

Chapter 8

Self-effective, active and healthy – Health promotion in international youth work

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The German federal government is required to present a report on children and young people during each parliamentary term. The 13th such report (BMFSFJ 2009) focused on the health of children and young people in Germany. The reports are drafted by an independent committee of experts and published with a statement by the federal government. The 13th report pays little attention to (voluntary) youth work and none at all to international youth work and has not therefore been properly taken on board in these areas; however, it does include findings which can be applied to these two areas of child and youth welfare and which are described in greater detail below.

The self-effectiveness of young people referred to in many instances in the report can be significantly undermined by experiences of discrimination and hate speech. Health promotion therefore also includes measures to curb discrimination and combat hate speech effectively. The origin, sexual orientation or identity, or physical disabilities of young people can play a major part here. Reference is therefore made at the end of this article to the current buzzwords of diversity and inclusion.

FINDINGS OF THE 13TH REPORT ON CHILDREN AND YOUNG PEOPLE RELEVANT TO (VOLUNTARY) YOUTH WORK AND INTERNATIONAL YOUTH WORK

In the section of the report entitled “Greater opportunities for growing up healthy”, we find the following in section 20.4 (“Implicit health promotion”):

Extensive areas of child and youth welfare work can easily be seen as forms of health promotion or – in other fields – of health-related prevention that have not been consciously recognised to date. This does not only involve implicit, not directly intended side-effects as it were, but in many cases constitutive elements of the relevant practice which have not yet been addressed as such (BMFSFJ 2009: 244).

The empowerment approach explained in section 3.2.3 of the report also corresponds to the ideals and goals of international youth work and can, in particular, serve as a starting point and method for health promotion in work with disadvantaged young people. Participation as “a central requirement for experiencing ‘self-effectiveness’” (ibid.: 72) is also a constitutive element of international youth work – and simultaneously “a fundamental construct of health promotion” (ibid.).

“Positive experiences of self-effectiveness make it easier for children and young people to cope with potentially stressful events and also foster future problem-solving skills. At the same time, they have a positive effect on psychological well-being” (ibid.: 117). That is precisely what (voluntary) youth work offers and does, and exactly that is also made possible by international youth work activities.

Effectiveness of action and self-effectiveness are necessary experiences for young people and should be firmly established parts of their daily lives. The committee consistently refers to these two aspects as key requirements for effective health promotion – and they are also central to the educational objectives of (voluntary) youth work:

A third, health-related dimension of (voluntary) youth work becomes apparent when you realise that many young people regard youth associations as key forums in which they can experience themselves taking effective action. This is a not insignificant factor in the attractiveness of youth associations – including in contrast to school (ibid.: 209).

On the one hand, it is clear that (voluntary) youth work and international youth work provide an ideal framework for activities which include and permit health promotion. On the other hand, however, it is also clear that not all types of work in these areas can readily be interpreted as “implicit health promotion”, and there is also a need for deliberate designing and possibly structuring so as to make (voluntary) youth work activities and offerings identifiable and effective as forms of health promotion too. For instance, the specific conditions of international youth exchanges, such as the coming together of the groups over long periods and the high level of biographical relevance (cf. Thomas et al. 2006), offer a particularly good basis for providing effective impulses for health promotion.

Alongside the praise for the potential of (voluntary) youth work and international youth work, the report does also indicate grounds for self-criticism:

The often longstanding traditions in the areas of rescue work, nature conservation and the arts (especially dance) and the many leisure activities that have been common for

years, such as camping, trips and tours, provide such wide scope for experiences and adventure that any additional activities here run the risk of seeming to be artificial. Although that does not apply to the whole range of health promotion, it does apply to such central areas as exercise and body awareness, as well as social integration and social learning. It should be noted at the same time, however, that the themes of health-related prevention and health promotion have not so far been among the core themes or objectives of day-to-day activities in the (voluntary) youth work sector. Associations still tend not to interpret their own work from this angle. To date, health has not been a distinct objective of (voluntary) youth work but rather a means of achieving the respective associations' objectives more effectively ... It should be underlined here that specific activities, programmes and campaigns depend to a very large extent on committed individuals. (BMFSFJ 2009: 208-09)

Accordingly, health promotion only rarely forms part of the conceptual core of the activities offered, although health-promoting effects clearly do occur. Conceptual broadening of the activities of (voluntary) youth work and international youth work is therefore particularly appropriate if the activities are to attract larger numbers of disadvantaged young people, for whom, as will be explained, health promotion activities can have a particularly marked effect.

THE HEALTH OF YOUNG PEOPLE FROM MIGRANT BACKGROUNDS

The committee warns against taking a cultural or ethnic approach to health problems and instead places the emphasis on social disadvantages, while describing young people's belonging to multiple different cultures as a "key resource for children and young people from migrant backgrounds" (ibid.: 235). Leading on from this positive and appreciative approach to young people from migrant backgrounds, they are nevertheless clearly presented as being disadvantaged in health terms and suffering disproportionate levels of health problems – a frequently neglected aspect of the structural discrimination they face.

Intercultural aspects of health promotion are therefore of particular significance in child and youth welfare activities geared towards exchanges. They are frequently part of the conceptual approach of international youth work. This opens up additional learning opportunities, including through different approaches to and perceptions of health. This does not specifically involve culturally oriented interpretations of health (problems) but, rather, approaches which are open to target groups with differing make-ups and to different perceptions of health and different settings in travel and leisure. From this angle, for instance, intercultural differences among the target groups of such various methods and approaches are regarded as part of diversity: the health promotion methods and approaches applied should be as attractive and accessible as possible for people with quite different personal histories and attitudes, cultural backgrounds and images of health.

SOCIAL ASPECTS OF HEALTH PROMOTION

Both the international and the social policy dimensions of the subject become clear when the report states: "Among developed countries, it is not the richest which have

the best health levels but those with the smallest income differences between rich and poor" (ibid.: 48). It further states that "the health and well-being of young people are closely related to their social opportunities" (ibid.: 33). The relationship established here between social status and standing on the one hand and young people's state of health and well-being on the other is not taken properly into account in either child and youth welfare or health policy. It represents a further justification for anti-discrimination policy and makes it clear that personal responsibility for health is a necessary but in no way sufficient means of ensuring maximum well-being. For educational practice, this also means that because of the above-mentioned intertwining of individual and social factors in the health of young people, health promotion must take account of these two levels; in other words, it can assume neither that well-being will automatically be achieved among all participating young people even with the best health promotion approaches nor that an improvement in the state of health of individual participants can be brought about automatically merely through a stance based on diversity and anti-discrimination.

STATEMENTS IN THE REPORT ON CHILD AND YOUTH TRIPS AND INTERNATIONAL YOUTH WORK

Although the particular benefits and potential of child and youth leisure activities (including child and youth trips and international youth exchanges) are only hinted at in the report, the tone is positive: "Leisure activities such as camping, trips and tours provide such wide scope for experiences and adventure that any additional activities here run the risk of seeming to be artificial" (ibid.: 209). The fact that the committee nevertheless believes that trips by children and young people play a major part in promoting health can be seen in section 20.4 under the heading of "Implicit health promotion" with the example of a group of young people who go on trips, where self-effectiveness, getting to know their physical capabilities, accepting responsibility and taking part in adventures are all implicitly involved. It is also pointed out that "the issues of exercise, body awareness and the testing of young people's own limits are at the forefront of many activities" (ibid.: 209). On the basis of an example, the report also indicates that

these trips also impart a great sense of self-effectiveness, which anyone who knows the young people involved even a little would confirm immediately. The ways of getting to know their physical capabilities which are connected with the trips but are now rare in daily school routines prove to be just as individually and biographically formative as the need to accept responsibility for themselves and keep on successfully surviving adventures in unfamiliar environments (ibid.: 244).

These experiences are also typical of the wide range of activities of international youth work and when they go well can also actually even be enhanced through the stimulating, challenging and exciting aspects of individual encounters with people from other countries.

THE OTTAWA CHARTER

The committee for the 13th report on children and young people mentions the World Health Organization (WHO) Ottawa Charter for Health Promotion and refers

several times in terms of content to this fundamental document on health promotion from 1986. The goal of complete physical, mental and social well-being has still not become an automatic part of health policy, health promotion or child and youth welfare. Being healthy is more than just not being ill. And only if we succeed in making health a positive concept will the activities geared towards health promotion reach children and young people at the most pleasant times of the day or the year, namely during their leisure time or when they are going on trips. Only then will physical and mental well-being and complete well-being in their own bodies, their own roles and their own spatial, ecological and social environments take centre stage. People who feel free inside, who feel they are able to shape their lives positively, people who like to make contact with other people and can shape such contact positively are on average healthier. This is particularly true of young people.

The holistic approach to health promotion under the Ottawa Charter is also closely related to the daily activities of (voluntary) youth work and is described in the report as a “hidden reference” or hidden “borrowing”: “The strategic principles of the Ottawa Charter for Health Promotion have a clear affinity with the principles of social work’ (Franzkowiak 1998: 173)” (ibid.: 160). The resulting “direct connectivity” leads to the conclusion that “good child and youth welfare activities are always also a form of health promotion” (ibid.). Making this clearer and presenting it in a comprehensible manner is one of the major challenges for child and youth work that stem from the 13th report on children and young people. “Comprehensive support for the psychosocial development of young people and young adults in an increasingly complex society” (ibid.: 41) requires child and youth welfare work to connect more closely again with health as an issue (cf. ibid.: 43).

INTERIM CONCLUSION

The German federal government’s 13th Report on Children and Young People points out that there is insufficient awareness to date of the significance of promoting young people’s health in (voluntary) youth work, while also stating that the latter has significant potential in terms of implicit health promotion. At the same time, however, this potential is at best hinted at through examples in the report and the analysis of health promotion in (voluntary) youth work includes only a limited number of conceptual references.

In the years ahead, (voluntary) youth work will focus increasingly on mental health problems among children and young people. Under headings such as “difficult participants”, “coping with eating disorders” and “problematic young people”, they are actually already addressed in training courses for youth leaders or in preparations for the educational side of trips and leisure activities, as well as international youth exchanges. Overall, however, little systematic knowledge that can guide action in this area exists in (voluntary) youth work. At the same time, given the longer duration of the activities, the new environment and the intensive exposure to the other members of the groups during trips and leisure activities – for instance, the issue of how to deal with psychosocial health problems in that context – the need is particularly acute.

Issues such as stress management, increasing frustration tolerance regarding outside influences and dealing in a relaxed manner with criticism and conflicts are examples of key demands placed on youth work by changed social conditions. Disadvantaged young people can derive particular benefit from what child and youth welfare have to offer in the said areas. The activities' voluntary nature and low entry threshold are of particular importance here. Especially in the context of the constant focus on resources rather than on young people's problems, measures forming part of deliberate health promotion through (voluntary) youth work and international youth work can play a major part in empowering disadvantaged young people. Special emphasis is therefore placed on promoting the self-effectiveness of children and young people. The connection with mental health is particularly striking here. Although it is particularly important, it has only rarely been explicitly addressed in child and youth welfare.

PARTICULAR OPPORTUNITIES OFFERED BY (VOLUNTARY) YOUTH WORK AND INTERNATIONAL YOUTH WORK

(Voluntary) youth work and international youth work also live from their values and values play a key role in the area of health promotion too. There can therefore be no single solution for all youth associations or international youth work bodies. This applies in particular to sensitive and morally or ideologically charged areas such as physicality, sexuality, motivation, equal opportunities, ideal body images and ideals of beauty.

Health promotion can be carried out in a manner critical of consumerism, emphasis can be placed on aspects of sustainability, performance can be assessed mainly positively or mainly negatively (that is, mainly as a form of pressure or mainly as a form of positive self-effectiveness) and sex education can be seen as a natural part of health promotion or as the primary responsibility of parents, etc. These examples suggest that each organisation is required to develop its own specific health promotion approaches for its activities. This also ensures that the activities offered reach different target groups in the widest range of ways possible, that aspects of peer counselling and learning from and with people of the same age on an equal footing play a greater part and that an implicit normativity of preventive approaches with implied notions of conformist, normal behaviour on the one hand and deviations from the norm on the other is countered with empowerment approaches and individually configurable health promotion strategies.

Since existing experiences and approaches, methods and routine practices have so far only occasionally been perceived as forming part of health promotion and often occur outside or only within the context of a diffuse approach to health promotion, it seems necessary and appropriate to group together, specify clearly and properly formulate the often unexpressed and unrecorded concepts and approaches.

SEXUAL ORIENTATION – A TABOO?

Unfortunately, the subject of sexual orientation (and trans- and intersexuality) is a "blind spot" in the 13th report on children and young people. The fact that young

lesbians and gays are coming out earlier and earlier is leading not only to greater openness and acceptance but also to additional or differently expressed (health) risks. Moreover, the increased suicide rate among young gays and lesbians and among young people who are unsure about their sexual orientation indicates the need for immediate action. The German government is actually entirely aware of this, given its reply to a parliamentary question from Bündnis 90/Die Grünen (Alliance '90/The Greens) on young people in Germany (Bundestag publication 16/1554):

In [a] study, more than two thirds of the 15- to 25-year-old gay men surveyed said that being gay meant they had to cope with greater stress levels than heterosexual males of the same age. A quarter of those surveyed had already sought psychological support, most frequently because of depression, anxieties or family problems. A large proportion of young gay men suffer from loneliness. The majority of findings published to date on the psychosocial situation of young gays and lesbians also show a high (attempted) suicide rate. According to a 1999 study by the Berlin government department for education, youth and sport, 18% of young gays and lesbians had already attempted suicide at least once and more than half had considered suicide. The suicide risk among young homosexuals is therefore four times higher than among young heterosexuals.

It follows from the above that longer-term child and youth welfare activities, for instance international youth exchanges, are under a particular obligation to ensure the least discriminatory environment possible with regard to sexual orientation and other criteria for exclusion. Taking account during planning of the fact that gays, lesbians and trans- and intersexual persons who have or have not come out will be among the participants would be a first step towards overcoming the structural neglect of non-heterosexuals in child and youth welfare activities.

In the federal programme, *Live Democracy! Actively Combating Right-Wing Extremism, Violence and Bigotry*, launched in 2015 by the Federal Ministry for Family, the Elderly, Women and Youth, homophobia and transphobia have been explicitly addressed for the first time as themes in the fight against right-wing extremism.

DIVERSITY AND INCLUSION

In German-language literature, the term "inclusion" is mainly used to refer to the integration of people with disabilities. However, it first of all describes the automatically assumed equality of individuals who diverge from a socially dominant normality along widely varying lines of differentiation. This normality disappears under a diversity-aware approach to inclusion. It is replaced by a society that is immediately perceived as diverse, being composed of different groups of individuals whose particular needs and concerns are taken into account from the outset. In this connection, the last two years have seen the establishment of a Network for Diversity-Aware (International) Youth Work, DIVE (see www.netzwerk-diversitaet.de), whose approach will be outlined below.

The goal of a diversity-aware approach is to broaden or alter perspectives: diversity-aware teaching seeks to raise awareness of the existence or possibility of different perspectives, it seeks to highlight existing or possible heterogeneity and the opportunities involved and to question the often unconscious and matter-of-course assumption that everything is the way we ourselves know or perceive it to be.

Diversity-aware teaching takes wide-ranging differences into account. Recognising the very heterogeneous ways of life and daily realities in individual countries and the very different positions within national subgroups in international settings can help to overcome the focus on nationally or culturally determined differences and counter the need for classification.

Avoiding cultural or other forms of categorisation does not, however, mean that differences are not taken seriously. They do exist, they have different backgrounds and causes and they also have an impact in group situations – the critical perspective is directed primarily against attaching too great an importance to one-dimensional or supposedly culturally determined explanations for varied and often complex group situations and is geared to raising awareness of the mechanisms and effects behind such simplistic approaches.

It is also important to look self-critically at views which we take for granted – it is often only then that we open up to perceiving and recognising other people's realities.

CONCLUSION

Health promotion approaches which incorporate this diversity-aware perspective would seem particularly suited to taking proper account of the wide range of youth cultures, the multifaceted life situations and identities of young people and their many different environments and backgrounds, without losing sight of the overall group or contributing to the success of a form of normality which would reproduce social exclusion mechanisms and in any case barely exists in intercultural contexts. Instead, under a diversity-aware and inclusive approach, both individual and social aspects of the health of young people can be taken into consideration. Taking account of the intertwining of these two sides of health promotion offers the only way of addressing the issue effectively in the context of child and youth welfare. There are particularly good opportunities for this in (voluntary) youth work and international youth work.

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