# Breaking Barriers: The Rise of Youth Leadership in Health Justice and Equity

## Mr. Daljeet Singh[1], Ms. Rupinder Kaur[1]

*Assistant Professor, School of Education, RIMT University, Mandi Gobindgarh, Punjab, India

Email: daljeetsingh@rimt.co.in

| ARTICLE DETAILS | ABSTRACT |
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| | Youth participation in sexual and reproductive health (SRH) and HIV education has grown since the 1994 International Conference on Population and Development, yet challenges like tokenism, funding gaps, and burnout persist. Young leaders drive innovative solutions peer education, tech campaigns, and participatory research to combat stigma and improve health outcomes. Programs like the HIV Young Leaders Fund empower grassroots initiatives, while models such as Photovoice amplify youth voices in policy. However, systemic barriers, including adult-dominated decision-making and short-term grants, hinder progress. Sustainable success requires mentorship, ethical leadership training, and platforms for youth to lead authentically. Investing in youth today ensures equitable, informed, and resilient health systems for tomorrow. |

## Introduction

Twenty years after the 1994 International Conference on Population and Development (ICPD), young people's involvement in sexual and reproductive health (SRH) policies has grown globally. The ICPD emphasized youth participation in health programs, education, and leadership. However, defining "youth" remains a challenge. The UN labels those aged 10–24 as "youth," but age alone doesn't capture their diverse experiences shaped by culture, poverty, or conflict. For example, in wealthy countries,

youth may delay adulthood, while in poorer regions; many skip adolescence entirely due to hardships like early marriage or HIV. True participation means involving youth in decision-making, not just using them to boost program results. International agreements, like the Convention on the Rights of the Child, stress that youth have a right to voice their needs. Models like Hart's "ladder of participation" warn against token gestures (e.g., using youth as decoration) and push for shared power between adults and youth. Programs should aim to:

1. Include youth in planning and evaluating projects.

2. Build skills like leadership and teamwork.

3. Create safe spaces for discussing sensitive topics like HIV or abortion.

**Peer Education: Successes and Gaps**

Peer education where youth teach peers about SRH is widely used but has mixed results. Studies show it can improve knowledge about condoms or STIs, but effects are often small. Problems include poor training, high dropout rates, and adults controlling the message instead of letting youth lead. For example, in South Africa's Entanebi project, adults sidelined youth, leading to mistrust and failure.

**Youth-Led Solutions**

Some groups like the Youth Coalition for Sexual and Reproductive Rights, successfully advocate for youth needs globally. However, simply having a "youth program" doesn't guarantee real involvement. Barriers include unpaid internships, lack of mentorship, and adults clinging to power.

**Participatory Approaches**

Methods like Youth-Led Participatory Action Research (YPAR) or Photovoice (using photos to highlight community issues) show promise. These approaches let youth identify problems, conduct research, and push for policy changes. For example, youth in HIV programs used these methods to design better prevention messages.

**Challenges**

1. Lack of Evidence: Few studies prove youth participation improves health outcomes.

2. Funding: Programs often rely on short-term grants, limiting impact.

3. Documentation: Grassroots projects rarely share results publicly, hindering learning.

4. Burnout: Youth juggle activism with school or jobs, leading to high dropout rates.

**Moving Forward**

1. Better Evaluation: Track both how youth participate and if it leads to healthier choices.

2. Support Systems: Offer paid roles, mentorship, and safe spaces for discussion.

3. Collaboration: Adults and youth should share power, blending youth creativity with adult experience.

4. Global Sharing: Create platforms for groups to share successes and failures.

**Empowering tomorrow's Leaders Today**

Developing leadership skills in youth is vital for tackling future challenges. Young leaders bring fresh ideas, solve problems, and inspire communities. Here's why and how to nurture them:

**Why It Matters**

1. Future Readiness: Prepares youth to lead in a fast-changing world.

2. Innovation: Young minds offer creative solutions to global issues.

3. Stronger Communities: They address local needs, uniting people for change.

4. Civic Responsibility: Encourages participation in social and political causes.

**How to Build Leadership**

1. Teach Skills: Focus on communication, problem-solving, and emotional intelligence through workshops or mentorships.

2. Hands-On Practice: Let them lead school clubs, volunteer projects, or community initiatives

to learn by doing.

3. Mentors Matter: Connect youth with experienced guides for advice and inspiration.

4. Growth Mindset: Encourage resilience by framing failures as learning steps.

5. Ethical Values: Stress honesty, fairness, and empathy in decision-making.

**Action Steps**

- Partner with schools to add leadership programs.

- Use tech (online courses, webinars) to reach more youth.

- Create youth councils for real-world policy input.

- Celebrate young leaders publicly to inspire others.

Youth leadership is important in HIV health education because young people can bring fresh perspectives and innovative ideas. They can also help to reduce stigma and spread accurate information about HIV. Examples of youth leadership in HIV health education:

• **Young Leaders Programme**

A program at the International AIDS Conference and IAS Conference on HIV Science that helps young people develop their networking, research, and advocacy skills

• **HIV Young Leaders Fund**

A fund that provides grants to youth-led organizations that work with high-risk groups

• **Peer education**

Young people can educate their peers through support groups, after-school clubs, and other settings.

• **Community-based programs**

Young people can help to develop practical solutions to the challenges their peers face

• **Tech-driven initiatives**

Young people can use technology to help to reduce stigma and spread accurate information about HIV.

**Benefits of youth leadership**

Young people can help to: Push for policy changes, Improve access to treatments, Combat stigma, Provide support to people living with HIV, and Develop effective prevention strategies.

**Review of literature**

**Deborah Lupton & Deana Leahy (2021)** explain that Creative arts and design methods can revolutionize health education for all ages, beyond schools. Their book explores public campaigns, teacher training, and activism, using global case studies. Projects feature dance, art, diaries, theater, graffiti, and more to tackle topics like sexuality or physical health. These examples don't provide strict rules but inspire fresh, engaging ways to teach and learn. By breaking traditional limits, they encourage educators and learners to think creatively, pushing health education toward innovative, inclusive approaches worldwide.

**Smita Guha (2013)** guides parents, teachers, and caregivers on nurturing children's learning globally. It shares successful early education strategies from different cultures, emphasizing how adults can shape kids' futures. Aligned with early childhood standards, it uses photos, case studies, and discussion questions to show ways to raise well-rounded, capable future citizens. Each chapter ends with summaries and prompts, helping readers apply ideas to support children's growth academically, socially, and emotionally. Focused on practical, real- world examples, it bridges theory and action.

**Alexander W. Wiseman & Ryan N. Glover (2012)** illustrate that HIV/AIDS and education intersect complexly: poverty, stigma, and inequality affect school access and health outcomes. In some regions, marginalized groups face high infection rates and school dropouts; elsewhere, wealthier areas are hit. The book analyzes how education systems can combat

HIV/AIDS through awareness, policy, and support for affected students. Offering global research and case studies, it helps educators and leaders address challenges like teacher shortages and student trauma, advocating for education as a tool to reduce infection risks and support vulnerable communities.

**David A. Birch (2017)** says that education and health are deeply connected: educated adults tend to be healthier, and healthy kids perform better in school. Schools promoting wellness—via nutrition, mental health, or quality teaching, can boost both learning and long- term health. The author argues for school improvement as a public health strategy, urging collaboration between educators and health experts. By addressing factors like poverty or unsafe environments, schools can reduce health gaps and help students thrive academically and physically, benefiting entire communities.

**Conclusion**

Youth leadership in SRH and HIV education is transformative but demands urgent systemic support. Young people are not just beneficiaries; they are innovators, educators, and advocates reshaping health landscapes through peer programs, tech tools, and community- driven research. Yet, token involvement and funding instability undermine their potential. To unlock lasting impact, adults must shift from gatekeepers to allies, sharing power and resources. Sustainable funding, paid roles, and mental health support can reduce burnout, while platforms for global knowledge-sharing amplify grassroots successes. By embedding youth in policy-making and valuing their lived experiences, we foster inclusive solutions that address stigma, improve access, and save lives. The future of global health hinges on empowering youth not as "leaders of tomorrow" but as essential partners today. Their creativity, resilience, and ethical vision are vital to building equitable societies where health justice thrives.

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