

Federal Centre for Health Education

HEALTH FOR CHILDREN AND ADOLESCENTS

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The Federal Centre for Health Education (FCHE) is an authority within the sphere of responsibility of the Federal Ministry of Health and is based in Cologne.

The task of the FCHE is to promote health at the national level, to which end it implements education campaigns on central health issues.

Quality assurance is a second key field in the work of the FCHE. In this context, it produces scientific studies on various topics, establishes requirements and promotes transparency by way of market observation and analyses. Qualification, cooperation and the development of concepts and innovative strategies are other key fields in this sphere of work.

The "Health for Children and Adolescents" concept presents the principles of one of the central fields of work of the FCHE. It provides information on the framework conditions and the epidemiological starting situation. Objectives and subject areas are formulated, working on the basis of an approach which focuses on successfully coping with developmental tasks in the childhood and youth phase. The communication approach refers both to the propagation of information and to the strengthening of self-confidence, self-responsibility and conflict-handling skills. The methods of quality assurance are presented and the names of the main cooperation partners are given in a concluding chapter.

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General conditions

Health education is a central part of public health policy. In Germany, it is implemented as a comprehensive and ongoing task by federal, regional and local authorities. The WHO definition¹ of the term health and the EU specification in the Maastricht Treaty² provide general orientation for their work. The resolution of the 64th Conference of German Regional Ministers of Health in 1991 describes the concepts of preventive health, early detection and health promotion at a federal level.³ For the German Federal Government, the Federal Centre for Health Education (FCHE) is the leading authority in this field.

In the future, the health of children and adolescents will be a priority topic for the FCHE. Both in the area of general health education, as well as in drug prevention and sex education, children and adolescents are important target groups. With respect to AIDS prevention, adolescents and young adults are of central concern. The coincidence of the target groups in the mentioned educational fields is – in addition to the methodical approach and practical procedures – a central feature of the new focus.

Because the FCHE pursues its aims throughout the life span, health is the starting point for its activities – during pregnancy, in early childhood and, later on, in kindergarten, school and during leisure time.

¹ World Health Organisation (Ed.) (1986): Ottawa Charter for Health Promotion. Copenhagen, Geneva.

² Federal Centre for Political Education (Ed.) (1997): Europäische Union, Europäische Gemeinschaft (European Union, European Community). Bonn.

³ Minutes of the 64th Conference of Regional Ministers of Health held in Wiesbaden on 24th/25th October 1991.

With its new key field, the FCHE continues using the existing, proven methods and relies on a broad spectrum of media and tested partnerships in carrying out its tasks. Basic information materials have been produced and used successfully with pregnant women, parents and pre-schools. For health education in school there are teaching materials available for all types of schools and age groups.

In drug prevention, the FCHE has strengthened its activities for children and adolescents since 1990 on the basis of the "National Programme on Drug Abuse Control" and has, increasingly, cooperated with sports clubs. With the "Act on Assistance for Pregnant Women and Families" of 1992, the FCHE took over another area relevant to children and adolescents, in which welfare organisations play an especially important role as cooperative partners. In the context of the immediate-aid programme against AIDS the FCHE has carried out, in cooperation with many partners, a nationwide AIDS campaign.

The family and, in particular, the parents or guardians play a central role in promoting health among children and adolescents.⁴ Health education is also an important task of the schools and is, according to the resolution of the Permanent Conference of Regional Ministers of Education and Cultural Affairs, a "mission to encourage a health-promoting way of life and environment with respect to physical, psychological and social health".⁵

The public health system is of special importance – not only with respect to early detection. It offers services not only to families, but also to schools and by providing counselling services it has a great influence on how health promotion among children and adolescents is carried out. Last, but not least, the media have an effect on health education among children and adolescents and influence them in various ways, i.e. by creating models and designing life styles for the target groups.

⁴ Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (Ed.): 5. Familienbericht (5th Family Report). Printed matter 12/7560, Bonn.

⁵ Secretary's Office of the Permanent Conference of the Regional Ministers of Education and Cultural Affairs (Ed.) (1992): Zur Situation der Gesundheitserziehung in der Schule (On the situation of health education in the schools). Bonn.

Building networks between cooperative partners and multipliers and coordinating their activities with the FCHE's educational initiatives to improve health opportunities for children and adolescents is the central objective of the present priority.

Structural determinants for child and adolescent health are the general conditions in the society, for example, changes in the family situation, child care, training and leisure time offerings, but also professional perspectives and unemployment. However, these influences usually cannot be worked on by health promotion or health education activities; they are, rather, the central conditions with which the process of health promotion among children and adolescents constantly has to deal.

Health promotion among children and adolescents can only be viewed as a complex process and the present concept, therefore, has to be understood as a dynamic one which will take into consideration new scientific results and react to changing conditions.

2 Starting Situation

2.1. Statistical Data on Children and Adolescents

In 1994, 12.4 million children aged between 0 and 14 years lived in Germany (old and new Federal Länder). Children between 6 and 14 are the largest group with 7.2 million.⁶ There are 5.2 million children in the age group between 0 and 6 years. 6.0 million young people between 15 and 21 years lived in Germany in 1994.⁷

A total of 18.4 million children and adolescents lived in Germany in 1994. This represents 22.5% of the total population.

As an institution, the family is marked by a growing plurality of forms. Besides the classic family constellation of married couple and child or children, other forms such as long-term unmarried couples with child or children, single mothers or fathers and stepfamilies are of growing importance.

Still, most children grow up in a so-called complete family. Nearly 90% of all children spend their youth with two parents. However, this number also includes stepparent relationships. The percentage of children who grow up with both of their biological parents is about 85%.

Most children grow up with at least one brother or sister (68.7%). 31.3% of children are the only child in the family. 23.8% of children have three or more siblings.⁸

⁶ Federal Statistical Office (Ed.) (1996): Statistical Yearbook 1996. Wiesbaden.

⁷ cf. No. 6

⁸ cf. No. 6

2.2. Epidemiology

2.2.1. Data Sources

There is no comprehensive national survey of health status, knowledge, attitudes and behaviours of children and adolescents in Germany.

The available data record certain aspects of health or illness. The Federal Statistical Office records nationwide data on in-patient morbidity and general information on child and adolescent mortality. School-entrance examinations have regional or local character. Insofar as health reports are produced, they refer only to one town or city, one district or, in rare cases, to one Land. There are, in addition, disease-specific data registers such as the German child cancer register or the statistics on road and air traffic accidents. Subject-relevant analyses are available in form of surveys conducted by medical institutions such as the German Society of Nutrition, the National Association of Statutory Health Insurance Physicians and the national associations of the health insurance funds (early diagnosis examinations). Specific research results at universities and technical schools are another source of data.

A nationwide health reporting system on the health status of children and adolescents does not exist in Germany.

2.2.2. Data Situation

There is very little and, most importantly, no regularly updated information available on the status of health of children and adolescents.

Based on the above-mentioned sources of data, the following tendencies in child and adolescent health may be described.

- Infant mortality has been extremely decreasing over the last decades. This can be attributed primarily to improved prenatal care and to improved care for premature infants.
- Infectious diseases in infancy have decreased over the last decades due, among other factors, to improved immunisation and

better hygienic measures. More than 90% of all children are immunised during infancy. Timely follow-up immunisations (i.e. against tetanus or diphtheria) are taken advantage of to a far lesser extent. There are also deficits in age-appropriate booster immunisations. The immunisation against measles, rubella and mumps are generally used less often than those against diphtheria and tetanus. Foreign children are, in general, immunised less frequently than German children. In addition there are regional differences.

- An increase has been recorded in chronic diseases and allergy-related health disorders.⁹
- Accidents continue to be one of the most frequent causes for morbidity and mortality in infancy and childhood.

2.2.3. Data Analysis

The available data on the health status of children up to ten years of age were analysed during a workshop held by the FCHE in November 1996.¹⁰ Starting points were school-entrance examinations, specific research projects and data from surveys on early diagnosis examinations with reference to frequently occurring health problems which have severe consequences and can be influenced by preventive action. For older children and adolescents, the FCHE has current results of studies on drug and AIDS prevention and on sex education.

The primary results of the analyses are:

- Remarkably many children have deficiencies in physical stamina performance, age-appropriate physical strength and coordinative capacity. Along with reduced physical performance, a growing number of postural deficiencies has been established. Furthermore, accidents have become more frequent, in traffic, at home and in leisure areas.

⁹ German Bundestag: Kindergesundheit und Umweltbelastung. (Child health and environmental pollution) Printed matter 12/4626 and German Bundestag: Die Notwendigkeit von ökologischen Kinderrechten (The need for ecological rights of children). Printed matter 12/4817. Bonn.

¹⁰ The results were published in the specialist booklet series "Research and Practice of Health Promotion", Vol. 5: Child Health – Epidemiological Foundations, available from the FCHE.

- Overweight and underweight are among the deficiencies most frequently established. With increasing age, there is a further increase in all forms of malnutrition.
- Delayed development of speaking ability, behavioural abnormalities, concentration disorders (stress) are some of the disorders of well-being and health most frequently diagnosed in different stages of age.
- Participation in the first early diagnosis examinations, called U1 to U5, is very high. But with growing age of the child the participation in these examinations reduces.

Health and developmental risks are increasing among infants and children of pre-school and primary school age.

Gender-specific differences show up during childhood: at first boys are more likely to have health disorders; with increasing age this difference evens out – to the disadvantage of the girls

Summing up it has been determined:

- The family milieu is changing; the number of small or incomplete families is increasing.
- The early detection and preventive services of the medical system are insufficiently used.
- The risk of psycho-socially caused disorders of well-being or health is increasing.

Activities of health promotion in children and adolescents need to focus on these areas and, in so doing, they need to take into account the structural changes in both the family and the medical system.

3 Objectives

Activities to promote child and adolescent health should contribute to a successful developmental process. They provide support and help for the successful management of age-appropriate developmental tasks. Educational activities should also strengthen the health skills of children and adolescents in general and, at an individual level, in their current developmental stage.

Strengthening of health skills is achieved by:

- Teaching health-related knowledge,
- Motivating health-promoting behaviour,
- Training in health-oriented action.

Applied to the developmental process this means:

- Promotion of physical development,
- Promotion of self-esteem and self-confidence,
- Promotion of speaking ability, contact and communication skills,
- Promotion of conflict management skills,
- Promotion of experiential skills,
- Support in search for meaning and fulfilment.

These general tasks of the primary-preventive approach to competency promotion have to be added to annual planning measures and put in concrete terms relating content to specific situations and topics. Educational activities must promote healthy development and prevent the development and progression of chronic diseases, of psychological impairments and of other handicaps. Health-related behaviour during childhood and adolescence is frequently the bases for such behaviour in adulthood. Early starting health education has more chance of success than that which begins later on once be-

havioural patterns are already established. Looking to the future, this fact needs to be considered, particularly in the prevention of chronic disease.

If the general and specific tasks of the primary-preventive approach are to be fulfilled, the involvement and support of the social milieu are needed. Multipliers and supporters are parents, adult reference persons and teachers in the broadest sense (kindergarten, school, youth work, leisure time area). They must be enabled to teach age-appropriate, self-responsible and independent health-related behaviour.

In particular this means:

- Teaching topic-specific knowledge,
- Teaching about the importance of health-oriented behaviour and circumstances,
- Training of healthful behavioural patterns,
- Promotion of understanding of the connection between management of developmental tasks and health,
- Promotion of assessment and judgement competencies to enhance acceptance of health promotion offerings.

These objectives and the resulting comprehensive tasks require action of all those involved. This applies especially to those institutions which are involved professionally in the science and practice of child and adolescent development. FCHE's responsibility is, first to focus on its role as a *mediator* among the participants and between science and practice. Secondly, it has to concentrate on its role as *initiator* which gives impetus to and promotes innovative processes.

4 Target Groups

4.1. Definition of the Terms “Child” and “Adolescent”

Childhood starts with birth and ends when sexual maturity is reached. In scientific investigations, subdivisions are made according to biological and psychological stages of development. Childhood is divided according to this scheme into:

- infancy (0 to 3 years)
- pre-school (3–6 years)
- primary school age (7–11 years)

The years between 10 and 14 comprise the transitional age between childhood and youth. The German Children and Youth Assistance Act defines a child as one “who is not yet 14 years of age”.¹¹

Youth is the phase in life which lies between childhood and adulthood. Depending on the definition, this part of life involves a shorter or longer period. From the biological point of view youth begins with sexual maturity or adolescence at about 12 years of age. According to (German) civil law, young people come of age at 18. For (German) criminal law youth continues until the completion of the 21st year of life.

According to psychological-sociological criteria, youth ends only when gainful employment has been taken up. Because of longer training periods and uncertain professional perspectives, the entry into professional life is often postponed and leads to a prolongation of youth. There are manifold consequences which show up as uncertainties in life-, career- and family planning.

¹¹ German Federal Youth Organisation (Ed.) (1990): Das neue Kinder- und Jugendhilfegesetz und Länderausführungsbestimmungen (The New Child and Youth Assistance Act and Regulations for Regional Implementation). Publication Series of the German Federal Youth Organisation, No. 18, page 53.

Apart from age, distinctions can also be made within the group of children and adolescents by applying other criteria like gender, social origin, formal education, life situation and cultural background. Children and adolescents do not form a homogenous group. Thus the approach to them as a target group needs to be made with the relevant primary distinguishing features in mind.

4.2. Developmental Tasks in Childhood and Adolescence

The management of developmental tasks is not only a feature of adolescence, but also of infancy and childhood. Starting point for the ability to cope with developmental tasks is the satisfaction of children's basic needs – for understanding, empathy, emotional and physical attention, stimulation, play and age-appropriate achievement – during their first years of life.

Developmental tasks in *childhood* are:

- Physical and psychological development and its processing,
- Development of motor skills,
- Development of language and cognition,
- Development of social behaviour,
- Development of a self-determined identity,
- Development of gender identity.

The positive management of developmental phases in childhood is an important prerequisite to being able to cope with the demands of adolescence successfully.

Adolescence is also marked by biological, psychological, emotional and social changes. These changes are connected with the management of certain developmental tasks.

Developmental tasks in *adolescence* are:

- Processing physical and psychological changes,
- Analysis of gender role,
- Forming a self-determined identity,

- Establishing a circle of friends,
- Breaking away from parents,
- Meeting demands for good performance at school and managing possible performance setbacks during puberty,
- Developing a value system of one's own,
- Developing a professional and life perspective,
- Analysis of social institutions, standards and values,
- Analysis of consumer offerings including media, in particular offerings of drugs which threaten health and those of the commercial leisure market.

The management of developmental tasks can be complicated by critical events in life such as one's own illness, parental divorce, the death of a mother or father or the lack of an apprenticeship or other educational opportunity and unemployment.¹²

Adolescence is marked by a large number of alternative groups, cultures and life styles which are marked by clothing, musical orientation, language codes and ways of using the media. Characteristic for this period in life is the testing of one's own abilities and discovery of individual limits.

Health education methods start from this behaviour, using action-related or adventure-education approaches. According to the salutogenic theory¹³ of health promotion, the successful coping with various developmental stages is a good predictor for health in childhood and adolescence.

4.3. Multipliers

A central target group, in the sense of effective teaching of health-related knowledge and health-related action, would be those people who deal with children and adolescents every day. Embedding

¹² See also: Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (Ed.): 9. Jugendbericht. (9th Report on Youth). Federal printed matter 13/70. Bonn.

¹³ A theory of modern medical sociology and health psychology elaborated by A. Antonovsky which attempts to provide a theoretical basis for the meaning of personal resources in the establishment, maintenance and recovery of health.

health-related knowledge and behaviour into every day life eases acceptance because of, among other factors, behavioural modelling.

This target group includes, first of all, the narrow circle of the child's social environment, especially parents and family. The mother/father-child relationship plays an important role for the holistically healthy development of the child from the very beginning. In the first years of life the environment is mainly made up of family with siblings, friends and relatives and it is the central field of interaction for the baby and small child.

Kindergarten staff, teachers and child care workers in youth and social fields are, in addition to paediatricians and school physicians, professional multipliers who have a great influence on healthy child and adolescent development. Informally, peers at school, at work or in leisure activities are also of essential importance for the development of health-related attitudes and behaviours.

5

Topics and Fields of Action

The analysis of the starting situation (chapter 2) indicated the following health risks which occur frequently and require intervention, as well as deficits in making proper use of the health system:

- Motor deficiencies (motor disorders, coordination disorders, weaknesses in stamina),
- Overweight and malnutrition (adiposity),
- Stress,
- Childhood accidents (road accidents, accidents at home, at school and during leisure time activities),
- Insufficient use of early diagnosis examinations,
- Limited acceptance of immunisations.

In addition to the above, the following remain central issues for the target group of children and adolescents:

- Drug prevention,
- AIDS prevention,
- Sex education.

Topic-related health education as well as general promotion of health skills must be carried out in an age-appropriate way and in accordance with developmental stages. It is obvious that many health disorders cannot be viewed in isolation. Because of number of causes, grouping topics together makes sense. Nutritional education, exercise promotion and stress management, for example, have a causal relationship with one another.

Health-related behaviour and action take place in the concrete worlds of life and in definite places.

Central fields of action are:

- Home and family,
- Kindergarten, nursery, pre-school,
- School (primary school, secondary school, vocational school),
- Medical care (paediatrician, gynaecologist),
- Friends/peer group,
- Professional training,
- Leisure time activities (i.e. sports clubs, the music “scene”, cinemas, discos, alternative pubs, journeys).

Depending on the developmental stage, the fields of action are of differing importance for the educational process. Combining different fields of action, i.e. parents/family and paediatrician, parents/family and kindergarten or parents/family and school/school medical services is vital for comprehensive holistic health promotion among children and adolescents.

6 Implementation Strategies

Health education measures should lead children and adolescents towards healthful behaviour and action. They follow the help-to-self-help principle and provide opportunities and support to develop one's own abilities and skills for living in a healthful way.

These measures are part of a strategy for social learning and encourage the taking over of responsibility for one's own health and for the health of others.

6.1. Communication Strategy

Knowledge is imparted by *mass-communication measures* which complement and draw on each other. Print media (such as advertisements, large posters and brochures) as well as audio-visual media (such as television and cinema spots, videos and films) are used. They are geared to achieving and maintaining a high level of knowledge within the target groups. Mass-communication measures draw attention to special topics and stimulate the first exploration of these topics.

The content of these topics is deepened and individualised through *personal communication* (i.e. exhibitions, plays, action-related projects, peer projects). They aim at creating a personal relationship to the topic, tackling special questions and learning by example. Personal communication measures provide space to try out and experience things by learning in a playful way.

Qualifying measures enable multipliers to initiate and support the communication process described above. These multipliers are available in various settings (in kindergartens, in schools and

during leisure time) as communication partners for the target groups (see page 25 – **Qualification**).

6.1.1. Implementation

The above-mentioned methods are used for the target group of children and adolescents in accordance with their age and developmental stage.

In the field of mass-communication measures for children and adolescents, the FCHE focuses on the development of a communicative "bracket", combining the existing and still-to-be-produced elements in the sense of a cooperative design, achieving in this way a high recognition factor.

This includes:

- Analysis of the existing variety of educational media and measures,
- Identification of the central problems,
- Participation of cooperative partners,
- Determination of strategic and operative targets,
- Description of strategic means,
- Production of basic elements of communication (primary messages, design line, media planning).

This sort of procedure make it possible to draw together, under one roof, a variety of cooperative partners to participate in various ways in the educational measures of health promotion among children and adolescents.

In the area of personal communication measures, the FCHE focuses on:

- Initiating common actions with cooperative partners who have direct access to the target group or open new doors (i.e. "Schulen ans Netz" [Schools on the Net] which initiates mobile out-reach health communication projects),

- Development and testing of innovative methods of health communication with peer projects and use of new media (CD-ROM) relevant to the group.

By setting these priorities, the FCHE is adjusting to the changing information behaviour and the changing relationship of children and adolescents with the media.

In working with multipliers, the FCHE focuses on:

- Networking with multipliers,
- Integration of health education into existing training and further education.

The focus on these areas should help break down barriers between the various educational fields and achieve a synergistic effect with respect to more uniform, less contradictory statements and communication methods with children and adolescents.

6.2. Quality Assurance Strategy

Health education has to be efficient and effective. This requirement should be met by reinforced activities in the fields of market surveys, quality assurance procedures, qualification, innovation and cooperation.

Elaboration, analysis and circulation of scientific knowledge are the bases for prevention and health promotion. In the fields of drug and AIDS prevention and sex education, regular surveys, evaluation and expert studies on the development and review of media and projects are carried out.

The designing of systematic, nationwide market survey on media and activities in the various areas is a new instrument. Market surveys create transparency, make deficits and over-supply clear and thus provide essential information about the necessity of federal endeavours to promote the health of children and adolescents.

The development of scientifically supported procedures for quality assurance and quality management – i.e. in developing media for young people – as well as the generation of minimum standards – i.e. for health-related leisure activities for children – are of particular importance for ensuring effectiveness and efficiency. The establishment of procedural standards and quality criteria in consensus with suppliers, makes it possible – in association with market overviews – to describe successful and well-proven approaches to promote child and adolescent health and make them available to other suppliers.

A further step in a quality assurance strategy is qualifying the multipliers. Multipliers should be enabled to integrate health-related subjects into their fields of activity, that is to also promote health more professionally within the framework of their individual professional work.

The development, testing and evaluation of innovative strategies and methods of health education should take into account behavioural changes, especially among adolescents when using information and media. Media access adequate for the target groups and corresponding alignment of activities are prerequisites for the acceptance of the preventive messages by the target group and are, therefore, central preconditions for their effectiveness.

6.2.1. Implementation

Scientific Investigation

The ongoing improvement in the scientific bases in the field of child and adolescent health should provide decisive help in setting priorities in health education as well as assuring that basic knowledge about general conditions (see chapters 1 and 2) is constantly reviewed.

A nationwide uniform data survey to record the health status of the target group, children and adolescents, has to be established (child and adolescent survey). Only in this way, process data on the health

and illness status of children and adolescents – jointly coordinated with the Robert Koch Institute – can be made available continuously.

Information about general social and economic conditions of children and adolescents and the development of youth cultures could be jointly coordinated with the German Youth Institute (Deutsches Jugendinstitut – DJI).

Scientific investigations on health-related knowledge and in health-related attitudes and behaviours are carried out by the FCHE itself. It regularly carries out and analyses the following:

- Investigations on the need for education among the target groups and their multipliers,
- Investigations on nationwide health education offerings for the target group (market surveys on central topics),
- Investigations on the use made of the offerings and their effectiveness in transmitting knowledge, attitudes and behaviours among children and adolescents,
- Investigations on the level of scientific knowledge in health promotion to children and adolescents in various milieus.

Quality assurance procedures and quality management

The promotion of high quality in programmes and projects can be achieved with wide-spread application of quality assurance procedures and criteria.

This means:

- The development, testing and distribution of quality assurance instruments, in particular procedures for the planning of actions and evaluation in health projects aimed at children and adolescents;
- The establishment of quality criteria for projects which can be used by multipliers working with children and adolescents, in particular the establishment of criteria for successful communication about health with children and adolescents.

Qualification

The multipliers' effective and efficient work is supported by reliable intervention and transfer of experience.

This means:

- Documentation and processing of results from model projects to aid the work;
- Development of recommendations and guidelines as a consensus of the institutions working with children and adolescents;
- Development of curricula for use in basic and advanced training and in non-vocational further education in order to professionalise health-oriented action of the multipliers with the target group, children and adolescents;
- Networking of multipliers from the areas of kindergarten, medical care (paediatrician, school physician), school and parents/family.

Innovation

The altered informational behaviour of children and adolescents and their changed dealings with the media, require new communication methods and instruments which aim at maintaining and improving the effectiveness of health-related actions.

This means:

- Developing and testing new ways of communication with special attention to peer involvement methods;
- Developing and testing new instruments for health-related communication via Internet and CD-ROM;
- Networking with other programmes in the area of new media, i.e. the Info 2000 project and the establishment of information systems for citizens within the framework of public health research.

New ways of access and implementation are available, i.e. through CD-ROM, the Internet and the model project "Schulen ans Netz" (Schools on the Net).

7 Cooperation

Cooperation with partners within the health care system and, beyond, with the target-group-specific institutions is the basis for the actual implementation of health promoting actions for the target group, children and adolescents. Fundamentally, this cooperation is based on both a consensus between the partners on the objectives, the intervention priorities, quality criteria and the methods and on joint efforts in carrying out the activities.

There are special cooperative relations with the Federal Länder as a result of the federal structure; they are central partners in educational campaigns of nationwide importance.

The following relevant cooperative partners¹⁴, corresponding to the fields of action, can be assumed:

Science

- The German Youth Institute
- Research institutions (public health, special research fields)
- Institutions for education, teaching and training
- Scientific institutes and special institutions in the portfolio of the Ministry of Health (i.e. the Robert Koch Institute)

Public Health

- Academies for Public Health
- Professional Association of Paediatricians and Adolescent Medicine Physicians
- National Medical Association
- Federal Workshop for the Promotion of Children and Adolescents with Postural and Motor Disorders (registered society)

¹⁴ This list is not to be regarded a concluded list.

- Federal Union of German Associations of Pharmacists
- Federal Association for Health (registered society)
- German Society of Nutrition (registered society)
- German Society of Health Promoting Schools (registered society)
- German Society of Paediatrics and Adolescent Medicine
- German Society of Social Paediatrics (registered society)
- German Green Cross
- German Association against the Dangers of Addiction (DHS)
- Health insurance companies
- Regional associations for health promotion
- Self-help groups
- Central Research Institute of Ambulatory Health Care in Germany

Children and Adolescents

- German Sport Federation and its individual organisations
- German Youth Hostel Organisation
- Youth welfare service institutions
- German Society for the Protection of Children
- Commercial and non-commercial leisure facilities
- Commercial and non-commercial media for children and adolescents
- Schools and vocational institutions

Other important institutions

- German Road Safety Association (registered society)
- Family education centres
- Consumers' Union
- Associations of independent welfare work
- German Adult Education Association

International Partners

- EU commissions (i.e. European Monitoring Centre for Drugs and Drug Addiction)
- World Health Organisation (WHO)
- Cooperation with states outside the EU on the basis of bilateral agreements

The health of children and adolescents – their holistic development into adults who act reasonably and in a way that promotes good health – must be seen as an issue for society as a whole. Thus promoting health among children and adolescents with health education can only be one aspect – however important – of tackling this problem. In addition to the concentration of means and personnel for this task, prerequisites for the implementation of health actions are strengthening the structures in fields where work with children and adolescents is carried out and the readiness of cooperative partners to work together.

English-language Publications on the Theme "Children and Adolescents"

The brochures can be obtained free of charge from:
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