including Youth mental health and well-being, Drug abuse and youth well-being, Gender and sexual health literacy, and Digital youth health literacy are discussed, and each is linked to a workshop learning activity. So, beyond having experience in youth health literacy, the facilitator should have experience in human rights education and cultural literacy to facilitator this workshop.
Adjustments	• You can adapt the questions to the profile of the group and context in which a workshop takes place. • This activity works best with small groups, 20-25 participants.

D1 S3 YOUTH HEALTH LITERACY YOUTH HEALTH AND RIGHTS

A03. Raising awareness on youth health and rights

Learning activity	Planning for application workshop
Training method	Experiential learning: Workshop-based learning
Goal of the activity	This workshop provides a stimulus for implementing and utilizing new learning outside the workshop context. Planning activities prepare participants for and increase the likelihood of transfer of learning to new context or in their work environment. These activities are often used at the conclusion of a workshop or when the focus of the workshop is about to shift from one topic to another. To design planning activities, it is important to identify ways to have participants look toward the future and identify specific ways to put new learning into practice.
Targeted audience	Young people; youth workers or youth educators; trainers or facilitators; youth-based organisations; and other educators involved in youth education and training.
Learning objectives	• Develop participants' knowledge, skills, and attitudes on how to engage with young people on their youth rights and health during training interactions. • Strengthen participants' training skills and capacity in using interactive learning activities to integrate youth rights and health literacy in youth work.
Instructions	1. Divide participants into their small groups of 4 or 5 persons per group. Then give each small group a flip chart and Handout-A03.1. and Handout-A03.2. 2. Ask each group to discussion the example of the counter-narrative campaign on Handout-A03.1. The discussions should focus on participants' interpretations, descriptions, and meanings the make out of that campaign. 3. After concluding the discussions in small groups, ask each group to use a flipchart to complete Handout-A03.2. Ask each group: a. To think about the youth health and rights problem context they would like to raise awareness about through counter-narrative/alternative campaign? b. To describe the characteristics of the audience they want to target. What is the behavioural or social change they aim to contribute to? c. To describe how they will achieve that impact. How many people do they aim to reach? How much campaign content do they aim to produce? How many times per week do they plan to post a new content? d. To create campaign's content: message(s); medium for each message; and call to action for each message. Which social media channels will they use to run the campaign? Which methods will they use to measure the impact?

Debriefing	1. Check the results in the bigger group with all participants. Discuss the experience with the participants. Ask questions such as: a. How did you manage to do the activity? b. Are you satisfied with the results of your group? c. What was difficult and how could it be done better? 2. Then use the follow-up questions for interactive discussions: a. How can you define or characterise the terms "youth health literacy" and "youth rights literacy"? What do they have to do with each other? b. What challenges and opportunities are you facing in dealing with or addressing different forms of youth health and rights problems in your practice or work? c. How do you see a lack of youth health and rights literacy impacting you personally or the communities or the groups that you work with?
Learning outcomes	• Participants are able to apply gained knowledge and skills to engage with young people on youth rights and health in their youth work. • Participants are able to use interactive training learning activities to integrate youth rights and health literacy in their youth work.
Training logistics	• Flipchart paper, large sticky notes, markers, and a tape. • A wall with enough space to attach several sheets of flipchart.
Required time	90 Minutes: As a facilitator you should expect to spend: • 15 Minutes for presenting giving instructions. • 50 Minutes for participants to complete their tasks in small groups. • 25 Minutes for reflection and discussion during debriefing.
Challenges	• This activity brings together different concepts related to what youth need to make effective health decisions for themselves as a means to develop healthier lifestyles necessary to achieve a greater state of health and well-being. We have created a set of 12 workshop learning activities that reflects essential themes in the field of youth health literacy. • The themes including Youth mental health and well-being, Drug abuse and youth well-being, Gender and sexual health literacy, and Digital youth health literacy are discussed, and each is linked to a workshop learning activity. So, beyond having experience in youth health literacy, the facilitator should have experience in human rights education and cultural literacy to facilitator this workshop.
Adjustments	• You can adapt the questions to the profile of the group and context in which a workshop takes place. • This activity works best with small groups, 20-25 participants.

Manual references

Youth Health Literacy
Project Reference: 2021-2-MT01-KA220-YOU-000049937

Co-funded by the European Union

This manual has been co-funded with support from the European Commission. Its content reflects the views only of the author and the Commission cannot be held responsible for any use which may be made of the information contained herein.

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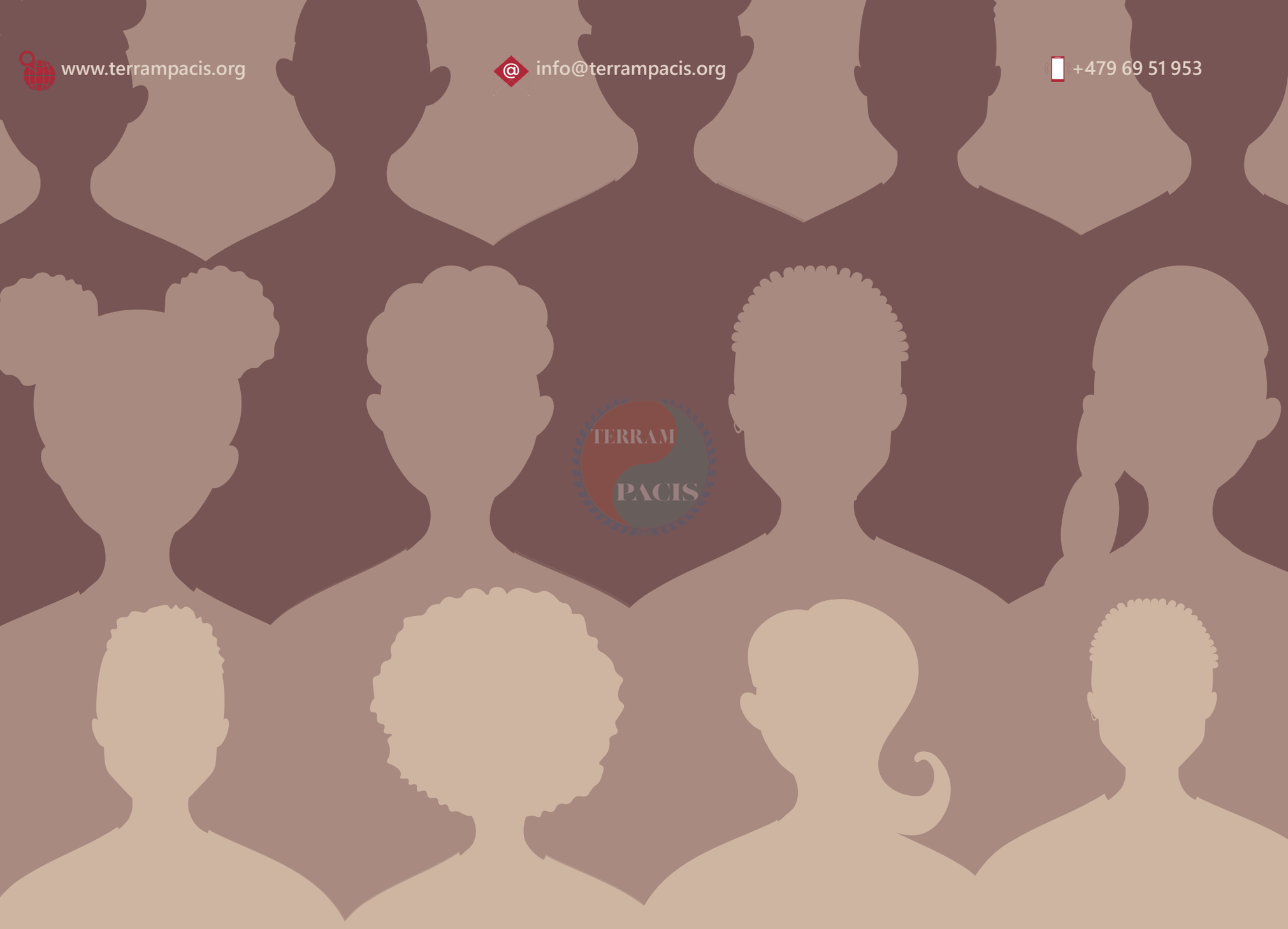

Co-funded by the European Union

This output has been co-funded with support from the European Commission. Its content reflects the views only of the author and the Commission cannot be held responsible for any use which may be made of the information contained herein.

Edition: ©2024 Youth Health Literacy

Publisher: TERRAM PACIS Editorial.
Reference: TPOER-040-YHL/25-03-2024