

Department of Public Health-FSPAC, Babes-Bolyai University

Health of the young population living in the Cluj Metropolitan area

Problems. Solutions. Drivers of change.

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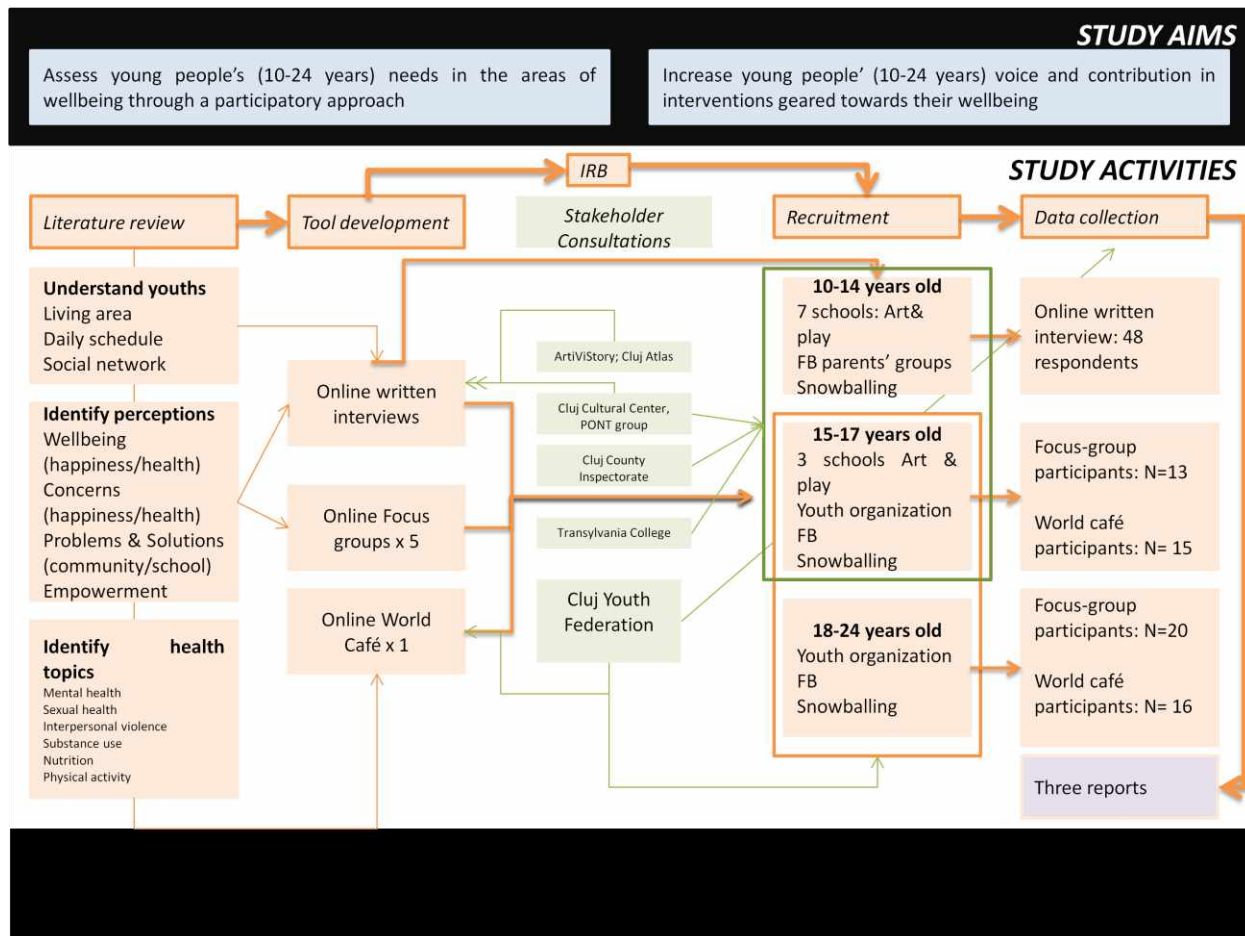
2020

Summary

The current report is a deliverable of the project „*Interdisciplinary study on young people’s needs and opportunities assessment in Cluj-Napoca, Romania (LEAP)*” implemented during January - September, 2020 with the support of the Department of Public Health and Political Science Department-FSPAC-Babes-Bolyai University, PONT Group and Cluj Cultural Center.

The LEAP uses a rapid participatory assessment to identify needs, gaps and opportunities of the young population (10-24 years old) living in the Cluj Metropolitan area and comprised the following components: 1. stakeholder analysis; 2. quantitative study; 3. qualitative study; 4. stakeholder consultations; 5. systemic gap identification; 6. policy analysis and 7. a priority setting exercise.

The Qualitative Study of the LEAP project was employed during January – May 2020 and aimed to engage youths in identifying their needs and opportunities by using three methodologies: I. An online written interview addressing wellbeing with adolescents aged 10-14, II. Online focus-groups addressing wellbeing with youths aged 15 to 24 and III. An online World Cafe session addressing six health related topics with youths aged 15 to 24 years old.



The results presented in this report emerged from the 3rd component of the Qualitative Study – the online World Cafe sessions focused on health.

ONLINE WORLD CAFE: BRIEF OVERVIEW

Targeted population: adolescents and youths aged 15 to 24 living in the Cluj Metropolitan area

Objectives:

1. Understand adolescents' and youths' perspectives on six health related topics: mental health, sexual health, inter-personal violence, substance abuse, healthy eating, physical activity
2. Identify adolescents' and youths' perceptions with regards to the health problems they face and the solutions they envision in addressing the health related problems
3. Empower adolescents and youths in identify and solving the problems they confront with

Topics assessed:

1. Defining mental health, sexual health, inter-personal violence, substance abuse, healthy eating, physical activity wellbeing and the factors influencing wellbeing.
2. Adolescents' and youths' problems in relation to mental health, sexual health, inter-personal violence, substance abuse, healthy eating, physical activity
3. Solutions envisioned by adolescents and youths in relation to mental health, sexual health, inter-personal violence, substance abuse, healthy eating, physical activity.
4. Drivers of change. Actors perceived as relevant in promoting health for adolescents' and youths

Tool: A brief structured focus group guide consisting of 4 questions was developed following the above 4 topics for each of the 6 health related topics addressed in this study

Participants' recruitment: After obtaining the ethics' committee approval (IRB-PH Protocol #2020-200330-002), a recruitment form was developed online and a link + a text were disseminated using the following methods:

1. A snowballing technique.
2. Online promotion: the online recruitment form was promoted once a week for three weeks on the Facebook page of the Department of Public Health
3. Most importantly, a collaboration was set with the Cluj Youth Federation. This youth organization had a major role in recruiting participants through their Facebook page and through the personal engagement of Paul Marc and Georgiana Oltean in the recruitment process

Data collection: Data was collected in May 21st, 2020 during an three ours online Zoom meeting. The meeting had the following characteristics:

- ❖ First, the main organizer welcomed all participants (n=42) and for 30 minutes 1. engaged participants in an ice braking exercise; 2.presented the objective and structure of the meeting and the topics approached; and 3. presented participation rules.
- ❖ Second, the working groups coordinator separated participants in 6 working groups. Working groups 1, 2 and 3 comprised participants aged 15 to 17 and working groups 4, 5 and 6 comprised participants aged 18 to 24.

- ❖ Third, 6 conversation facilitators (three young females and three young males aged 21 to 24, accredited as community workers, members of the Cluj Youth Federation) were allocated by the working groups coordinator to one of the 6 working groups. Each conversation facilitator was previously trained by the main organizer in using the structured focus group guide to address one of the 6 health related topics. After 20 minutes spend in one working group, each conversation facilitator was moved by the working groups coordinator to another working group.
- ❖ Fourth, after each of the 6 conversation facilitators facilitated discussions in each of the six working groups, all participants were brought back in the main session. Feedback was received and questions were answered for additionally 20 minutes.



Structure
W = working group (N=6)
F = conversation facilitator

Topics
MH – mental health
SH – sexual health
IV – interpersonal violence
SA – substance abuse
N – nutrition
PA – physical activity

Questions asked
What is...?
✓ *What are the problems...?*
✓ *What are the solutions...?*
✓ *Who is responsible...?*

Data analysis: Each conversation facilitator started the audio-recording at the beginning of the meeting and closed and saved it when the meeting ended. Consequently 6 audio recordings of approximately 3 hours length each were transcribed and analyzed using NVivo 11 Pro. Thematic analysis was employed and both deductive and inductive coding was used by one coder.

Results: The following pages of the report present the World Cafe results grouped in four sections:

1. Defining health
2. Youths' problems
3. Identified solutions
4. Drivers of change

Table 1. Sociodemographics of young people aged 15-24 (N=31) who participated in the World Caffè meeting

		N	%	
Gender	Female	23	74.19	
	Male	8	25.81	
Age	16	9	29.03	
	17	6	19.35	
	18	2	6.45	
	19	2	6.45	
	20	2	6.45	
	21	2	6.45	
	22	3	9.68	
	23	4	12.90	
	24	1	3.23	
Ethnicity	Romanian	31	100.00	
	Hungarian	0	0.00	
	Roma	0	0.00	
Residence	City of Cluj-Napoca	15	48.39	
	Commune near Cluj-Napoca	1	3.23	
	Other city	10	32.26	
Cluj-Napoca neighborhood	Andrei Mureșanu	1	3.23	
	Europa	1	3.23	
	Centru	1	3.23	
	Făget	1	3.23	
	Garii	2	6.45	
	Gheorgheni	3	9.68	
	Grigorescu	1	3.23	
	Hașdeu	3	9.68	
	Intre Lacuri	1	3.23	
	Manastur	5	16.13	
	Marasti	2	6.45	
	Zorilor	2	6.45	
	School	Colegiul National "George Cosbuc"	1	3.23
		Colegiul de Muzică "Sigismund Toduță"	1	3.23
Colegiul National "Emil Racovita"		1	3.23	
Colegiul Tehnic „Ana Aslan"		2	6.45	
Colegiul Tehnic de Comunicatii "Augustin Maior"		1	3.23	
Lic Tehnologic "Constantin Brâncuși"		1	3.23	
Liceul cu Program Sportiv		1	3.23	
Liceul de arte plastice „ Romulus Ladea "		1	3.23	
Liceul de Coregrafie și Artă Dramatică "Octavian Stroia"		2	6.45	
Liceul Teoretic "Gelu Voievod" Gilău		1	3.23	
Liceul Teoretic "Lucian Blaga"		1	3.23	
Raluca Ripan		1	3.23	
Seminarul Teologic Ortodox		3	9.68	
Universitatea "Babes-Bolyai"		10	32.26	
Universitatea de Arta si Design		1	3.23	
Universitatea de Medicină și Farmacie "Iuliu Hațieganu" Cluj-Napoca		2	6.45	

Defining health and health related
behaviors: adolescents' and
youths' perspectives

Study participants were asked to define what health is (in terms of mental health and sexual health) and also to present their view of what health protective behaviors are: what nutrition and healthy eating is, what physical activity is and what means to stay physically active, what constitutes substance abuse and how they see violence. Participants offered complex definitions for each topic, mentioning many times the concept of equilibrium and balance in defining health and also underling all topics inter-relate in order to ensure one's health status.

When defining **MENTAL HEALTH**, participants referred to functional cognitions, emotions and behaviors in reaction to life stressors but also viewed mental health as a state of awareness, of presence and being in control of one's reactions to the external and internal stimuli.

Participants perceived mental health as:

- 15-17 years old
- ❖ The ability to feel any type of emotion and at the same time accepting your feelings – even the negative emotions – and your thoughts
 - ❖ A balance between what one does and what one wants to do
 - ❖ Equilibrium between behaviors and feelings
 - ❖ Having a calm and relaxed mindset
 - ❖ The absence of thoughts that determine negative states
 - ❖ Being always positive, thinking positive, absence of negative thoughts and reacting in the most healthier way to life situations
 - ❖ Being able to manage daily social life situations and knowing how to react to stress and to stressful situations but also being able to stay at peace with your inner self
 - ❖ Being in equilibrium with yourself, being able to control your mind, to know what your mind is capable of, what you are capable of and knowing what to focus your mind on
 - ❖ Absence of disease and being careful what information you take, what you listen, how you raise and develop your brain
 - ❖ Being in close connection with physical health

"I think that being mentally healthy means always being positive, thinking positive, avoiding negative thinking patterns ...knowing how to react in the most healthier way, being in a state of equilibrium, being able to control your mind, knowing its capacity, knowing what you are capable of, and being able to focus your attention on what you want"(Adolescent girl)

- 18-24 years old
- ❖ Having a constant calm state
 - ❖ Being in control of your actions, of what you communicate and being able to take decisions
 - ❖ Being aware of what you feel, what you think, being aware of what affects you and your actions, choosing what is best for you, seeking help and being a socially adapted individual
 - ❖ Being able to react to different circumstances to obtain positive outcomes for oneself and for others and feeling in control over oneself
 - ❖ Regardless of life situations, being able to maintain a positive thinking
 - ❖ Being aware that we are in control over ourselves and that we can change how we think and how we perceive life
 - ❖ Being able to manage emotions
 - ❖ Not allowing emotions to take control over ones actions, being able to normalize emotions
 - ❖ Absence of depression and anxiety

"It means being aware of what you feel, of the things affecting you, of what you think and then being aware of how you act on your feelings and thoughts, choosing what's best for you, being socially adapted and seeking help when you recognize you have a problem" (Young male adult)

For study participants, being **SEXUALLY HEALTHY** meant:

- 15-17 years old
- ❖ Having sexual education and being able to practice sex in a safe environment
 - ❖ Following proper intimate hygiene rules that keep your body healthy
 - ❖ Absence of sexual transmitted disorders
 - ❖ Using contraceptive methods
 - ❖ Knowing if you have STDs, how to use a condom, how to avoid spreading STDs, having proper hygiene
 - ❖ Feeling good with your body
 - ❖ Accepting sexual orientation, sexual desires, sexual changes and hormonal changes that usually happen
 - ❖ Having a good mental health status

“For me, sexual health means accepting my sexuality, whatever sexual orientation I have, accepting my sexual desires, accepting the hormonal changes I go through...and it means having a proper sexual hygiene, knowing if you have sexual transmitted diseases and how to use protective measures not to infect your sexual partner” (Adolescents girl)

- 18-24 years old
- ❖ Avoiding STDs, using protective measure against STDs, doing regular medical check-ups, having proper hygiene and taking care of your health and your partner’s health
 - ❖ Taking care of the reproductive system by avoiding STDs and unwanted pregnancies
 - ❖ Knowing your body very well in order to ask for help when needed
 - ❖ Starting sexual life at an appropriate age
 - ❖ Being aware of sexual risks and being able to prevent any sexual health problems
 - ❖ Knowing the anatomy of the human body and knowing about emotional relations

“It refers to everything related to the health of the reproductive system, namely prevention of sexual transmitted diseases, prevention of unwanted pregnancies” (Young male adult)

“A sexually healthy young person is someone who is informed over STDs, over the bodies anatomy, over contraceptive measure, over prevention of STDs and over any type of problems that could emerge in an intimate relation” (Young female adult)

SUBSTANCE ABUSE is viewed by participants as an addiction and as including various drugs from easy drugs to highly addictive drugs and even to medically prescribed drugs. Substance abuse included:

- 15-17 years old
- ❖ Consuming substances until you become dependent
 - ❖ Addiction to drugs that have a medical prescription
 - ❖ Alcohol, drugs, tobacco
 - ❖ Any type of chemical substance that goes in the body be it through ingestion or through environmental pollution

„For example, tobacco and alcohol consumption are very present beginning with 14 years old, although it should be consumed after 18 years old...but no one asks adolescents how old they are. An adolescent comes to the store and asks for cigarettes ... and no one asks „How old are you?” ...but there also other drugs with higher health risk...still available” (Adolescent boy)

- 18-24 years old
- ❖ Consuming large quantities of certain substances from alcohol to illegal drugs
 - ❖ Losing control over the regular consumption of substances
 - ❖ Consumption in excess and on a daily basis of substances that are known to be addictive
 - ❖ Any type of substance that is bad for health from tobacco, to alcohol

“The first thing that comes in my mind is the consumption of large quantities of substances from legal ones such as tobacco and alcohol to illegal drugs, substance that create addiction and are with high health risks” (Young male adult)

Participants defined **INTERPERSONAL VIOLENCE** as a reasonless negative reaction manifested randomly either towards another person or towards oneself, a negative reaction that in their perception can be physical, verbal, psychological, relational or emotional. Participants focused more on verbal and relational harassment stating that bullying is more present in their environment through mockery, discouragement comments, offense, daily taunts referring to their hobbies, personal decisions, future related decisions, sexual orientation and religious orientation. Psychological bullying was also present in participants' discourse through what participants called psychological manipulation, namely using other's weaknesses to obtain something and making comments specifically targeted towards lowering one's self esteem. Moreover, they saw violence as present in the social media and the online environment and modeled based on promoted celebrities behaviors.

Participants considered that violence is represented by:

- 15-17 years old
- ❖ How we treat ourselves and how we treat others
 - ❖ Physical, verbal, emotional, psychological aggressive reactions
 - ❖ Fights
 - ❖ Negligence
 - ❖ Hurting others intentionally
 - ❖ Living in a toxic family environment
 - ❖ Judging, being jealous, throwing jokes
 - ❖ Offending others by judging their hobbies, religious orientation, present decision, future life goals
 - ❖ Mockery, laughing when someone does a mistake, swearing
 - ❖ Subtle attitudes
 - ❖ Manipulating others by using their weaknesses
 - ❖ Provoking

"I feel that if we consider violence to be only physical, we have a very limited view on it...there is also verbal violence, psychological violence, emotional or relational violence, there are many levels that need to be considered when we speak about violence" (Adolescent girl)

- 18-24 years old
- ❖ Physical, mental, verbal, emotional violence
 - ❖ Judging without listening to what others have to say
 - ❖ Discouragement
 - ❖ Commenting without living space for self-expression
 - ❖ Abuse
 - ❖ Manifested randomly with no reason
 - ❖ Proving others that they are wrong

"I have a simpler perspective on violence...being violent means being intentionally mean to others, not allowing them to express fully or having something to comment back at everything one has to say, or discouraging ... there are many ways to harm another person..and, of course, it gets even worse when you do this things without any real reason" (Young male adult)

NUTRITION was one topic that participants felt comfortable to address. In defining nutrition, participants referred not only to specific food groups, but also to combining various foods, having individualized dietary patterns, avoiding an obsessive healthy diet, keeping everything in balance. Participants viewed healthy eating as:

- 15-17 years old
- ❖ Balance between what you like to eat and what you should eat in order to stay healthy
 - ❖ A process ensuring nutritive substance for the whole body
 - ❖ An art where you balance what you like to eat with what you should eat
 - ❖ Having the proper nutrients and allowing time to enjoy eating
 - ❖ Taking into account how your body feels with the food you eat, more importantly than focusing on what you eat
 - ❖ Balancing unhealthy snacks that you crave for with healthy soups, fruits and vegetables
 - ❖ Regular and proportionate meals, a lot of water
 - ❖ Having a little bit from every food but avoiding abusive eating
 - ❖ Paying attention to what the organism asks for and offering the organism what it asks for and when it asks for because this is how the organism communicates and this is how you ensure equilibrium in the body
 - ❖ Understanding the body and having a dietary pattern based on how the body reacts to various foods
 - ❖ Combining food categories as more important than about eating only fruits and vegetables and drinking vitamins and also combining healthy eating with sports and with a healthy lifestyle
 - ❖ Eating at the same time each day and avoiding eating between meals

“Healthy eating consist in an eating schedule that you develop for yourself taking into account what works for your body, how you react to various foods, food allergies that you have...and also using your intuition when you choose foods” (Adolescent girl)

“It means finding a balance between what you like to eat and what is good for your body. This is what I think! Namely, if you use a list of foods that you are allowed to eat but when you see them you get sick, that I don’t think this is healthy eating. I consider that eating health means also eating what gives you positive moods” (Adolescent girl)

- 18-24 years old
- ❖ Balance between all food groups
 - ❖ Using foods that allow your organism to take the nutrients and the energy needed for proper functioning
 - ❖ Paying attention to how the body responds to various foods and offering what is appropriate for your body
 - ❖ Avoiding binge eating
 - ❖ Having a proper daily eating schedule
 - ❖ Creating your daily meals by knowing what nutritional input your body needs and by selecting those foods that can ensure nutritive substances
 - ❖ Avoiding being obsessed with healthy eating by allowing yourself to fuel the body when needed
 - ❖ Eating healthy but tasty food
 - ❖ Eating food that grows in your local environment and in your country, food that your body is genetically adapted to
 - ❖ Replacing unhealthy components such as sugar with healthy alternatives such a natural juice
 - ❖ Avoiding fats, fried foods and processed foods
 - ❖ Having a plant based diet which includes fresh food

“I believe a lot in a balance diet but also in the fact that healthy food needs to support your body. You need to find balance between what is healthy and what fuels your body to make sure that you can function optimally...this means that sometimes, when you want a cake you should have a cake and you should not be very rigid in eating only healthy food because obsession with healthy food can affect your health badly” (Young female adult)

Perception of **PHYSICAL ACTIVITY** was not limited to regular physical exercise but referred to having a lifestyle that is organized, being aware of the benefits of sports and of the way physical activity influence the overall health status, giving power and strength for the body this being as important as feeding the body correctly. For the study participants, being physical active means:

- 15-17
years
old
- ❖ Practicing daily for 10-20 minutes physical exercises or playing sports such as basketball, swimming, football, activities that can boost your serotonin level and help you relax but also become more focused
 - ❖ Practicing sports as a hobby or performance
 - ❖ Spending time outside moving with roller skates or skateboard
 - ❖ Being well organized and balancing sports time with studying time and sleeping schedule
 - ❖ Being aware that sports contributes to the general health status
 - ❖ Practicing weekly exercised in the morning that help your body stay fit
 - ❖ Combining various exercises that makes one feel the body is in a good shape
 - ❖ Moving as much as one can, even replacing public transport with walking and spending a lot of time outside in nature
 - ❖ Being highly aware of the body muscles and being able to control the body as wanted

“When a person engages in regular physical activity, you can tell...it’s evident all over the body, the person looks rigorous, has a specific vibe, is active all the time and open to engage to any type of activity, be it related or not to sports, that values the body and mind...and is very fast, has a very good joint attention ... you can tell” (Adolescent boy)

- 18-24
years
old
- ❖ Using the body movement to increase oxygen flow in the brain
 - ❖ Engaging in any activity that increases heart rate
 - ❖ Engaging daily in physical activity and committing to long term physical routine
 - ❖ Engaging in weekly sport activities
 - ❖ Being active all day and replacing transportation with walking, elevator with climbing stairs
 - ❖ 30 minutes of being physically active on a daily basis either through walks, various sports

“It can mean practicing a sport, but it’s not only about this...it’s about simply being active, walking instead of taking the bus, climbing stairs instead of taking the elevator, spending a lot of time outside, spending your free time engaging in sports” (Young adolescent male)

Health related problems faced by adolescents and youths living in the Cluj Metropolitan Area

Asked to speak about the health problems adolescents and youths are facing, study participants referred both to problems and to determinants of these problems. The health problems adolescents and youths meet can be categorized using those present at 6 levels: individual level, family level, peer group, school level, systemic level and cultural level.

With regards to **mental health**, the young population goes through emotional struggles, feeling, at the same time, that no one can understand and support them. Although mood swings, depression, anxiety, confusion, low self-esteem and high levels of stress are perceived by participants to manifest in the young population, these problems are minimized by the adults present in their lives (e.g., parents, professors, professionals that should offer support). The peer culture contributes to mental health struggles through the pressure of being cool in order to be socially accepted. Thus, to be accepted in a group, adolescents and youths try to impress by creating a false self-portrait. The family environment contributes to the youths' mental health struggles by imposing fear, reducing youths' autonomy and freedom of choice, expressing high expectancies, not being educated to offer their children a proper mental health education, not having time and skills to offer their children the proper support and minimizing their mental health concerns. The intense workload received at school, the busy school schedule, professors' attitudes, grades and the unfriendly school environment adds to the mental health burden of the young population. Participants consider that mental health education is completely absent in the community. At the same time, they consider that mental health services appropriate for youths are missing and that the specialists (e.g., school counselors) that should help them either do not have time, have a bad attitude, or are not prepared to properly address youths. The cultural aspects through the pressure of not manifesting vulnerability and stigma in seeking for mental health support add to the mental health burden of the young population.

"The problem is that we are not allowed to be vulnerable in this society that we are living in and in the environments we spend time in...that is why when we see someone vulnerable the first reaction is laughing, rejection....and this is where all problems start." (Adolescent girl, age group 15-17)

To cope with mental health problems, the young population starts to experience **substance use**. Participants expressed that substances are useful when having depression and wanting to forget about it, when wanting to forget bad life experiences and problems at home or when you have no one who can listen and understand. Personal curiosity and wanting to have new intense experiences also trigger substance use. At the same time, substance use facilitates peers' acceptance, being able to integrate easier in a group, to be perceived as cool and to receive appreciation. Education on substance use is missing but at the same time substances are highly available and easy to access by the young population. Participants blame the system through the local and national authorities for the substance abuse problems they go through because of the improper legislation on selling legal and illegal drugs and the improper surveillance for drug selling for youths. Stigma put on drug addicts is high that is why youths avoid help seeking in case of drug abuse.

"Many youths go into substance abuse to hide feelings because they don't find anyone to talk to, they are upset and they do it just to forget...and going to a psychologist for help is stigmatized."

Many young people take drugs...for example 16 years old adolescent girls...many use drugs, besides alcohol and tobacco. I consider that these youths use drugs to get over family problems or to be cool...I know youths that do this stuff...most of them do it to overcome problems at home or to be appreciated by their friends. (Adolescent boy, age group 15-17)

With regards to **sexual health**, participants expressed that an early age onset for sexual interaction is present and, at the same time, the use of contraceptive measures is absent. It seems that the peer group is most influential when it comes to the sexual risk behaviors, as it promotes that is cool to start sexual

life from an early age, that is cool to have multiple sexual partners, it promotes a focus on the sexual component of an intimate relation instead of the emotional component and a focus on pleasure with the avoidance of protective measures. All these, in participants' perspective, can lead to emotional trauma, sexual transmitted diseases and unwanted pregnancies. These sexual health problems are also triggered by the absence of sexual education in the family environment as parents avoid speaking about sex, create an uncomfortable atmosphere around sex and approach it not from a health related perspective but from a religious one. Absence of sexual education at home and also at school determines adolescents and youths to rely on the information received from their peers and on information they can access on the internet. However, this is hardly reliable and thus leads to misinforming youths. Adequate sexual information is missing at the systemic level, the young population being uniformed regarding sexual risk behaviors, healthy sexual life, contraceptive measures, help seeking, etc.

"These days more and more adolescents and young people become focused on the sexual act that on developing and emotional relation and I see that there is this very strong culture that having a sex life and also having sex with many people is cool and if you don't do it you than you are different ...I feel this is wrong and I met many adolescents saying they are proud of doing it and feeling very cool because they do sex. I don't know...I feel that actually adolescents should be taught how to protect themselves, how to take care of their body, learn about their body and understand the consequences of their behaviors and learn how to develop authentic relations with others and with the intimate partner...if we would focus on the relation and not on sex this would offer a better future for our generation. I know many people that look only the sexual pleasure but after all you can have it even with only one partner, and you can grow together with that partner and have a healthy relation. Diversity should not be the focus, how you do sex and with how many partners should not be the focus ...this "it's cool to have sex" culture should change." (Adolescent girl, age group 15-17)

"Sex is a taboo subject and you feel ashamed to talk about ...also parents and professors feel ashamed to talk about it...that's why is easier to talk with friends but they do not have all the necessary information that's why it would be better to have a mentor or a professor to talk about it." (Young female adult, age group 18-24)

It seems that **inter-personal violence** was present in participants' lives beginning with primary school. Participants felt that bullying is present in their everyday life and that they need to be all the time prepared in order to react and protect themselves. Participants focused both on short term and long term consequences of bullying. On short term they perceived bullying to determine feelings of social exclusion and trauma. They were more aware and vocal with regards to the long term consequences. They perceive that bullying is something that follows you your entire life, affects your personal development – because you learn to neglect yourself – and affects your future inter-personal relations. They perceive that a child exposed to bullying become a passive adult, full of self-doubt, afraid to express, afraid to do mistakes and to take decisions. At the same time, they understood that in some situation the victim of bullying actually becomes the aggressor. Family, school and internet constituted the environments where participants perceived bullying to be present. Participants expressed that bullying is present in the family environment, through psychological pressure due to parents' high and unrealistic expectancies towards their children, but also through physical violence. Most problematic was the situation of children in foster care, where the consequences of violent acts impose medical care and even emergency care. Previous exposure to bullying, domestic violence, parental examples of bullying, socio-economic status, absence of support, absence of communication skills, living in economically deprived environments, living in a society that stigmatizes help seeking and also living in a culture based on competition and on being right were perceived by participants as determining bullying and increasing violent manifestation in children and youths.

The problem is that these things happen on a daily basis, even if you are at school or on the street...you receive a strange gaze, a strange answer or an aggressive answer, an ugly joke or gestures that are not appropriate...Once you get outside in the society you need to be prepared to make sure you wear a protection against violence...many are scared when they go outside because they don't want something to happen again and to be hurt again.” (Adolescent girl, age group 15-17)

With regards to **nutrition**, participants expressed that the young population has unhealthy dietary patterns. They see these unhealthy patterns to have individual determinants such as youths' unrealistic optimism, laziness to cook or to organize a healthy eating schedule, opting for the taste of fast food. The peer group is also influential, as it is difficult to resist eating fast-food if everyone in the peer group eats unhealthy. School contributes to unhealthy eating, first, through the busy schedule that students have. Students don't have time to cook, to buy healthy food or to eat at appropriate time intervals. However, at the same time, healthy food is not available in the school environment. Instead of school cafeterias with healthy food, the surroundings of schools are implanted with fast-food chains and kiosks with unhealthy food and beverages. Healthy food is not available and participants consider that various local stakeholders are the ones to solve this issue and increase availability for fresh, healthy, locally produced food that is financially affordable.

There are many fast-food restaurants around schools, universities, colleges...actually, around each educational environment you find a pizza place, a shaorma place and basically, because is there is easier to go and grab a pizza that going three blocks away and eating a healthy soup...this is the problem..that the city is full of these type of restaurants.” (Young female adult, age group 18-24)

With regards to **physical activity**, participants consider that adolescents and youths are on a descending trend. Participants consider that low levels of physical activity engagement have individual determinants such as laziness, absence of motivation, limited perspective on what is sport and absence of perceiving the benefits of sport, personal choice of spending time relaxing on gadgets, absence of time management skills and on being rigorous with the daily schedule and feeling uncomfortable when going to the gym. However, school is perceived to be a powerful determinant of physical activity levels in the young population, through bad attitudes of sports' professors, old sports' curricula that includes boring classes that are not adapted to the young population and poor sports' infrastructure. Sports' infrastructure is problematic also at a community level as the existing facilities are not accessible for all youths.

“There are many types of physical exercises that we can do ...they should just tell us how to do them because you can't start doing them without knowing how, without doing a correct warm up...sports' professors should be trained and should forget all the things they learned and change the sports school curricula and develop an individualized one, one that is carefully build taking into account students' needs and characteristics.” (Adolescent girl, age group 15-17).

Solutions for health related
problems faced by adolescents'
and youths living in the Cluj
Metropolitan Area

Classes

For each of the six approached topics, participants proposed classes that would increase the knowledge they have but also their skills in engaging in health protective behaviors. Participants suggested both the onsite and online version of classes, seldom focusing on the use of apps, online platforms and social media as easier ways to disseminate health related information. Besides classes addressing respondents from their age group, participants suggested that also parents, professors and community members should participate in health related trainings and classes. Early education was a recurrent theme, participants viewing early education as a determinant of health related success. School was one context that could incorporate health related classes. However, outside school classes were similarly preferred. The teacher/trainer was a very important theme – as participants preferred most of the time to receive peer-to-peer education but also to have specialized trainers such as nutritionists, sports' trainers or psychologists delivering the classes. The attitude of the teacher/trainer was considered most relevant, as authoritative and stigmatizing attitudes that participants have already been facing is a major barrier in improving health related behaviors. The variety of topics and characteristics that participants proposed for health related topics can be viewed on the next two pages.

“Mental health education should focus on better informing regarding all aspects affecting one’s mental health status. People don’t know this things...my parents didn’t know how to explain them to me...they were not taught when they were young and I had to learn by myself and to ask others to teach me...it was not easy and I had difficulties understanding A higher importance should be added to educating people what is ok and what is not ok to feel and to happen, and that if your are having bad days you do not have a problem, but if every day is a bad day than you should ask for help...but how can you ask for help when you don’t even know what is going on with you...it’s so difficult” (Young male adult, age group 18-24)

“Many young people are focused on the sexual intercourse instead of focusing on the relational aspect of the interaction and I consider so work this culture of being cool if having sex with many partners ...this is so wrong and I met many adolescents having this wrong attitude....adolescents should be thought first how to use contraceptive measures, how to take care of their body, should get help in understanding the consequences of sexual risk behaviors and should try to develop a real relation with the sexual partner which is in the end an intimate relation. Many adolescent go for the sexual pleasure... buy you can get it from interacting with one partner....students should be thought that the most important is to find a significant other with whom you can grow and develop a healthy relation...sexual diversity should not be the focus, we should not focus on the number of partners...because in time they lose their interest.” (Adolescents girl, age group 15-17)

“Maybe education should focus more on informing youths on what are drugs, what are the consequences for each drug, in what quantity and frequency is safe to consume drugs....make youths aware and make them more open to receive this information ...and if you tell them what not do to they will do it...it should be scientifically explained what happens in the brain ...so we can understand” (Young male adult, age group 18-24)

„It would be great if we have more videos with information on food because we are not aware of the consequences of fast food..and also it would be great if nutritionists are involved because this topic is not approached in schools and adolescents should now everything from the consequences of drinking energizers to eating fast-food...we use social media, so posting videos on social media is one way” (Adolescent girl, age group 15-17)

MENTAL HEALTH classes for youths classes should address:

- ❖ How to manage situations where you feel depressed or feel anxiety
- ❖ How to react when you feel psychological distress
- ❖ To know ourselves better
- ❖ Whom to ask for help
- ❖ How to manage emotions
- ❖ Where they can hear others' problems
- ❖ Learn how to react and manage
- ❖ Classes focused on the individuals
- ❖ During school hours but also outside school
- ❖ To be regular – not only once in time

For parents classes should help them

- ❖ Learn to raise mentally healthy children,
- ❖ become more empathic with their children
- ❖ avoid minimizing a mental health problem

For people from the community classes should help them

- ❖ Understand mental health problems
- ❖ Differentiating a mental health problem from mood swings
- ❖ Knowing where to ask for help

Classes for professionals should help them increase the quality of the services they offer for youths and mental health problems

Participants consider that **INTER-PERSONAL VIOLENCE** classes should address not only youths but also abusers, victims, parents and professionals addressing these problems. At the same time, participants consider classes should be delivered earlier in the development, should focus more on the benefits of social interactions and should offer models of non-violent attitudes. Classes should:

- ❖ For abusers – help them understand the consequences of their acts
- ❖ For victims – help them 1. understand it is not their fault, 2. avoid self blame, 3. understand that bullying is not normal and should not be

Participants consider that **SEXUAL HEALTH** classes should 1. address both genders similarly and offer boys info about girls and vice versa; 2. be included in the school curriculum as a PRIORITY; 3. start from an early age; 4. be delivered by experts; 5. engage young people to avoid the age gap barrier; 6. involve working groups with youths of similar age group; 7. should focus on:

- ❖ The risk of unprotected sex
- ❖ Causes of unrealistic optimism
- ❖ Consequences of unsafe sex: unwanted pregnancies and STDs
- ❖ The importance of emotional relation with a partner and how it differs from a sexual one
- ❖ How to develop authentic relations with others and specially with the partner
- ❖ How to develop and sustain a healthy relation with a partner
- ❖ How to use contraceptive measures
- ❖ Caring for an adolescent body
- ❖ Sexual hygiene
- ❖ Understanding STDs: types, causes, transmission, gender differences, prevention, screening
- ❖ Sexual orientation
- ❖ How to become responsible in your sexual and relational decisions
- ❖ History of sexuality
- ❖ Normalizing sex – is not something wrong, is not something judgeable
- ❖ Family Planning
- ❖ Help seeking
- ❖ Importance of knowing basic information

SUBSTANCE ABUSE classes for youths should:

- ❖ Focus on high risk drugs not on marijuana use
- ❖ Give examples of the consequences of drug use on the brain
- ❖ Avoid saying what not to do – instead inform on the consequences of drug use
- ❖ Use trainers that are emphatic and non-judgemental
- ❖ Use personal examples and share stories of overcoming drug abuse
- ❖ Train in how to react in case of negative consequences

accepted

- ❖ For youths – help them 1. Know how to express their energy without being violent, 2. Become able to form social relations without becoming engaged in health risk behaviors, 3. Understand that being violent is not a mean to obtain respect or to impress, 4. Know their rights, 5. Become able to communicate feelings and to be assertive in communication
- ❖ For parents – make them aware about 1. the consequences of family violence, 2. Their children's need of emotional support, 3. that bullying is something serious

For psychologists – 1. help them be better prepared to better address these problems, 2. Improve their communication skills, 3. increase the quality of the psychological act

HEALTHY NUTRITION classes for youths should involve experts and also bring parents, should start early in one's life and should focus on:

- ❖ Cooking skills
- ❖ Fast-food consequences
- ❖ Food nutrients
- ❖ Health risks of unhealthy food and improper nutrition
- ❖ Easy and cheap meals
- ❖ Nutrition facts per foods and for body
- ❖ The need to adapt the diet based on the characteristics of the body
- ❖ Processed foods
- ❖ What is healthy food and how to access it
- ❖ Relation between nutrition and the place you live in – where you were born
- ❖ How to read food labels

Cooking, recipes, how to cook for an entire week, how to preserve food

- ❖ Inform on what are drugs and how you can avoid drug use
- ❖ Be delivered on a regular basis not only once a year
- ❖ Inform regarding the power of the peer group in drug use
- ❖ Inform on causes for addiction
- ❖ Train on replacing drugs with healthy behaviors
- ❖ Offer tips on how to be cool without substance use
- ❖ Teach how to use drugs and to stay safe at the same time
- ❖ Use trainers that had contact with drug use
- ❖ Be delivered early in one's life

Participants stated as priority to entirely change how **PHYSICAL ACTIVITY** is currently taught. They suggest that sports education should start early, should engage the entire family, as sport is completely missing from the family life and the Romanian culture, and that schools should develop a cool and individualized sports curricula which

- ❖ Includes various types of sports: swimming, self-defense, ping-pong, fitness, isometric, dance classes
- ❖ Is done outside in the nature
- ❖ Is adapted for each student
- ❖ Teaches youths how a proper training looks like: how to start a training, exercised for increasing flexibility, exercise for increasing strength
- ❖ Teaches youths on the benefits of sport: brain benefits, psychological benefits and how to be time efficient in daily physical activities
- ❖ Is trained by experts/sports trainers
- ❖ Includes attractive classes
- ❖ Focuses on socializing during sports classes

Events

Events offer freely and organized by the municipality, together with youth organizations, schools and NGOs were perceived by study participants as an appropriate solution to increase health prevention. Raising awareness campaigns were the preferred type of event and „real stories” was a recurrent topic in relation to these campaigns. Participants preferred to meet people that went through a mental disease, victims of abuse, people who went through and addiction and learn from their life stories how to stay healthy and how to avoid health risk behaviors. Age is also relevant, as participants prefer to interact with young speakers or trainers, inter-generational gap being a barrier in becoming sensitive to the information that one receives. At the same time, specialists were perceived as mandatory to deliver these events. Health related events delivered during city days and engaging the Cluj youth community were perceived as appropriate in helping youths become aware on what is a healthy lifestyle and what skills you need to stay healthy. At the same time, frequency of events was an important theme, as participants preferred and increased frequency of health related events addressing them.

„We could have charity events in the city where you can meet people who went through domestic violence or bullying in schools, and these people could share their stories and help young people know how to react to abuse” (Adolescent girl, age group 15-17)

„A group of students visited my high school twice...I considered those meetings very useful. They explained the risks of drug use and the risk of buying drugs from sources that you can not trust because you do not actually know what you are consuming. The power of personal example was the best, especially when you find out the bad experiences they went through and how much they regret drug use. I feel that it was so helpful to have these students offer examples from their life or their peers’ lives. Of course, my colleagues that already had an addiction did not stop, probably. But I know that many if my colleagues became emotionally sensitive and receptive to the information....and although they found interesting to consume drugs, after these meetings they change their perspective. I even had one professor that confessed doing drugs once and regretting the experience. That confusion helped a lot” (Adolescent girl, age group 15-17)

„I also consider that raising awareness campaigns on violence are useful and that a new thing would be to have them outside the school environment. I really think that a lot of youths learn from these events and the fact that bullying happens in schools, campaigns delivered in schools do not work. I saw that during school campaigns, the bullying situations are not exposed..but if this would be delivered outside schools, people will start taking bullying seriously. For example, we could have an event during the Cluj days and this could have an impact and could increase awareness of the serious consequences of bullying.” (Adolescent young male, age group 18-24)

I was thinking that at least during the international days of physical activity we could also do something in the city....we could organize events....I have been living in Cluj for three years and we have all kinds of festivals such as the jazz festival or the street food festival ...we should dedicate a festival to being physically active (Adolescent young male, age group 18-24)

„Physicians should organize events because once you become sexually active you are responsible for you, your partner and your baby...but also priests... psychologists, sexologists...they should organize projects, workshops, conferences ... and have locations where these things can be approached without stigma and with up to date information. (Adolescent girl, age group 15-17)

MENTAL HEALTH

- ❖ Raising awareness campaigns on what are mental health problems
- ❖ Mental health related activities where you can spend time with family, stay in nature – to improve
- ❖ Cultural activities and events (e.g., music, sport) triggered at lowering stress
- ❖ Raising awareness events presenting success stories of people who with a mental disorder

SEXUAL HEALTH

- ❖ Campaigns with volunteers that travel from school to school to offer simplified but essential information
- ❖ Projects, workshops, conferences
- ❖ Engaging physicians, psychologists, sexologist, priests
- ❖ Make you aware about responsible sex
- ❖ Places where you can feel safe to talk about sex
- ❖ Use up to day information
- ❖ Raising awareness campaigns
- ❖ In schools and outside schools
- ❖ For various age groups and even more advance age groups
- ❖ To make it a more approachable subject
- ❖ Engage youth organizations

NUTRITION

- ❖ Festival addressing healthy eating – where you can find only healthy foods, learn how to cook healthy food, learn new info on healthy foods
- ❖ Cooking clubs and cooking groups

VIOLENCE

- ❖ Charity events where you can meet victims of abuse that can share their stories of resilience
- ❖ Raising awareness campaigns that help you learn how to address bullying
- ❖ Campaigns where you can meet victims that you can help
- ❖ Public spaces for these campaigns
- ❖ Campaigns should be delivered on a longer term timeframe

SUBSTANCE ABUSE

- ❖ Engage specialists like psychologists
- ❖ Be delivered on regular basis
- ❖ Engage schools
- ❖ Involve youths that can use personal examples
- ❖ Substance abuse caravan traveling from school to school
- ❖ Raising awareness campaigns
- ❖ Outside schools
- ❖ During the Cluj days
- ❖ Reduce stigma – an addictive person is not worse than you are
- ❖ Teach youths how to quit
- ❖ Engage youths in a dialogue
- ❖ Opportunities for youths to avoid drug use during leisure and play with other activities

PHYSICAL ACTIVITY

- ❖ Training where youths from the city can gather
- ❖ A festival for sport – as we have the jazz festival
- ❖ Organizing weekends for youths – jogging in the nature
- ❖ Avoid competitions
- ❖ Spontaneous events
- ❖ Street dance events
- ❖ Yoga events

Community services

Participants referred to a variety of solutions that could be implemented in the Cluj community in order to improve adolescents' and youths' health. The most important topic they referred to was the availability of services. In order to increase availability for mental health care, for sexual health care, for proper nutrition and physical activity, and also to better address violence and substance use, participants proposed online solutions and available call lines. For online solutions they considered that the Cluj community could have very complex online platforms and apps where not only you can access reliable information on health topics but also you can enter individual or group counseling sessions. Participants also suggested increasing the number and variety of professionals that can offer services for youths in the school context but also outside schools. Improvement of present medical services inside and outside schools was also mentioned as a possible solution for health promotion. Making Cluj a safer and healthier city was also proposed to be possible through implementing better laws that focus on monitoring substance use, bullying in schools and the fast-food chain. Collaborative initiatives that engage the Municipality, the Police Department, the Cluj School Inspectorate, local food producers, the Public Health directorate are perceived by youths as the solution to transform Cluj-Napoca into a youth friendly city.

„Money should be invested in projects for healthy food stands ...to encourage people to open healthy food markets instead of fast-food chains”. (Adolescent girl, age group 15-17)

„I think that the sport park from Gheorgheni is amazing because when you already have such a nice sport facilities you are motivated to do sports but these facilities should be build in each neighborhood or at least in the main neighborhoods ...not only one small park, several trees, three banks..the more complex a sport facility is the more physically active youths will become” (Young male adult, age group 18-24)

„Responsible for this situation are the authorities who control substance selling, not us as consumers...the fact that substances are available and put under our nose reduces any will to stop consuming. They can give laws to ban selling substances in various youth contexts or to have a limited access to them” (Adolescent girl, age group 15-17)

„We should work on de-stigmatizing mental health access ... and for students these services should become more available...private mental health services are expensive..there are some projects through which you can get support but you are on a waiting list and if you have an emergency is difficult.. we need collaborative efforts between colleges, the municipality and the ministry to have at least 50% reduction of costs for students ...just make mental health services more accessible for students” (Young female adult, age group 18-24)

„I am thinking that the municipality can improve communication between youths and specialists through an online platform...youths search for solutions on the internet but what they find is not trust worthy...or maybe a special call line could work where you can call and speak with a specialist and schedule for a consultation that you can actually afford”. (Young male adults, age group 18-24).

MENTAL HEALTH

- ❖ Online websites/platforms where youths can interact, tell their stories
- ❖ Improved counseling services in schools - therapy should become friendlier and psychologist should improve their attitude towards youths
- ❖ Improve infrastructure for mental health services and increase availability and access to mental health services: free counseling services easy to access
- ❖ Increase accessibility of psychologists but also spiritual counselors in schools
- ❖ Increase numbers of public centers where you can have psychologists but also spiritual counselors and of nutritionists, sport trainers as everything influences mental health
- ❖ Mental health educational services at the community level
- ❖ De-stigmatize mental health service access
- ❖ Increase dissemination of existing mental health services and
- ❖ Increase collaboration between the ministry, municipality and colleges to offer free counseling programs for students

VIOLENCE

- ❖ Call center - a phone number that you can call when needed;
- ❖ A safe environment where you can retreat when needed (Ro., refugiu);
- ❖ Specialists that can listen and help;
- ❖ Counseling groups for victims of violence;
- ❖ Online solutions: apps that youths can use to speak with someone and stay informed; using social media to inform youths on bullying prevention
- ❖ Free counseling and therapy services supported by local authorities;
- ❖ Social assistance in schools for bullying;
- ❖ High quality psychological services in schools;
- ❖ Collaborative initiatives between professors, parents and counselor

SEXUAL HEALTH

- ❖ Online solutions facilitated by the municipality that: offers help in identifying a problem; offers space for asking online questions and receiving reliable advice; professionals available on the platform; high quality informational resources; being able to schedule an onsite consultation – financially available; facilitate group discussions on various topics
- ❖ Call center for sexual health and emergencies
- ❖ Onsite centers
- ❖ Available professionals: psychologist specialized on sexual harassment, priests, sexologists, teachers, parents, municipality
- ❖ Free educational programs
- ❖ Improved medical office in schools and psychological counseling office
- ❖ Free available contraceptive products in schools
- ❖ Available infrastructure for information

NUTRITION

- ❖ Online platforms with videos on nutrition information
- ❖ Cooking clubs
- ❖ Food stands with healthy food available all the time
- ❖ Available cafeterias with healthy food and healthy innovative menus
- ❖ New food stores
- ❖ Increase marketing of healthy foods
- ❖ Improve food labels
- ❖ Promoting local produces and marketing local food
- ❖ Stop promoting fast foods
- ❖ Impose smaller serving sizes at fast foods
- ❖ Home delivery of healthy food

- ❖ Increasing surveillance infrastructure for bullying in online (e.g., social media) and onsite (e.g., school) youth environments
- ❖ Training teachers to identify, report and intervene in bullying situations
- ❖ Having students volunteering in monitoring and reporting bullying in schools
- ❖ Implementing and enforcing punishments for aggressors

- ❖ Promote local producers' businesses using the online environment, using local artists, the municipality
- ❖ Healthier alternatives in schools
- ❖ Use youths from colleges to develop healthy menus and expose them in school cafeterias
- ❖ Increase access to healthy food: healthy snacks in school, healthy foods in school cafeteria, stands with healthy foods in schools
- ❖ Develop a plan for a proper nutrition in schools: each school should have a cafeteria with meals developed by nutritionists
- ❖ Cluj Inspector on nutrition – should be more strict: forbid selling of unhealthy products, impose serving various categories of food, reduce the number of fast foods around school
- ❖ Infrastructure for local producers to sell their food
- ❖ Promoting local food
- ❖ Increase funds and offer money for projects on healthy nutrition

SUBSTANCE USE

- ❖ Online platform to get inform and ask for help, where youths in crisis can seek help, where you can find information and contact a specialist
- ❖ Call center – for support
- ❖ Specialists – psychologist online and onsite support
- ❖ Security – monitor substance selling, forbid or reduce the availability of substances and increase laws on availability and consumption, increase restrictions on selling
- ❖ Make available other substances having the same effect but without health consequences

PHYSICAL ACTIVITY

- ❖ Improve school infrastructure for sports
- ❖ Make friendlier gyms for youths
- ❖ Change the school curricula for sports
- ❖ Increase the number of sports facilities in each neighborhood
- ❖ Increase visibility of parks and sports contexts
- ❖ Improve access for city bikes
- ❖ Improve infrastructure for cycling
- ❖ Have free trainers in sport parks that youths can work with

Mentality change

Besides the classes, the events and the community services, changing our mentality was perceived as a priority in order to improve adolescents' and youths' healthy status. Concerning adults, reshaping how we see mental health and sexual health, the gravity of bullying and of substance use are mandatory in order to change our behaviors and to promote health among youths. Having a mental health problem or a sexual health problem, being a victim of violence or suffering from drug addiction are not seen as serious, their gravity is minimized, and youths are blamed for their situation. Also, seeking for help is stigmatized and those specialists that should offer help are using attitudes that worsen youths' health problems. Concerning youths, reconsidering their perspectives on sexual relations and on how to integrate nutrition and physical activity in their lives is needed. Participants consider that, without an overall change in our mentality, all the rest of the changes won't have the desired impact.

„I think that mental health should be better understood by everyone ... many times when you tell others that you are stressed or that you feel depressed, you receive the following replies: „Oh...come on, this is not true, it's all in your head, you are creating your problems“...but this is so not true...many times there is a genetic predisposition for mental disorders, something that triggers these feelings that maybe you can not recognize...maybe these states are from the present or maybe you carried them for a while...it should be understood that a mental disorder is as serious as any other physical disease and that it involves a chemical component that you can not control ...we need to treat this more serious“ (Young adult female, age group 18-24)

„Sexual education should be approached at home and in schools...parents do not speak about sex with their children, but if they would approach this topic in a detailed manner ...no one talks about it..at home, in schools....and this leads to unwanted pregnancies because the girl is not informed...sexual education is very important and should be taught in schools...but more importantly parents should bring it into conversations with their children“ (Adolescent girl, age group 15-17)

I think that one of the main problem regarding sport is that we see it as time consuming, many people believe that if you want to be physically active it takes 2 to 3 hours per day....however, people don't know that it can take only 15 minutes in the morning and you can do easy yoga exercises and that you can add 30 minutes of walking in the evening....and this would make you physically active...if youths would know this they would reduce their reluctance“ (Young adult male, age group 18-24)

„Bullying is a topic that is avoided and no one takes this matter into consideration...if I tell someone a bullying situation they say „it's not a big deal, you'll get over it“...youths are not supported to overcome bullying situation, they are ignored „I don't care about what you're going through“ and is so painful for a child to hear something like this..because he tries to reach for health but is not receiving it“ (Adolescent girl, age group 15-17)

„Healthy alternatives are available but people create this high expectancies that if you try to eat healthy you have to do it all the time and they set a high standard that is not reachable and if they eat unhealthy one they feel they failed and give up“(Adolescent girl, age group 15-17)

MENTAL HEALTH

- ❖ Reduce the pressure that is put on youths with a lot of expectancies from the youth generation to be more responsible, to have a clear picture of what their future should look like - that attitude creates mental stress
- ❖ Change attitudes that adults have towards mental health problems: minimizing their consequences and having authoritative attitudes towards youths
- ❖ Increase and improve socializing and reduce differences
- ❖ Increase the importance of early mental health education
- ❖ Increase the quality of mental health services
- ❖ Make people more aware on the seriousness of a mental health
- ❖ De-stigmatizing mental health problems and health seeking behaviors

VIOLENCE

- ❖ Increase our tolerance and ability to accept diversity
- ❖ Adults should become a support for youths instead of acting against them
- ❖ Reduce stigma in help seeking after abuse
- ❖ Avoiding the hero trap - intervene when you see violence and avoid being passive
- ❖ Become aware that violence is a big issue and that it's impact should not be minimized
- ❖ Become the change you want to see in the world
- ❖ Focus more on positive aspects of life and on the beauty of life

NUTRITION

- ❖ Change the following perceptions: that is difficult to eat healthy, that healthy food is not tasty, that cooking is difficult, that eating healthy is expensive
- ❖ Stop setting high standards of healthy eating

SEXUAL HEALTH

- ❖ Focus more on emotional relation than on sexual relations
- ❖ Eliminate the taboo image over sex
- ❖ Increase normality of discussing about sex in the family environment, in schools, in the community
- ❖ Respect sexual diversity and choices
- ❖ Reduce stigma and reluctance on sharing sexual problems and seeking for help
- ❖ Demythimize the idea that you should start your sexual life at a specific age - early
- ❖ Focus on freedom of choice regarding sex
- ❖ Understand that there is not unique recipe for a sex life
- ❖ Recognize that sexual health is a priority and should be approach from an early age

SUBSTANCE USE

- ❖ Reduce stigma burdening the drug users: they are not bad people, additions are not their fault
- ❖ Understand that forbidding drug consumption means increasing substance use
- ❖ Understand that the real problem in drug use are their availability
- ❖ As long as drugs are available, stop blaming youths for drug consumption
- ❖ Protect youths instead of blaming them

PHYSICAL ACTIVITY

- ❖ Change the following perspectives: keeping a sports' schedule is difficult, it takes a lot of time to integrate sports in the daily schedule, is expensive to do sports, is not fun to do sports

Drivers of change: adolescents'
and youths' perspectives

Asked who is responsible for implementing the solutions that would improve youths' wellbeing and would promote change, participants referred to parents, professors, various specialists but also to local authorities. Most importantly, participants consider themselves and their peers as the main drivers of change.

Parents' involvement was predominant when speaking about mental health, sexual health and inter-personal violence. In participants' perception, the family environment is the place where children should get their health related education and health related behaviors. To improve *mental health* in youths, participants recommend that parents should be educated to support their children, offer them a healthy childhood, healthy advices, inform their children on mental health and that mental health education should start at an early age in the family environment. Moreover, they suggested that every parent should be trained in being a parent. With regards to *sexual health*, participants suggested that parents should stop considering sex a taboo subject and should inform their offspring from an early age on sexual health related topics, to help their children have healthy sexual relations, avoid unwanted pregnancies and STDs and be able to openly ask for help when needed. With regards to *inter-personal violence*, family was considered by participants an environment that needs to be the most secure to ensure optimal child development. This means not only the absence of domestic violence, but also the absence of parental pressure regarding school achievements and life achievements and the presence of parental support when the child meets bullying situations. Regarding *nutrition*, participants consider that healthy eating begins in the family and that parents should gain more appropriate info on healthy eating and should also meet child's knowledge on healthy eating. Regarding *physical activity*, parents are seen as actors important in motivating their children to engage in physical activity and to offer from an early age a model of being physically active.

Parents could help a lot because they are the closest to their children and usually spend most of the time with their children....and most of the problems that youths are facing are rooted in their childhood....if parents would be educated...if all parents would be educated in order to offer their children a healthy childhood, good advices ...we could start educating parents now....before having a child everyone should go through specific classes that can help better raising the children, introducing them to the concept of mental health and of its importance....because most of the parents do not have any notion of mental health and are unaware of it.”(Adolescent girl, age group 15-17)

Professors are also perceived as actors of change in terms of youths' wellbeing and together with the school principle and the school as an institution, they are perceived as a powerful actor. In the field of *mental health* professors can ameliorate the situation if they 1. pay more attention to students and address them individually – not only a class level focus; 2. become more open and proactive in approaching mental health during classes; 3. become more empathic with students; 4. start collaborating with parents and the school counselor to address mental health; 5. participate in workshops focused on mental health to become more educated on mental health and understand the gravity of mental health problems; 6. avoid an authoritative attitude. Professors are also referred to as the one who should be trained in identifying *bullying* signs and report them. With regards to *sexual health*, school is perceived as the environment where such and education should become mandatory and should constitute an important topic in the school curricula. The school environment is also the place where *nutrition* education should take place. Participants consider important to have nutritionists in schools to teach students. However, more importantly, each school should have a cafeteria where healthy food is served, where menus are developed and planned by nutritionists taking into account students' needs, healthy snacks should be freely available and more time should be allocated for eating. Physical activity is also

one domain that can be highly impacted by professors and by schools. Participants suggested that physical activity should be prioritized in the school curricula and in the school culture, physical activity classes should be fun, involve various types of physical exercises, be adapted to students' individual characteristics, all professors should change their mentality regarding sport classes and should prioritize them instead of replacing them with other classes and sports' professors should change their rigid attitude, should behave friendlier with students and should motivate students to engage in physical activity.

Community representatives, such as psychologists, doctors, priests, sexologists, nutritionists, sports' trainers, therapists delivering animal assisted therapy, public health practitioners, social assistance, police officers, representatives of the municipality and of local administration, representatives of the ministry, from the Public Health Directorate and from the County School Inspectorate, NGOs' representatives, representatives of the main universities and colleges, local producers and local farmers, freelancers, artists, entrepreneurs and youth organization representatives were all mentioned by participants as important actors in improving youths' wellbeing. Participants consider that all these stakeholders should collaborate in order to implement projects online and onsite, in the community and in schools in order to increase the accessibility and quality of mental health services, to increase educational opportunities for sexual health, to reduce drug availability, to monitor and punish violent acts, to increase healthy food accessibility and to improve infrastructure for physical activity. At the same time, all these actors together with the all the community members should lower the pressure they put on the young population and should change their attitudes toward youths to act for youths and not against them.

"I think that entrepreneurs somehow supported by the municipality through projects...the municipality could help local farmers and local food producers to sell their products in Cluj at a more accessible price and they could open together cafeterias ... food can be cooked there are the food that is not served can be delivered ...these projects should be large and large budgets should be allocated to support people and their innovations." (Young male adult, age group 18-24)

Youths perceive themselves as the main actors of change. Participants felt that in all the six health related topics approached during the online discussion the key to improving wellbeing was personal change followed by volunteering in supporting their peers to overcome health related problems. The next page details how participants perceive empowerment in each of the six health related topics.

„I consider that all changes start with ourselves, with the moment we start working at our personal level and than start helping the person next to us, no matter what. If each of us helps the person sitting right next, than all the change would be very fast" (Adolescent girl, age group 15-17)

„To be the person that others can rely on and can call, to be the person that you can count on... and when you see a bullying situation to go and act, do something, don't just stay passively and watch like there's nothing you can do...you are helping the abuser with this attitude." (Adolescent girl, age group 15-17)

„It's obvious that we, in the first place, should be the agents of change ...most of us are representatives of various students' organizations and through our activities we can develop various programs through which we can support the acquisition of healthy behaviors ...for example, to address bullying we can conduct projects where we can should that you can be cool if you do sports and by being responsible and that behaving at risk is not cool." (Young male adult, age group 18-24)

<p>MENTAL HEALTH</p> <ul style="list-style-type: none"> ❖ Become actively engage in mental health initiatives ❖ Listen to those in need ❖ Increase empathy levels ❖ Learn to love ourselves and others ❖ Offer support ❖ Increase communication and learn how to better communicate ❖ Understand that we are not competing and that we should support each other ❖ Appreciate the things we have ❖ Reduce social labels and increase social interaction ❖ Accept the problems we are facing, do not deny have more courage in expressing ourselves ❖ Accept that we are not perfect, that we need to become better people ❖ Change our attitudes and do not minimize one's problem ❖ Become skilled in time management as it affects mental health ❖ Reduce stigma on mental health access ❖ Become more respectful with others ❖ Create a safe environment for others ❖ Be more open and talk about the problems faced 	<p>VIOLENCE</p> <ul style="list-style-type: none"> ❖ Increase acceptance – accepting others ❖ Increase self-control and avoid provoking violent reactions in others ❖ Increase taking action, avoid being passive and be an example ❖ Become more aware on the chain reactions – how your acts influence others' acts ❖ Increase internal locus of control – be responsible for your decisions ❖ Become more open to conversations on bullying ❖ Become the person that others can count on ❖ Become more empathic, listen to others and become more helpful ❖ Learn non-violent defense ❖ Become more close to God ❖ Become active in informing others
<p>SEXUAL HEALTH</p> <ul style="list-style-type: none"> ❖ Increase engagement in lobbying for sexual education and signaling the problem of not addressing it ❖ Informing and advising other youths ❖ Volunteering in sexual education campaigns ❖ Become more informed ❖ Participating in projects and actions to increase visibility of the matter ❖ Become more responsible in decision making 	<p>PHYSICAL ACTIVITY</p> <ul style="list-style-type: none"> ❖ Personal change – be an example for others ❖ Inform others: on the benefits. ❖ Motivating/inviting others to do sports – replace coffee time with sports ❖ Start group exercises with friends ❖ Lobby for more physical activity ❖ Disseminate information
<p>NUTRITION</p> <ul style="list-style-type: none"> ❖ Change personal dietary patterns ❖ Engage in initiatives, inform others and invite friends to healthy meals ❖ Volunteer to raise awareness on healthy eating and on risks and solutions 	<p>SUBSTANCE USE</p> <ul style="list-style-type: none"> ❖ Refuse substance use ❖ Volunteer in school based activities and campaigns

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