The world's 1.2 billion adolescents (aged 10–19 years) have a fundamental right to engage meaningfully in all matters that affect their lives (Box 1) (1, 2). This includes the right to engage in decision-making as equal and valuable partners, while being supported in their roles as adolescent leaders and advocates (3). When adolescents participate in decision-making, the resulting policies and programmes are more likely to respond to their diverse needs (4). Such engagement requires the empowerment of adolescents, by increasing their capacities, skills, autonomy and decision-making power, and by advancing their rights (5–7).

Box 1. Definition of meaningful adolescent engagement (1)
Meaningful adolescent engagement is defined as an inclusive, intentional and mutually respectful partnership between adolescents and adults, whereby power is shared, respective contributions are valued, and young people’s ideas, perspectives, skills and strengths are integrated into the design and delivery of programmes, strategies, policies and funding mechanisms that affect their lives, communities and countries, and the wider world.
What do we know about engaging adolescents to improve health and well-being?

In recent years there has been an important shift away from viewing adolescents solely as passive beneficiaries of services, and towards considering them as powerful agents of change. The collective agency of adolescents is one of the most underused resources for achieving global health and development goals. Their agency is epitomized by their current global activism concerning climate change (8).

It is widely recognized that meaningful engagement of adolescents helps to improve health policies and services for adolescents, which in turn improve health and broader societal outcomes (1, 9–11). Much can be learnt from the efforts to meaningfully engage adolescents in the HIV response (5, 12–14). Greater engagement by adolescents in their health and well-being is positively associated with improvements in quality of care (15), overall programme effectiveness and equity (5, 9, 16, 17). Respecting adolescents’ views and providing adolescent-responsive care and services ensures that more adolescents seek services and remain engaged in accessing them (Box 2) (9). Increasing access to digital technologies is transforming adolescent engagement in education and learning, and also has wider societal implications (18).

Meaningful engagement enhances adolescents’ social capital and connections with their peers. It enables the development of leadership skills and the competencies and confidence needed in adulthood (Box 3) (6). This positive influence on adolescent’s social and emotional development can empower adolescents to claim their rights and realize their full potential (9, 10, 21, 22). Figure 1 shows the pathways leading from the engagement of adolescents to the realization of their health and well-being.
Why do we need to draw attention to adolescent engagement for health and well-being?

The right of adolescents to take part in and influence processes and decisions that affect their lives was enshrined in the 1989 United Nations Convention on the Rights of the Child and related General Comments on the right to be heard and on the rights of adolescents (6, 28, 29). Upholding this right supports adolescents’ attainment of voice and agency to engage meaningfully in decision-making, regardless of their socially determined circumstances.

Despite binding international obligations, there is global institutional underinvestment in the development of robust adolescent engagement strategies (9, 30). As shown by recent climate change activism, adolescents have the energy and optimism needed to influence governance and demand accountability. However, despite some progress (28, 30) few governments or organizations have made the necessary commitments, in terms of budgets, legal and policy frameworks, and programmes, to support adolescents’ right to engage. For example, although 84% of national health policy documents from 109 countries included some reference to adolescents, only 15% of these specified support for adolescent engagement as a specific goal, indicator or target (31).

To support further investment in adolescent engagement, more research is needed to systematically examine the effects of adolescent engagement on health and well-being (6, 15) and to conceptualize measures and methodologies appropriate for adolescents of different ages and genders (11, 32, 33). However, adolescent engagement should not be evaluated only in terms of impact indicators. The quality of the engagement should also be measured, as well as other factors, such as the context of the engagement, social change and gender dynamics (11, 34). Such efforts would take into account the continuum of adolescent engagement (Figure 2) and include the engagement of adolescents in the research process itself (32, 35).

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**Box 3. Adolescent Participation Forums**

Argentina’s Adolescent Participation Forums enable adolescents to engage in developing public policy proposals to address their critical health challenges (23). In 2018, 13 Forums were held in four provinces of Argentina, at which 2800 adolescents discussed and developed recommendations for tackling adolescent pregnancy, suicide and mental health challenges. The Forums also served as accountability mechanisms: adolescents interacted with the authorities and demanded answers to their concerns. The Forums were complemented by Adolescent Health Advisory Services (AHAS), established in secondary schools, health centres and hospitals to promote adolescent engagement and leadership (24). In 2018, the number of AHAS increased from 68 to 1148, with participation by 64 000 adolescents. The Ministry of Health convened a National Advisory Board on Adolescents to ensure systematic engagement of adolescent representatives in national policy.

Showing what can be achieved by increasing adolescent participation and adolescent-led accountability mechanisms, two provinces have now extended national policy by developing specific protocols to assist pregnant adolescents, particularly those under age 15, who currently suffer the greatest rights violations (25–27). The enhanced partnership between adolescents and service providers generated integrated policies and interventions on adolescent health education and adolescent-friendly health services and the expansion of AHAS in secondary schools. The process of adolescent participation and their exchanges with local authorities was documented in the publication *Voices that Matter* (23).

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**Figure 2. Continuum of adolescent engagement**
Challenges to meaningful adolescent engagement

To enable a positive pathway from adolescence to adulthood, adolescents must be able to express their views to service providers and decision-makers, as well as practice their evolving capacities and decision-making skills within their families, communities and beyond (4, 5). However, adolescents in some settings have far fewer opportunities than others to engage meaningfully in the conceptualization, design, delivery and evaluation of programmes that affect them (36).

Power dynamics must be realigned to ensure more egalitarian relations among adolescents, and between them and decision-makers, to enable meaningful engagement (10). Systems and structures must be put in place to institutionalize adolescent engagement, including a supportive legal and policy environment. This includes addressing legal and regulatory barriers, such as those relating to privacy, confidentiality and evolving capacities to give informed consent. It also requires the removal of bureaucratic structures that prevent adolescent engagement (31). Currently, decisions in the home, school and community are often taken by adults, without giving due consideration to adolescents’ views (10). While adults can be allies in amplifying adolescents’ perspectives, they can only encourage or enable genuine engagement if they have the understanding and skills necessary to carry out participatory practices (5).

Adolescent engagement ranges from tokenistic participation to initiatives that are wholly adolescent-led (Figure 2) (11, 37). Limited efforts to include adolescents in decision-making reinforce their distrust, apathy and despondency (6). Consideration must also be given to uneven dynamics within adolescent movements, especially those which disadvantage girls. Adolescents who see benefits resulting from their influence on decisions are likely to become more committed, engaged and motivated (34). Many adolescents lack the capacity, resources, agency and skills to influence decisions affecting their health and well-being, or are unaware of their right to do so, which reduces their demands for services and engagement (7, 10, 28). This is particularly the case for adolescents experiencing poverty, disabilities or chronic illnesses, and those marginalized because of their sexual orientation, HIV status, gender identity, ethnicity, class or other sociocultural factors, as well as those living in humanitarian and fragile settings (21). Unequal social and gender norms also result in adolescent girls experiencing structural, cultural, economic and political constraints that impede their autonomy and agency (39, 40). This poses significant barriers to their meaningful engagement in both private and public life. The heterogeneity of adolescents (for example in age, level of maturity) and the role of caregivers must also be considered when determining their ability to independently engage for better policy decisions and programmes, especially for those aged 10–14 years (9).
What actions are needed?

Adolescents, especially those living in challenging circumstances, need support in developing the knowledge, skills and capacities necessary to play an active role in society. This requires a conducive environment, with institutions across sectors that are responsive to the ideas and priorities of adolescents. Digital platforms are important for facilitating engagement. As policy-makers, champions and members of PMNCH constituencies, we must draw on existing efforts (9) to galvanize global commitment to mainstreaming adolescent engagement through advocacy, learning and sharing best practices. We must work together to undertake the following actions in an integrated way.

**Social norms, skills and capabilities for engagement** (5, 9, 22, 28, 39–43)

We must address the social context for adolescent engagement and support adolescents in building the knowledge, skills and self-confidence required to engage meaningfully in decision-making for their health and rights.

- **Challenge discriminatory norms.** Unequal power relations between adolescents and adults need to be addressed at the individual, relational, resource and structural levels. This includes training adults to listen, and making activities gender-sensitive and participatory, for example by training health service providers, including community health workers, in adolescent friendly service global standards. It requires tackling discriminatory social and gender norms that lead to the subordination and disempowerment of adolescent girls and other vulnerable adolescents, while promoting norms which foster positive outcomes.

- **Build adolescent knowledge, skills and agency to engage in dialogue and action for their health and rights.** Strengthening adolescent competencies and leadership skills enables adolescents to engage more effectively in decision-making. Younger adolescents should be allowed to learn at their own pace. Funding should be made available for training, especially for those living in poverty. Knowledge and awareness must be built among adolescents, families and communities about adolescents’ rights, as well as their policy and legal entitlements (and limitations) under national laws and regulations. Illustrative examples from the HIV response, sexual and reproductive health and rights, education and positive youth development programmes, among others, include:

  - access to information (e.g. about what to expect from schools and health services) and peer counselling about rights and opportunities;
  - social and life skills training, including communication and leadership skills;
  - comprehensive sexuality education to improve knowledge, skills, attitudes and values relating to adolescent health, well-being and dignity;
  - safe and friendly social platforms (e.g. school, sports and arts clubs, peer networks and digital hubs);
  - community-based support groups to facilitate learning, goal setting, confidence building and socializing;
  - formal platforms (e.g. roundtable discussions, symposiums and panels); and
  - family and community mobilization and dialogue.
Policies, programming and service delivery (5, 6, 9, 13, 43, 44)

It is the obligation of the state, through adult duty-bearers, to create the conditions for the meaningful engagement of adolescents, in collaboration with other stakeholders.

- Ensure that national policy frameworks recognize the importance of meaningful engagement in public and private life and establish mechanisms to guarantee it. This requires addressing, across all sectors, structures that constrain adolescents, for example by reforming laws, policies and institutions that disadvantage them, particularly adolescent girls. This includes ensuring access for adolescent girls to primary and secondary education and policies that protect them from early marriage. Funders should invest in earnest and provide core long-term support to adolescent-led and adolescent-driven initiatives.

- Avoid ad hoc and occasional engagement. Systematic opportunities for adolescent engagement must be created across sectors. A minimum standard for structures and processes should ensure equitable representation of the most marginalized adolescents in relevant areas of public policy, financing and programme implementation. This includes building mechanisms into programmes and services to facilitate adolescent engagement in identifying, prioritizing and finding solutions to problems. In the health sector this includes reinforcing current global standards on the delivery of adolescent-friendly services, especially Standard 8 on adolescent engagement.

Accountability (6, 9, 10, 34, 39)

We must reach and support the engagement of the most marginalized adolescents to ensure that the causes of discrimination against them and their lack of engagement are fully addressed.

- Create forums of accountability for meaningful adolescent engagement, with a focus on adolescent girls and other vulnerable groups, as leaders and key stakeholders at the national and sub-national levels (e.g. independent youth commissioners; youth councils). Adolescent advocates have the motivation to challenge corruption and harmful traditional practices, and to advocate for good governance and accountability. Resources must be available for independent oversight of government actions.

- Ensure national and sub-national processes and mechanisms for remedy and redress. When adolescents are prevented from enjoying their rights, such as the right to participate in decisions about their health and well-being, they should have access to mechanisms offering effective remedies and redress. This could be through subnational complaint mechanisms, children’s/adolescents’ ombudspersons, courts and/or national human rights institutions, as well as regional and international judicial and human rights bodies.
Research and measurement (9, 11, 14, 33-35, 41, 43)

Building on existing efforts, stakeholders must act together to systematically evaluate adolescent engagement, using clear indicators and improved methodologies. More research and documentation are needed, as well as the adoption of innovative practices for engaging adolescents in research and in monitoring and evaluation (M&E).

- **Identify the objectives of adolescent engagement and institutionalize the M&E of adolescent engagement with specific indicators to inform country and donor investments.** We need to understand which approaches to engagement with adolescent subpopulations in different contexts work, and which do not. Programmes need to be rigorously designed, and outcomes need to go beyond measuring individual attitudes to changes in community-level norms, behaviours over time and implementation strategies.

- **Establish a set of minimum requirements for meaningful engagement in M&E and adolescent-related studies.** This involves a wide range of activities, from qualitative work to quasi-experimental or randomized trials, and from research prioritization to impact on policy and programmes. It also includes involving adolescents in the M&E of programmes, organizations, agencies and systems designed to serve them. Experiences, good practices and models of successful adolescent-led interventions and research should be shared.

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