

Youth Scan

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From the National Youth Council
"Developing a Vibrant, Highly-Connected,
and Self-Sustaining Youth Sector, and Nurturing World-Ready Youth"

Bringing you snippets of youth trends and issues compiled from diverse sources such as news reports, journals and press releases, Youth Scan aims to help you stay in touch with the constantly evolving youth scene.

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1. The World's Youth 2006 Data Sheet

Population Reference Bureau, February 2006

While girls and boys are enrolling in secondary school in greater numbers than ever before and early marriage is on the decline, many young people across the world still face daunting threats to their well-being, according to the Population Reference Bureau's (PRB) *The World's Youth 2006 Data Sheet*.

The datasheet, which provides a comprehensive portrait of the well-being of youth (aged 10 to 24) across the globe, shows that many of these young people are at great risk for health problems ranging from sexually transmitted infections to complications from smoking.

Just a minority of young people can correctly identify two ways to avoid getting HIV/AIDS, and adolescents are less likely than young adults worldwide to use contraceptives. Meanwhile, youth in developing countries continue to use tobacco products at increasing rates: Approximately one in every five males aged 13 to 15 in southern Africa , Central America , and Southeast Asia already smoke.

Early marriage and childbirth also remain a concern. More than 25 percent of women in the poorest regions of the world have had a child by age 18. And while young women in developing countries are less likely to marry early compared with their mothers, child marriage -- a practice contrary to international conventions on women's and children's rights -- is still widespread in regions ranging from Southeast Asia to the Caribbean and Central America .

The news is better for youth education. The gap between boys' and girls' school enrollments has narrowed in the last decade as girls' enrollments have risen throughout the developing world since 1990. (Girls still face an enrollment gap in parts of South Asia , western Asia , and sub-Saharan Africa .) And the labor force participation of both boys and girls aged 15 to 19 continues to decline worldwide, reflecting an increase in the numbers of those staying in school.

Prepared by PRB staff members Lori Ashford, Donna Clifton, and Toshiko Kaneda, the *World's Youth 2006 Data Sheet* contains indicators such as the current and projected size of youth populations as well as measurements of their educational enrollments, labor force participation, marriage and fertility, health behaviors, and use of health services. Some of its other findings include:

-- More than one in every four persons in the world are youth.

-- Nearly 70 percent of youth live in less developed countries.

-- In these countries, the number of youth will continue to rise for another 30 years, while in more developed countries, both the proportion and number of youth are projected to fall, creating a different set of economic and social challenges.

2. Success & Wellbeing: A Preview of the Australia 21 Report on Young People's Wellbeing

Richard Eckersley, Ani Wierenga and Johanna Wyn, March 2006

Australia 21, a non-profit research company, and the Australian Youth Research Centre carried out a cross-disciplinary project to better understand the points of convergence and divergence in the commentaries and evidence on young people's wellbeing.

Health, broadly defined to include physical, mental, social and spiritual wellbeing, provides a valid measure of benchmark for assessing young people's situation. It appears that:

-- Young people are resilient, adapting to changing social conditions, adjusting goals and expectations to suit their times.

-- Health, measured by life expectancy and mortality, continues to improve, mainly as a result of declines in deaths from road accidents, suicide and drugs. Over 80% of young people say in surveys that they are healthy, happy and satisfied with their lives.

-- The adverse trends in young people's health range across physical problems such as obesity and inactivity to psychological problems such as depression and drug abuse, and from relatively minor but common complaints such as chronic tiredness to rare but serious problems such as suicide.

-- A fifth to a third of young people are experiencing significant psychological stress and distress at any one time, with some estimates of the prevalence of a more general malaise reaching 50%. Young people are experiencing higher rates of mental health problems than other age groups, and are retaining their increased risk beyond youth into older age.

-- In Australia and in other countries, researchers have noted the apparent optimism and wellbeing expressed by young people whose lives would appear to be fairly negative. For example, the Life-Patterns study found that, despite the objective reality of a down-turn in the availability of full-time jobs, and the difficulty of gaining places in tertiary education, young people largely remained optimistic about their personal situation. Responses to questions about happiness and life satisfaction reflect people's adaptability and a tendency to take their situation as a given, and assess their wellbeing within that context.

One way of examining and understanding health and wellbeing is in terms of layers or levels such as:

1. Individual - Wellbeing is a subjective property of individuals; research distinguishes between the ill and the well; causes of ill health are "near" and direct (exposure to toxin or pathogen, conflict or abuse); treatment of individual disease and disability; health promotion focuses on changing health-related behaviour.

2. Social - Acknowledges broad social, economic and environmental factors behind population patterns of wellbeing; acknowledges patterns of disadvantage, marginalisation and poverty; interventions seek to address social inequalities and the risks associated with them, either by reducing inequalities or changing individual behaviour.

3. Cultural - sees wellbeing as influenced by broader, less tangible, characteristics of individuals and their relationship to society, including world views, beliefs, stories and values; interventions seek to enhance these qualities at both individual and social levels.

4. Spiritual - wellbeing reflects the deepest level of meaning for individuals, a sense of having a place in the world, being part of "the grand scheme of things"; its essence is

mysterious and elusive and, therefore, hard for science to grasp and explain; interventions are in the realm of religion and other forms of spiritual expression.

The report highlights the significance of young people's narratives and the social, cultural and material resources that they call on to "make a life". In doing so, it goes on to examine subjective and cultural areas of life that are often intangible in order to place these issues on future research agendas. These areas include popular notions of success and wellbeing; materialism and individualism; the role of values; future visions and social cohesion; and the importance of cultural expressions of spirituality, including ritual.

3. Health and Wellbeing: How do Young People see these Concepts?

Gary Easthope & Rob White, March 2006

Through a qualitative thematic analysis of interviews with 73 school-age young people in Tasmania, the authors demonstrate that social relationships are central to a feeling of wellbeing among participants. Examination and analysis of the responses of the young people produced themes common to all respondents. The most common response to questions about health involved assertions that health was maintained by a good diet, one that included daily servings of fresh fruit and vegetables and little "junk" food. This response was more evident among the younger respondents. Exercise was mentioned, but frequently as an afterthought. Then discussing participation in sport, interviewees would add that it probably helped keep them healthy. Exercise was rarely taken for health reasons, but rather as part of a friendship group.

For older respondents, friendship groups were also associated with behaviours that constitute a risk to health, such as smoking, binge drinking and dangerous driving. Thus, for example, association with a football team would produce health through exercise, and health risk through binge drinking. It was also social relationships -- their families and friends -- that made the young people feel good and gave them a sense of wellbeing.

There was a remarkable uniformity in the responses of all the young people. There were no discernible differences in the responses of boys and girls regarding health or wellbeing. The major differences were those of age and rurality. As would be expected, older youths were more likely to report engaging in health-risk behaviours than younger children. The rural/urban difference emerged in two ways. First, unlike most urban children, rural children had several friendship groups, not just one group, because they had separate friendship groups at home and at school/college. Second, the daily travelling they undertook to school or college tired them out. Some resolved this by moving into town but, in so doing, cut themselves off from the daily support of their rural friends and their families, and this stressed some respondents.

The responses of these young people demonstrate that the move toward a concept of health as a personal responsibility is now well entrenched in the Australian culture. Health for these youngsters is clearly to be achieved. One achieves good health by eating the right foods, by exercising and by avoiding bad habits, such as smoking, drug taking and binge drinking.

At the same time, wellbeing is achieved by having a circle of friends and a supportive family, especially "Mum". Fundamentally, what the young people appear to be saying is that "feeling good" is not simply a physical, medical matter. One's understanding of these issues at a personal level, therefore, is created through the social context and via social relationships. Moreover, feeling healthy seems to largely stem from being happy and comfortable in one's sense of wellbeing, that is in turn generated in and through one's social networks. One implication of this study is that while young people's physical health is largely excellent, especially compared to older age cohorts, their mental health, their feeling of wellbeing, relies on the nature of their social networks. Insofar as social institutions -- such as the family, work, schools, clubs and so on -- are available, accessible and friendly toward children and young people, then they constitute important social supports in the development of positive mental, as well as physical, wellbeing.

4. The Cool Teens CD-ROM

Mike Cunningham, Ronald Rapee & Heidi Lyneham, March 2006

Anxiety disorders have been reported to affect around 10% of adolescents. If left untreated, anxiety can cause personal suffering and academic underperformance, and can interfere with interpersonal issues, such as relationships or socialising. It can also increase a person's risk of developing depression and of having a continuing problem with anxiety in their adult life.

Cognitive behavioural therapy is a technique used to treat various psychological conditions. It helps people to challenge and change the negative thinking or behaviour patterns that are often present in an anxiety disorder.

Adolescent is a time of increasing independence, and attracting this age group to traditional therapy can be difficult. A researcher reported that only 29% of young people who had a mental health problem had been in contact with a professional service in a 12-month period. There are many possible reasons for this low treatment access rate, including stigma; lack of confidentiality; cost; therapy and therapist availability; appropriateness of treatment materials; geographical remoteness; and GP knowledge, attitudes to young people or understanding of their needs.

To help meet the current treatment gaps that exist for adolescents with anxiety disorders, a multi-disciplinary team at Macquarie University 's Anxiety Research Unit has developed the Cool Teens CD-ROM. The multimedia components of the CD-ROM are:

1. Text - Used to provide overviews and specific information on content topics.
2. Audio - Used to provide voiceover instruction and suggestions on how to get the most from the programme as well as for narration of content and examples.
3. Illustrations - Static images used to present information and to make the overall presentation more engaging and informative.
4. Live video - Various characters used for the engaging presentation of information using real-life format: the guides, the characters, and the experts.
5. Cartoon sequences - Four illustrated characters are used to introduce concepts and examples.
6. Interactive diagrams - used to allow flexible, repeatable user-driven exploration of topics.
7. Animated flowchart - Used to help clarify the sequences or relationships of content components, for example, a feared event can lead to a negative thought which can then lead to a negative action.
8. Practice task forms - allow users to enter and edit information and also to monitor their progress when they are applying techniques in their everyday lives.

has been developed as a self-help treatment option for young people with anxiety. It is a home-based cognitive behavioural therapy programme that helps users to develop skills to cope better with the negative feelings associated with anxiety, such as fear, worry, nervousness or shyness.

The project is currently in its final phase and will be evaluated for its effectiveness and acceptability. If proven so, the programme will be implemented into clinical practice and will be made available at low cost regionally and nationally.

5. The Impact of Service-Learning on Transitions to Adulthood

National Youth Leadership Council, March 2006

Young people today experience a different transitional landscape than the generations before them. They have an increased length of transition to adulthood, as well as greater mobility, freedom, and diversity of potential paths. Recent data indicate that the transition between youth and adulthood is becoming increasingly difficult to navigate. Youths need to be provided with well-developed contexts, settings in which their unique skills are needed and valued in order to experience those things that will make their transition successful. The context should be enhanced to allow for increased self-esteem, greater social support, educational aspirations, employable skills, experience with a wide variety of ways of living, and increased well-being. Service-learning is an avenue to build such contexts.

To examine the hypothesis that service-learning offers the potential to ease the transition to adulthood, as well as to explore other aspects of the transition to adulthood, a two-part research project was commissioned to test the hypothesis and examine how service-learning impacts the transition to adulthood. The project included a nationally representative survey of 3,123 U.S. residents aged 18 to 28. The survey included young adults with a range of experience providing direct or indirect service: those with service-learning experience (Service-Learning), those with service experience that does not qualify as service-learning (Service Only), and those with no service experience at all (No Service). To explore service-learning experience more deeply, focus groups were conducted with high school students currently involved in service-learning, as well as young adults who had previous service-learning experience.

Some of the highlighted results:

1. One of the most striking differences between past participants of Service-Learning and Service Only participants is their assessment of the importance of the project for the group it served; 90% of past participants in service-learning believed their work was important to the group they served while only 65% of the Service Only participants expressed this. The experiences of a Service-Learning participant appear much richer than the Service Only experience.

2. 75% of Service-Learning participants reported that making a difference in their community was their top experience, thereby making their community and their role in the future of their community stronger. Additionally, it helped them become lifelong learners. They acquired strong role models and deeper relationships with adults. They even became aware of skills they did not realise they had before engaging in service.

3. In the 12 months prior to the survey, almost one in six past Service-Learning participants report playing a leadership role in improving their community, a level much higher than for Service Only and No Service. A majority (70%) of previous Service-Learning participants report that service-learning positively affected their leadership ability; which is almost 20% higher than their Service Only peers.

4. Service-Learning alumni are more educated than Service Only and No Service youths. Sixty-three percent of past participants of service-learning have completed some college compared to 52% of Service Only participants and 48% of No Service. Not only are Service-Learning alumni more educated and more likely to have educational goals, those goals are higher than their Service Only and No Service counterparts.

The benefits of service-learning to youths and communities are many. Service-Learning youths are more politically and socially connected to their communities, both as leaders and as role models for young adults. They understand the importance of lifelong learning and, as a whole, are more educated and have higher aspirations than their peers who did not take part in service. Not only are they more active members of society, they are also more satisfied with their current status in life. Many of the important skills learned by service-learning participants are those that ease the transition into adulthood. By providing youth with the service-learning option, communities are not the only ones to benefit: service learning assists in the building of happier, more satisfied adults.

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