



Photo: A panel of experts discussing mental health challenges faced by adolescents at the 11th World Congress on Adolescent Health in New Delhi. Credit: Stella Paul - IDN | INPS

图片：10月11日第十一届世界青少年健康大会在印度首都新德里召开。专家组就目前青少年心理健康问题所面对的挑战展开讨论。摄影：Stella Paul - IDN | INPS

## Data, Evidence Take Centre Stage at Adolescent Health Congress

### 世界青年健康大会聚焦数据信息证据

By Stella Paul

撰稿人：Stella Paul

NEW DELHI (IDN) – For three years, 13-year-old migrant Manasa spent nine hours a day picking chilli on a neighbour's farm in southern India's Guntur district.

新德里（IDN） - 过去三年，家住印度南部贡土尔区13岁的进城务工人员Manasa每天要花9个小时在邻居的农场里采摘红辣椒。

But when a team of local health activists conducting a door-to-door survey in her village in the summer of 2015 found that students had stopped attending school, the finding was shared with a senior official in the provincial government who ordered the village heads to crack down on those employing children on their farms.

2015年的夏天，当地的健康活动家在村里进行了一次挨家挨户的调查。调查发现当地许多学生为了务农已放弃学业。印度当地省政府官员得知这一情况后要求村里的相关领导干部针对小孩务农这一现状进行整改。

Along with 20 others, Manasa was rescued and sent back to school where she is now in her fifth year and dreams of becoming a teacher some day.

有20个小孩因为此次整改而获益。他们被送回学校继续学业。现在就读于五年级的Manasa就是其中之一，她的梦想是有朝一日能够成为一名教师。

Across India and the world, credible data and evidence gathered by the governments and NGOs have been helping improve the lives and health of thousands of adolescents like Manasa. (P30)

在印度和世界范围内，各级政府机关以及各地非政府组织（NGO）正依靠其搜集的可靠数据信息来帮助成千上万的青少年提高他们的健康水平和生活水准。

This was emphasised by numerous experts at the 11th World Congress on Adolescent Health held here from October 27-29, who agreed that more data, better maps and evidence are crucial for better addressing the crimes and health challenges faced by adolescents across the world.

如今，更多的数据，更强的电子地图信息证据对缓解青少年的犯罪和健康问题起着至关重要的作用。10月27日到29日，在印度新德里举办的世界青年健康大会上，各专家学者都强调和认证了这一观点。

Speaking to IDN on the sidelines of the event, Dr. Sunil Mehra, Executive Director of the MAMTA Health Institute for Mother and Child (MAMTA-HIMC) – one of the organisers of the congress – said that the world has been slow in taking adolescent health seriously. But, barely 10 years after the first Congress was held, much progress had been made thanks to an “evidence-based approach”.

Suni Mehra博士是新德里MAMTA妇幼健康中心的执行理事，同时也是此次大会的组织者之一。他在IDN记者对他的采访报道中说，全世界虽然在应对青少年健康问题这一课题上有所滞后，但是由于“以数据为证的研究方法”的兴起，这一问题在第一届大会举办之后仅仅10年的时间内取得了显著的进展。

## **Evidence-based approach**

以数据为证的研究方法

Across the world there are 1.2 billion adolescents, and India alone is home to 21 percent or 253 million of them. With every fifth adolescent in the world an Indian, the

country had a population too big to ignore and so in 2014, India became the world's first country to launch a specific programme – Rashtriya Kishore Swasthya Karyakram (RKSK) – for improving adolescent health and nutrition, and protect them from violence.

全世界共有1.2亿的青少年，其中有253万常住于印度，这相当于世界青少年总人口的21%。也就是说世界上五个青少年中就有一个出生于印度。面对数量如此庞大且无法被忽略的一个群体，印度政府在2014年展开了一个名为Rashtriya Kishor Swasthya Karyakram(RKSK)的针对青少年的专门项目。该项目旨在保护青少年远离暴力，提高青少年的饮食营养标准及总体健康水平。

Rashtriya Kishor Swasthya Karyakram (RKSK)

Rashtriya Kishor Swasthya Karyakram (RKSK) 项目简介

So far, 7,000 health clinics have been opened under the programme to serve adolescents and about 30,000 adolescents have been trained to counsel and educate others in their communities.

目前，在该项目下新建有7000个健康诊所。大约有30000的青少年接受了职业培训，培训完成之后，他们又为各个社区的其余青少年提供教育与咨询服务。

According to Mehra, data has been crucial in implementation of RKSK, which runs across 230 (of 707) districts. “We now have more evidence to say that if our adolescents do not get married before 18, it will bring significant effects on the economic output of the country, on addressing poverty, addressing under nutrition, anaemia and repeated pregnancies. This is possible because we have collected enough evidence, including from lower and middle income countries,” Mehra says.

RKSK项目在全国707个区中的230个区中展开。根据Mehra博士的叙述，大量的数据信息对RKSK项目的实施起到了至关重要的作用。“现在有更多的证据表明青少年在18岁之后结婚对印度的经济产出会有更积极的影响。这对缓解青少年赤贫，营养不良，贫血，重复怀孕等问题都有缓解作用。基于从各个中等收入和低收入国家取得的大量数据，我们才可能做出这样的推断。”

But producing data and evidence needs money. Mehra shares an example: it took him about 25-30 rupees (about 5 dollars) to produce data for a study he recently conducted on the status and progress of Indian adolescents. “Multiply this 253 million times and that is the number we are looking at,” he said before pointing out that few in the non-

profit sectors could afford to spend, so there has to be a greater government, NGO and private sector partnership on data.

然而获取数据和证据信息需要不菲的经费。Mehra博士给出了一个例子：他现在在做的有关印度青少年现状和进展的课题研究需要搜集大量的青少年数据，获取一个青少年的数据大约需要花费25-30卢比（大约0.5美元）。他说，“这个数字乘以253万就是为取得这些研究数据所需的必要开销。”他同时指出，这样多的经费并不是非赢利组织能够承担的起的。因此，为取得这些必要的数据，来自政府组织，非政府机构，私营组织机构等的支持协作是必不可少的。

## **Cross-sectoral collaboration**

### 跨部门合作

At the same time, because the issues of adolescents are multiple – including education, economic, health and security, to name a few – a cross- sector approach is needed in conducting research and gathering data.

与此同时，青少年问题涉及到各个层面，包括教育，经济，健康和安全等等。为取得可以利用的数据为研究服务，跨部门的合作必不可少。



Manasa, an adolescent rescued from child labor in India's Guntur. Her rescue was made possible by a survey conducted by the district administration on school dropouts. Credit: Stella Paul - IDN | INPS

Manasa是被该项目拯救的一位青少年。在这之前，她是一名童工在印度贡土尔区的农场劳作。正因为区行政管理部门的一项有关辍学率的调研报告才使得她获得了重返校园的可能。

The best way to go, suggested Mehra, is with holistic 'adolescent budgeting', so that every department within the government has enough money allocated for data and evidence on adolescents. The skills of the workforce employed in the job also need to be strictly monitored and improved, he added.

Mehra博士提出“全盘青少年项目预算”这一点是解决问题的关键。只有这样，政府内部各个部门才会有足够的资金来搜集有关青少年的各项数据信息。他还补充道，项目工作人员的职业技能也需要严格的监管和提高。

Citing figures from a study he presented at the congress, Mehra said that the road accidents kill 22,000 adolescents each year. To prevent this, there needs to be a seamless collaboration among different agencies regulating traffic laws, policies and safety and risk mitigation programmes.

根据Mehra博士在大会演讲报告中所展示的数据，每年大约有22000青少年死于道路交通事故。为防止今后此类事故的发生，各组织部门之间（包括交通法规监管部门，交通政策与安全机构，交通风险缓解计划项目）需要展开更紧密甚至是无缝的协同合作。

However, health ministry officials say that the current budget for adolescents – 3,500 million Indian rupees – is quite adequate. “The money that we spend now is enough to implement RKSK and achieve the [Sustainable Development Goals] (SDGs) as well, said Sushma Dureja, Deputy Commissioner at the ministry. She also asserts that the current workforce is both adequately skilled and sensitised on adolescent issues.

然而，印度卫生部的官员说目前高达3500万卢比的青年项目预算已经足够了。卫生部副署长Sushma Dureja说：“我们目前所花费的预算已经足够用于实施RKSK项目，不仅如此，项目经费也可以满足可持续发展的目标（SDGs）的要求。”她同时强调目前相关的从业人员对青少年问题相关议题有足够的敏锐度和职业素养。

India is currently running Digital India – an ambitious campaign that aims to connect the country's entire population to Internet. According to Dureja, programmes like RKSK will benefit from such campaigns by using more digital tools to contact more adolescents, delivering relevant information and educating them in relevant issues.

印度正朝着数字印度的方向迈进 - 数字印度是一个颇具野心的推广项目。这个项目旨在最大程度地把印度全国人口和互联网对接。按照Dureja的说法，RKSK青年项目也会因此而

受益，因为更多的青年人口可以被互联网连接在一起，这将促进相关信息的传播扩散以及教育的推广普及。

Currently, the programme is using a mobile application called 'Sathiya', social media and a digital database. “The digital India campaign will give our work a boost as we can get data from newer places,” she noted.

目前，该项目正在推广使用一款名为“Sathiya”的社交移动客户端应用程序和数据库。“数字印度的推广活动会我们的工作助力，因为我们可以从更多更新的地点获取数据”，她补充说道。

However, Dureja admitted that the size of the adolescent population in India is a huge challenge. The size adds complexities to the problems, she pointed out, and that is one reason why action is slower than expected.

然而，Dureja承认印度巨大的青年人口基数确实给整个项目带来了不小的挑战。她指出，青年人口的体量增加了解决问题的难度，这也是为什么项目实际进展情况比预想的要慢的一大原因。

“Take the cases of school drop-outs. Adolescent girls drop out, and by the time it's noticed, they are already married away. So we have cases like this in millions, spread across urban and rural areas, in mainstream and marginalised communities ... all of this makes it complicated, she said.

“拿统计辍学率来举个例子。青年女子辍学后不会立刻被统计到数据中，由于结婚时间又早，当我们记录数据的时候，有的年轻女子甚至都已经结婚生子了。类似这样的情况成千上万，不仅广泛地存在于城镇和乡村中，也存在于主流社区与边缘化社区中。这都给我们统计数据增加了不少难度。”

## **Action now**

立刻行动起来

Mehra has a solution: do not wait for all the data to be on the table, but start taking action even as the data starts to trickle in. “That's the approach we took in the MDG era and we lost a few initial years to take action. This time, we need to have data and action run parallel,” he told IDN.

Mehra博士有一个解决办法，那就是不要等所有的数据都在桌上后才采取行动，反而应该在现有数据的基础上立刻行动起来。“等待所有数据都完备后再采取行动是我们在千年发

展目标时代（MDG）所采用的方法，但我们的行动会因为这种方法而被延缓数年。这一次，我们要让行动和数据同步”，他告诉IDN的记者。

Mehra's suggestion received a huge cheer from Gogontlejang Phaladi (Gigi) – an adolescent participant activist from Botswana. “We need four things right now: action, action, action and action”, said the young activist to huge roars of applause from the audience.

Mehra博士的这一建议得到了来自博茨瓦纳的青年议题参与活动家 - Gogontlejang Phaladi(Gigi)的充分肯定与认同。他在观众的一片热烈掌声中说：“面对青少年健康问题我们现在需要四个东西，那就是行动，行动，行动，再行动。”

“We need political will and intent, policies, we need data, innovations but above all, we need urgent action on adolescents.” [IDN-InDepthNews – 30 October 2017]

“的确，面对青少年健康问题，我们不仅需要政治上的意愿与决策，还需要数据和创新。但归根结底，我们最需要的还是在这个问题上立刻采取行动，刻不容缓。”

Photo (top): A panel of experts discussing mental health challenges faced by adolescents at the 11th World Congress on Adolescent Health in New Delhi. Credit: Stella Paul - IDN | INPS

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Photo (centre): Manasa, an adolescent rescued from child labor in India's Guntur. Her rescue was made possible by a survey conducted by the district administration on school dropouts. Credit: Stella Paul - IDN | INPS

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