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# Reckless subjects, future capital? ‘Youth’ as an object of concern in international health organizations’ discourse

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## ABSTRACT

Contemporary international organizations (IOs) are routinely portrayed as being more accessible to a wide variety of actors than ever before. The recent hyper-institutionalization of youth in international politics testifies to this pluralization, at least quantitatively. This paper traces the historical emergence of youth as an object of concern among health IOs. Covering a period of over 50 years, we analyse semantic fields surrounding youth and find that young people have primarily been portrayed as society’s future capital in development discourses or as a risk-prone group in the context of HIV/AIDS and reproductive health. Only since the beginning of the 21st century can we trace portrayals of youth that emphasize rights, inclusion and engagement in global health. Our study addresses an empirical research gap on youth in global health and prompts us to critically re-evaluate the optimistic liberal assessments that have marked International Relations (IR) theories on the ‘opening-up’ of IOs.

## ARTICLE HISTORY

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## KEYWORDS

Youth representation; Global health; International organizations; Political agency

## 1. Introduction

This paper analyses the discursive representation(s) of youth articulated by and circulating in IOs that seek to govern health on a global scale. In recent years, global (health) governance has been marked by significant institutionalization of youth participation in IOs and an intensification of debates on youth engagement (Beier & Berents, 2023; Holzscheiter & Pantzerhielm, 2023; Josefsson, 2023; Thew, 2018; Wong et al., 2021). Existing studies on the role of youth in international institutions have resulted in the diagnosis of an enormous rift between physical access of youth and institution-building targeting youth, on the one hand, and low recognition of youth as political agents and legitimate shapers and contesters of international norms and rules, on the other hand (Holzscheiter & Pantzerhielm, 2023; Josefsson, 2023; Marquardt et al., 2023). While the possibilities of youth to be present in pertinent sites of international politics and law have multiplied, the practical experience of youth confronting these institutions is often one of instrumentalization, co-optation or silencing despite physical presence. As studies across different policy fields have shown, this rift characterizes youth participation in global governance overall but appears in varying intensity in different policy domains. In this paper, we seek to explain this rift by tracing the

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emergence and institutionalization of youth as both actors and objects of concern in global health, a policy field whose international institutions are to the present day characterized as little permeable to non-state actors, including youth organizations and networks. In global health, the recognition of youth as competent political actors advocating for their own interests and positions continues to be contested (Bulc et al., 2019; Dobson, 2019), despite the fact that youth actors and organizations have been active since the 1960s.

We therefore ask: Why is the political agency of youth in global health institutions still contested, despite the fact that youth organizations have been active in this area for many decades? We seek answers to this question by looking at historical patterns and shifts in the discursive representation of youth in official IO discourses. Using longitudinal quantitative text analysis and an encompassing archive of health IOs' annual reports, we study representations of youth and semantic fields in which 'youth' has been embedded over a period of more than 50 years.

Our analysis illustrates a considerable proliferation in youth-related language over time, and it shows that health IOs have only recently adopted a terminology of representation, participation and agency in relation to youth. We find that, over time, the promotion of young people's health and participation rights has rarely been understood as a value in its own right by health IOs. Instead, young people have figured as a source of risks or potential for other policy goals. Only since the beginning of the twenty-first century can we trace portrayals of youth as right holders in global health. However, representations of youth that emphasize political engagement and participation remain peripheral in health IOs' official discourse until today. On the basis of our quantitative results and the insights we gained from a qualitative analysis of a broad range of interviews with youth representatives in global health (on methods, see section 3), we observe a striking dissonance between issues that youth most frequently advocate for in global health – such as mental health, planetary health, and gender equality – and a low priority of these topics on the global health agenda. The expectations that arise from accelerated institutional action on youth participation collide with the practical reality of youth representation.

The next section situates our paper and specifies its original contributions, across the nexus of global health, youth studies and IR. The third section introduces our empirical framework and methodological approach. We illustrate how the number of youth references in IO reports evolved over time in section four, construct word clusters and discuss the semantic fields surrounding youth representations in section five. Section six concludes the paper.

## 2. Points of departure: youth and the discontents of 'opening-up'

Our paper joins the other contributions in this Special Issue and a small number of pioneering studies (Berents & McEvoy-Levy, 2015; Josefsson & Wall, 2020) in responding to a significant research gap on the politics of age, ageism, children and youth in the study of international politics. Despite the continuous proliferation of lively policy debates and numerous initiatives towards institutionalizing youth participation in global governance, questions about age and the role of young people remain at the margins of IR as a discipline (see also the editors' introduction), and they have yet to be systematically studied in the critical global health literature (for a systematic literature review, see Holzscheiter & Pantzerhielm, 2023).

By throwing light on the politics of youth representation in global health, specifically, and by addressing the mismatch between the creation of specialized youth-focused institutions (creation of forums, special positions for youth, etc.)<sup>1</sup> and the actual practice of youth representation, our paper revisits theories on the 'opening-up' of IOs towards non-state actors. We aim to qualify

and challenge the underpinning assumption in this literature that the numerical increase in the access of non-state actors in international institutions equals recognition of political agency within these institutions.

The relative absence of youth as active agents and right holders in IO discourse throws a critical light on the optimistic, liberal-cosmopolitan assessments that continue to mark the broader IR literature on the opening-up of IOs to participation of presumably marginalized and peripheral groups (Alejandro Leal, 2007; Bexell et al., 2010; Tallberg et al., 2014). Rather than taking IO narratives about their own inclusiveness at face value, our analysis suggests that critical IR and IO studies need to pay closer attention to the ambiguous politics unfolding in IOs' discursive representations of marginalized groups, as well as to the strange discrepancy between proliferating institutionalization and continued contestation of agency and decision-making power.

Since the 1990s, global governance institutions, the UN system and the field of global health have all witnessed an increase in institutionalized participation of hitherto 'marginalized groups', including youth (Anderl & Hißen, 2023; Bäckstrand, 2006; Ciptet, 2019; Esguerra et al., 2017; Holzscheiter & Pantzerhielm, 2023). Our paper adds to this scholarly field by exploring the politics of youth representation in a governance field that is, in itself, still marginalized in IR research. In fact, to our knowledge, we provide the very first Political Science analysis of youth in global health. Specifically, we study how the supposed opening-up towards young people has played out in global health governance by presenting a first systemic, longitudinal study of how 'youth' emerged as a distinct constituency and object of concern in this particular area of international cooperation.

Much theorizing and empirical work on representation in political institutions centres on the dynamics of institutional decision-making (Pitkin, 1967) or performative claim-making on behalf of imagined constituencies (Saward, 2006). In this paper, we do not primarily analyse claims made by youth (representatives or 'proxies') themselves, instead we turn our attention to how IOs as collective entities construe and portray youth in global health. Our focus, thus, is on IOs and the discursive representations that they conjure up: how do IOs themselves relate to youth in authoritative documents they produce and disseminate? What in- and exclusions, what possibilities and limits for a political agency do prevalent portrayals establish and what patterns and disruptions in IOs' youth discourse do they reflect? Our article therefore speaks to discourse-analytical scholarship on IOs. Existing studies in this vein have added to our understanding of a range of important issues, such as norm setting (Epstein, 2008), IO legitimization (Dingwerth et al., 2020; Lenz & Schmidtke, 2023; Steffek, 2023), IO authority (Ecker-Ehrhardt, 2012), and power relations in IOs (Alejandro et al., 2023; Herschinger, 2012; Holzscheiter, 2015; Pantzerhielm et al., 2020; Shepherd, 2015). In this article, we illustrate how discourse-analytical procedures can help us grasp the politics of age as it plays out in IOs. More specifically, we employ a mixed-methods discourse-analytical procedure that we explain in the next section.

### 3. A mixed-methods approach to studying representations of youth

Our analytical framework and our theoretical propositions are firmly located in Political Science scholarship on discourse and framing (Entman, 1993; Hajer, 1995, 2002; Wodak & Meyer, 2001). Discourse and frame analysis, most often involve several methodological steps, moving from large-scale quantitative identification of patterns and shifts in wording and semantic fields to more fine-grained contextualization and interpretation of quantitatively derived patterns (Bennett, 2015; Wodak & Meyer, 2001). Following this logic, we move from a purely quantitative empirical assessment towards a more qualitative interpretative analysis in the course of our

study. We apply automated text analysis (text mining) to quantitatively trace the genealogy of youth in global health but resort to interpretative analysis for contextualizing results normatively and theoretically (Bennett, 2015). We further triangulate the findings of our quantitative text mining with different kinds of complimentary data sources, such as policy documents and qualitative interviews, to provide relevant context and enhance validity. Moreover, we make a case for deepening and contextualizing quantitative text analysis through interpretative qualitative analysis. Thereby, we add to cutting-edge discussions on the potentials of such mixed-methods discourse-analytical procedures in IR and the study of IOs (Bennett, 2015; Lenz & Schmidtke, 2023; Louis & Maertens, 2021; Pashakhanlou, 2017).

Our main sample consisted of a full archive of 337 annual reports issued by eight major health IOs<sup>2</sup> for the period 1948–2022 (see Table A1 in the Appendix). The selection was made based on expertise in the field choosing those IOs which we consider most relevant for global health. Even though not all of them are health-specific, they all engage with issues of global health and they are routinely mentioned as being part of the institutional structures of global health governance. In order to analyse references to youth and representations in IO official discourse over time, we used the organizations' annual reports or comparable publications which were available on an annual basis. For most IOs, the report format changed at some point over time which was taken into consideration when evaluating the results. Studying IO discourse through annual reports has several advantages: annual reports are published regularly, with similar contents across long periods of time, providing greater comparability across time compared to other sources. Annual reports are also a rich, informative data source. IOs put considerable effort into compiling them and editing their contents; putting together an annual report typically involves inputs and deliberations between multiple IO departments, the IO head and member states (Ecker-Ehrhardt, 2018; Lenz & Schmidtke, 2023; Pantzerhielm et al., 2020). IOs thus consider annual reports consequential. They are concerned with 'getting it right' and we can therefore expect these data sources to convey what IOs consider to be favourable accounts of their own identity and activities (Bahr et al., 2021). We expand this sample of annual reports which we use as data for our text mining with policy documents that are more specifically concerned with youth and health. These documents were retrieved through a systematic search for youth-related reports on the respective IO's websites and Google Scholar. Ultimately, we reviewed 15 additional policy documents on youth health and youth participation by four organizations (UNAIDS, UNICEF, UNFPA, and WHO). Moreover, we triangulated our data with findings from 28 qualitative interviews with youth representatives in global health.<sup>3</sup> The interviews were conducted between October 2021 and June 2022. Interviewees were identified by means of participation lists of major global health events (World Health Assembly, World Health Summit) and through participant observations at these events. The interview material was transcribed and coded with MAXQDA, following a coding scheme that captured four larger themes: (1) representation, subjectivity and 'youth' in global health; (2) opportunities and barriers to access international institutions; (3) issues advocated for by youth representatives; (4) conflicting positions and meaningful representation. These interviews allowed to contrast our analysis of IO official discourse with the perceptions, positions and priorities of youth actors themselves.

To complement the current state of youth participation, we conduct a three-step iterative historical analysis. First, we plot youth references in direct relation to health over time before we construct topic-related clusters encompassing terms that frequently co-appear with the youth-mentions. In the final step, we build on the previous results to qualitatively assess how youth is pictured in health IOs. This three-step mixed method approach allows us to contextualize the present

perspective from the interviews with the findings from our historical analysis in the main part in order to shed light on continuities and links that connect the representations of youth over time and the present state of youth representation in global health.

In the first step of our analysis, we applied a dictionary method to plot the overall trend for youth references over time. Therefore, we defined synonyms or alternative connotations for youth as keywords and collected those in a ‘youth dictionary’ (see Table A2 in Appendix). We then conducted an automated text search for the dictionary and coded all identified text passages including one sentence before and after the keyword. All reports by IOs which we consider non-health-specific (UNDP, UNFPA, UNICEF, and World Bank) were pre-coded in the same manner on health references as we are only interested in those appearances of youth that are directly related to health. Hence, we defined a ‘health dictionary’ (Cupac & Ebetürk, 2022) of important health-related keywords (see Table A2 in Appendix) and conducted an automated text search for all items in the dictionary. Subsequently, we pre-coded all text passages which contain health references including three sentences before and after the keyword. For these four organizations, only these passages instead of the entire reports serve as material for the coding of youth references. To test the validity of our results, we applied semantic and predictive validation (Grimmer & Stewart, 2013). The former involved proofreading randomly selected text passages to check if the coded segments only contain information on youth and health. In an iterative process, we adjusted the dictionaries as well as the length of the coded segments to exclude all unintended results. For the latter, we tested whether spikes in the quantitative results could be explained either by relevant events or by changes in the report format or length.

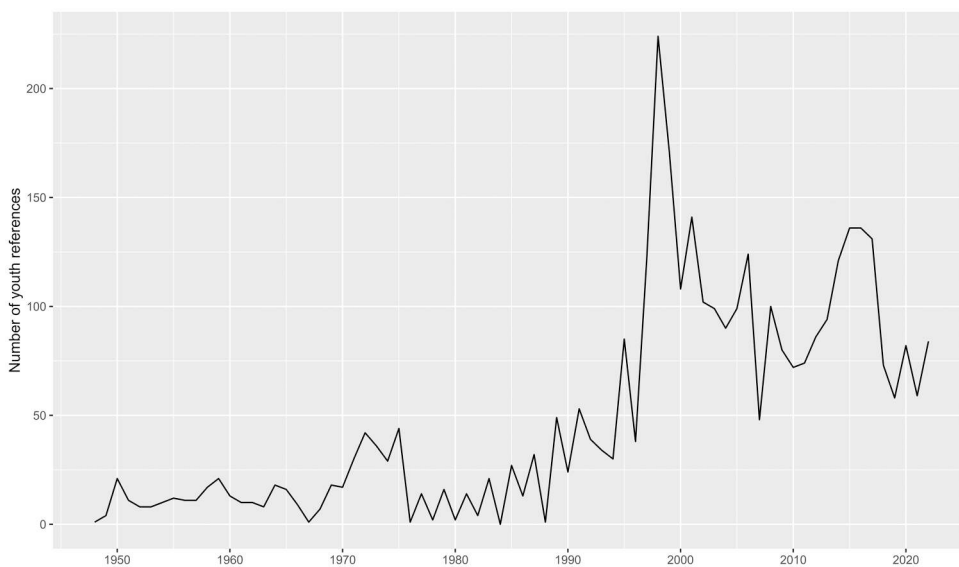
In the second step, we analysed the context of youth references exposing the terms and broader topics that were associated with youth and how those changed over time. Therefore, we constructed topic-related clusters inspired by the qualitative findings of the interviews and encompassing terms that frequently co-appear with keywords from the youth dictionary. Practically, we ranked all terms that appear in the coded youth-related text passages according to their popularity in separate lists for each decade starting from the 1970s. To discard irrelevant words and merge those with a similar root, we excluded ‘stop’ words and applied lemmatization<sup>4</sup> (Grimmer & Stewart, 2013). The lists, however, still contain words that are irrelevant to our research interest. Therefore, we only analyse relative and not absolute ranks. We can only interpret the results by comparing the ranks of different terms that appear in the youth-related text passages. We then constructed clusters for different topics that strike as being frequently (or infrequently) linked to youth. Here, we rely on spatial co-appearance to be a proxy for the semantic link between youth and the terms mentioned in the same text passage (Segev, 2020). At this point, we worked theory-orientated and consult relevant literature. For each word cluster, we selected those terms that best resemble the general trends we observe. Hence, these results should not be understood as a precise replication of IO agendas on youth and health but should rather be interpreted as selected evidence to trace observed trends in IO reports.<sup>5</sup>

The third step of our analysis was purely qualitative. Here, we rely on in-depth reading of samples from the reports, additional policy documents and selected insights from the interviews to make inferences about the representations and pictures of youth present and absent on IO agendas. On the one hand, this allows us to compare results from our previous qualitative analysis with the results from historical analysis of how terms and frames associated with youth have travelled through time. On the other, it enables us to go beyond patterns of reference and co-appearance to analyse semantic fields and patterns of representation.

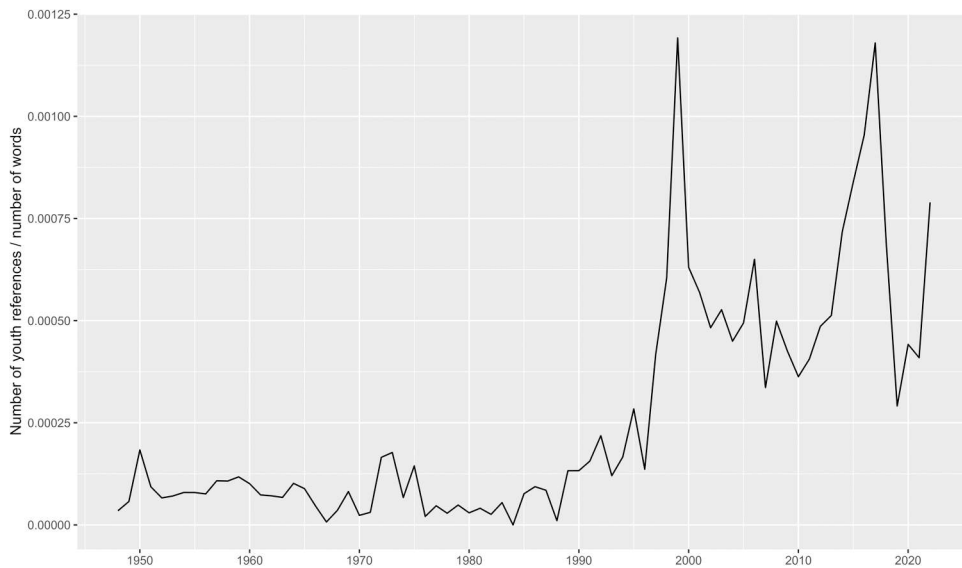
#### 4. Discursive proliferation: rising interest in youth

In the course of the 50+ years time period analysed, youth have without doubt become more prominent in global health discourses. As visualized in [Figure 1](#), the total number of youth references made in annual reports of the selected international institutions increased significantly in the late 1990s. For the past 25 years, youth has been a visible referent in global health discourse. Considering the entire period under review, WHO emerges as the institution with the most youth references, followed by the World Bank with about half as many references and UNDP (see [Figure 2](#)).<sup>6</sup> However, the other institutions are considerably younger. UNAIDS, GAVI and the Global Fund have only been around since 1994, 2000 and 2002. We also need to consider that the format and length of the respective annual reports have changed over time and differ between organizations. We have thus conducted a relative assessment of IOs' engagement with youth. Considering the total number of youth references in relation to the total number of words analysed, the overall trend becomes even clearer: As [Figure 2](#) shows, the relative number of references to youth in the context of health in relevant international institutions has increased considerably in the period from the 1970s to 2022. Although youth discourse in global health was still in its infancy in the 1980s, we already observed a slight upward trend in this decade.<sup>7</sup> The clear positive trend accelerated in the 90s when youth was mentioned more often in the context of health than in the decades before. Thus, it is fair to say that youth as an object in global health has gained importance starting in the mid-1980s.

As this analysis seeks to trace the overall trend for youth references in global health institutions, we should generally refrain from interpreting single values. The spike in 1998/1999 (see [Figures 1 and 2](#)), however, stands out and therefore should be explainable from the material. Proof-reading the reports for these years, we find that three institutions are largely responsible for this spike. In its reports from 1998 and 1999, UNFPA put a special emphasis on adolescent sexual reproductive health, family planning and HIV. The WHO report in 1998 is significantly longer than in other



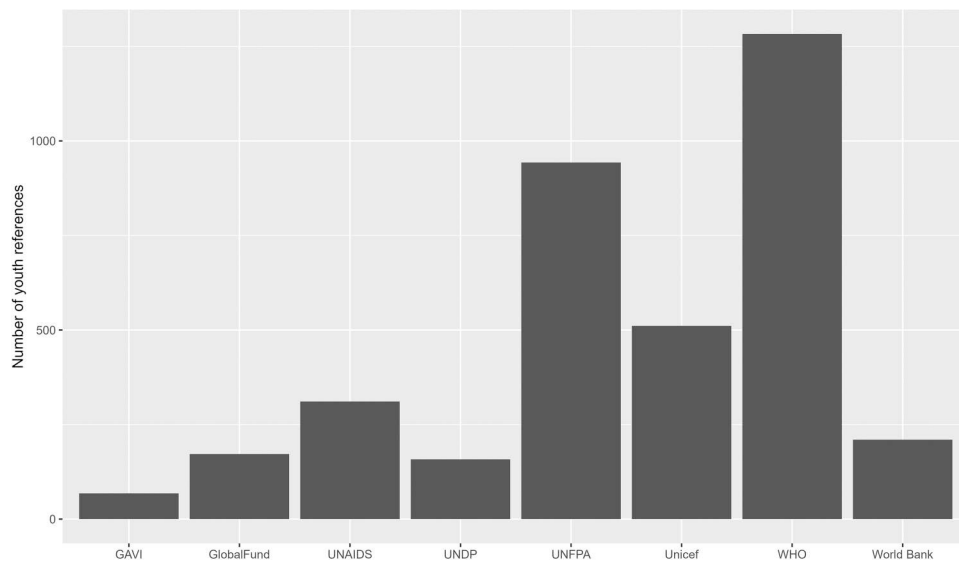
**Figure 1.** Illustrates the absolute number of references to youth in annual reports of health IOs by year.



**Figure 2.** Illustrates the number of references to youth in annual reports of health IOs relative to the report length by year.

years and thematizes health across the life span. The chapter on adolescent health mainly addresses sexual health and sexually transmitted diseases, including HIV. Similar topics were covered by the UNDP annual reports between 1998 and 2000 (Figure 3).

Taking a closer look at the institutional level, the picture becomes more heterogeneous. Considering the entire period analysed, our results are to a large extent driven by references in WHO reports. This reflects the institutional hierarchy in global health governance in which WHO is

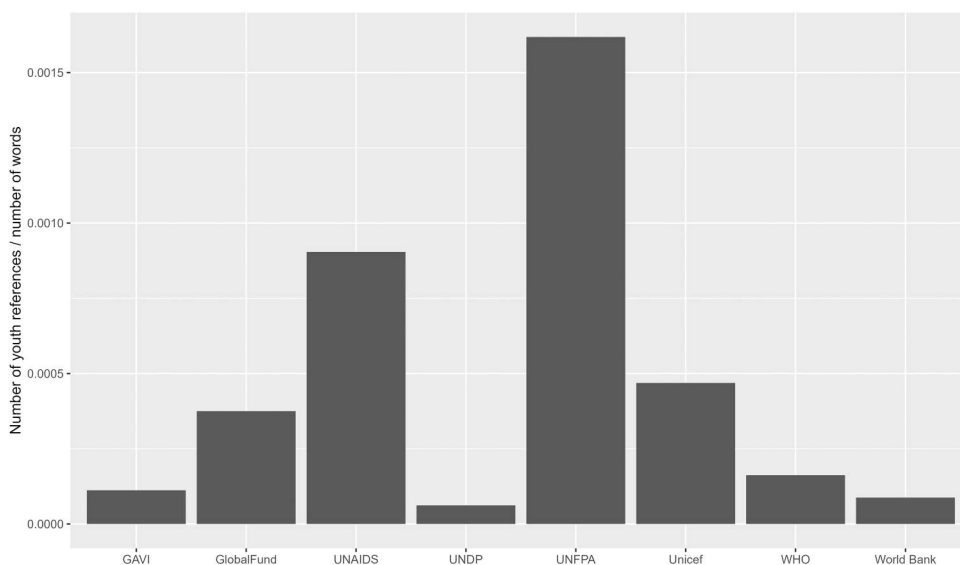


**Figure 3.** Illustrates the absolute number of references to youth in annual reports of health IOs by institution.

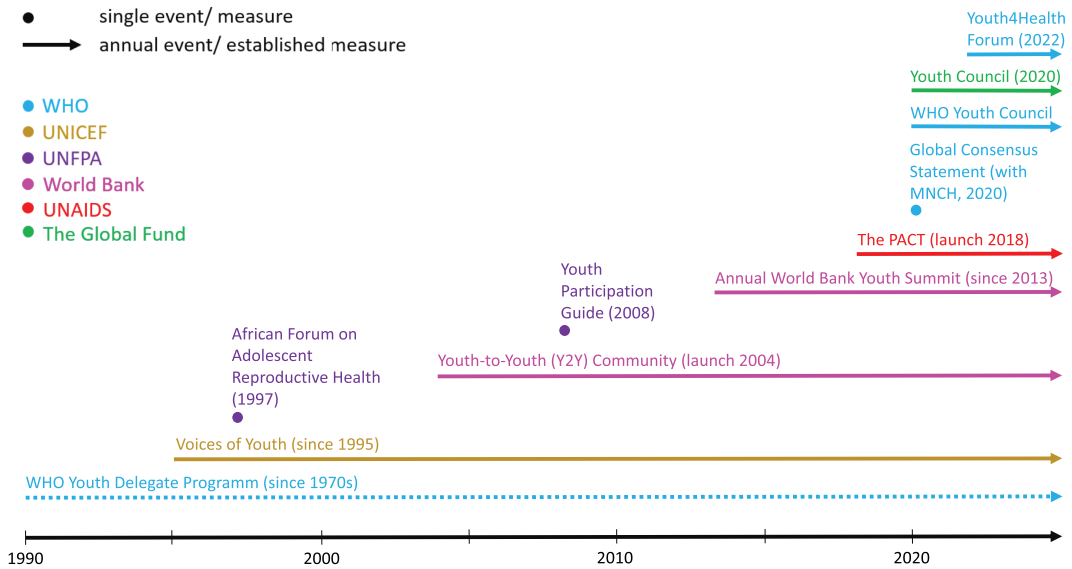
the largest and most important organization. UNFPA and, to a lesser degree, UNICEF also strongly contribute to the results in Figure 1. Considering only the references per word, UNFPA, UNICEF and UNAIDS stand out as most engaged in youth discourses in global health, while youth has played a minor role for GAVI, UNDP and the World Bank (see Figure 4).

Overall, the increase of youth references emerges along certain thematic priorities of IOs which diversified over time. As we will show below in greater detail, youth increasingly began to appear in the context of reproductive health and HIV/AIDS which is particularly noticeable among the non-health-specific institutions UNDP, World Bank and UNICEF.<sup>8</sup> Furthermore, youth is also frequently linked to development initiatives, particularly around employability,<sup>9</sup> and more recently youth began to surface around new discourses such as gender.<sup>10</sup> We will assess in more detail how these topics have constituted different portrayals of youth in the next section.

Apart from the thematic priorities, youth participation in general has become more institutionalized in recent years, a trend that can be observed in particular with WHO in the last decade. Figure 5 presents a selection of major youth bodies and initiatives introduced in the past decades to illustrate the increasing institutionalization of youth participation in IOs. For instance, in 1995, UNICEF launched the Voices of Youth initiative to support youth to voice their interests to world leaders. Today, it is restructured as an online community for children and young people. Then, the African Forum on Adolescent Reproductive Health, organized by UNFPA in 1997, brought together 200 youth representatives from over 48 countries to strengthen youth participation in activities related to reproductive health. World Bank too introduced its Youth-to-Youth community in 2004 as well as, from 2013 onwards, the annual World Bank Youth Summits. Both initiatives aim at fostering the dialogue between young people, the World Bank and key stakeholders to tackle global challenges including those related to health. Most recently, WHO launched its Youth Council to amplify the voices of young people, as did the Global Fund in 2020. Although the WHO Youth Delegate Programme has been in place for a long time, it is up to the national delegations to select official youth delegates which is the case for only a dozen member states.



**Figure 4.** Illustrates the number of references to youth in annual reports of health IOs relative to the report length by institution.



**Figure 5.** The institutionalization of youth participation in health IOs.

IOs began to enter official relations with student organizations<sup>11</sup> in the late 1960s (which have been prominent actors in youth-related activities), they significantly expanded their portfolio towards youth-related issues and policies, but it was not until around 2010 that they genuinely engaged in institution-building for the integration of youth as actors. As Holzscheiter and Pantzerhielm (2023) have revealed, ‘it is primarily the functional demands of IOs for expertise, resources and legitimacy that drive their ‘opening-up’ to new non-state actors, rather than these actors’ demands for representational justice and meaningful, democratic participation’ (p. 20). Our quantitative data shows that the proliferation of youth-specific bodies and formats does not translate into an increase in youth references. The results demonstrate also that youth is not associated with all issues in the same way. Within the global health discourse, some terms and contexts are more strongly associated with youth than others.

## 5. The semantic fields surrounding youth in global health

While the previous section has provided and discussed data on the numerical increase of references to youth (and the corresponding health issues) in health IOs over time, this section will take a closer look at how IOs’ engagement with the notion of youth over the past five decades reflects changing portrayals and perceptions of youth. To get a better understanding of the main issues that youth has been associated with over time, we analyse the semantic fields surrounding youth as a signifier in global health. As described in more detail in section three, we quantified and ranked the word frequencies in all text passages that refer to youth for each decade since the 1970s which allows us to identify more or less dominant word clusters around youth over the past five decades (see Tables 1–5). On this basis, we draw conclusions about the contexts in which youth played a role in global health discourses over time. Thus, we have exposed three prominent semantic fields of youth: development, reproductive health, and HIV. In the following, we discuss how and when they have shaped representations of youth in global health.

**Table 1.** Shows the rank for each keyword in the cluster ‘development’ in the context of health for each decade between 1970 and 2022.

Development	1970–1979	1980–1989	1990–1999	2000–2009	2010–2019	2020–2022
Development	7	16	19	16	22	69
Education	4	19	15	19	25	25
Work	16	57	29	23	50	54
Nutrition	38	126	367	453	178	161
Assistance	63	84	87	177	269	n.a.

Rank 7, e.g. means that the term development was the 7th most prominent term in the text passages which contained a reference to youth.

**Table 2.** Illustrates the rank for each keyword in the cluster ‘reproductive health’ for each decade between 1970 and 2022.

Reproductive health	1970–1979	1980–1989	1990–1999	2000–2009	2010–2019	2020–2022
Reproductive	538	24	3	14	13	31
Population	50	43	16	20	9	18
Sexual	n.a.	251	41	37	23	55
Behaviour	153	69	101	139	519	n.a.
Right	372	n.a.	64	38	29	55

**Table 3.** Illustrates the rank for each keyword in the cluster ‘HIV’ for each decade between 1970 and 2022.

HIV	1970–1979	1980–1989	1990–1999	2000–2009	2010–2019	2020–2022
HIV	n.a.	n.a.	17	1	11	5
Prevention	63	29	41	15	58	21
Infection	315	n.a.	111	39	38	26
Risk	372	91	136	60	57	60
Vulnerable	n.a.	n.a.	286	79	192	87

**Table 4.** Illustrates the rank for each keyword in the cluster ‘inclusion’ for each decade between 1970 and 2022.

Inclusion	1970–1979	1980–1989	1990–1999	2000–2009	2010–2019	2020–2022
Representation	538	n.a.	n.a.	n.a.	n.a.	n.a.
Participation	89	104	222	134	209	281
Engagement	n.a.	n.a.	n.a.	1489	485	281
Voice	n.a.	n.a.	n.a.	412	554	111

**Table 5.** Illustrates the rank for each keyword in the cluster ‘new topics’ for each decade between 1970 and 2022.

New topics	1970–1979	1980–1989	1990–1999	2000–2009	2010–2019	2020–2022
Climate	n.a.	n.a.	1350	1104	393	69
Gender	n.a.	n.a.	140	85	43	39
Pandemic	n.a.	n.a.	1350	780	913	29
Covid19	n.a.	n.a.	n.a.	n.a.	825	21
Access	n.a.	n.a.	95	55	21	16

Development is the dominant cluster associated with youth in global health during the 1970s and 1980s.<sup>12</sup> Our data reveals that international institutions treated youth almost exclusively as an object of their development agenda. Embedded in the broader development discourse, youth was framed as a vulnerable group that needs to be *developed*, *educated* and *trained*. We determine this by looking at the fact, that in the health-youth nexus, the longitudinal quantitative text analysis for the 70s and 80s mainly involves terms that can be associated with development discourse. *Development*, *education*, *work*, *assistance*, *service* and *train* are among the most popular terms that appear in the coded segments as illustrated in Table 1. Although most of these terms do not disappear completely over time, they appear much less frequently in the vicinity of youth since the millennium.

A closer look at the concrete contexts in which youth is mentioned in the individual reports reveals that it is mostly about the training and education of youth, also reflected in the word cluster presented in Table 1. We searched for further youth-specific publications of the selected institutions during the two decades. There are very few publications specifically on youth to begin with; however, the reports that do exist fit the picture. The UN is concerned about population growth and the rising absolute numbers of children and youth particularly in developing countries. Consequently, ‘special programmes [were deemed] necessary to respond to their needs [...] including productive employment’ (United Nations, 1984, p. 4). Therefore, the UN calls on the specialized agencies of the UN system and other IOs to ‘intensify their efforts in the execution of specific programmes related to youth’ (United Nations, 1984, p. 32). The year 1985 was introduced as the International Youth Year (IYY) with the slogan ‘Participation, Development, Peace’. Measures and activities undertaken during IYY by the UN system aimed on the ‘promotion of the best educational, professional and living conditions for young people in order to ensure their active participation in overall development and peace’ (UNGA, 1981, p. 14). One of the nine priorities of the programme of measures and activities focussed on health education, nutrition, family life education and planning as well as sanitation for youth. Furthermore, the Secretary-General called the right of youth to health, education and work the foundation for effective participation in development and threatened that ‘social dysfunction can become the norm and not the exception’ (UNGA, 1981, p. 17) should youth be deprived of the opportunity to participate in development. Overall, the 1985 IYY emphasized the necessity for youth participation as a basis for development and peace, highlighting health as a prerequisite and right for young people.

In 1987, UNICEF and WHO published a joint report on empowering youth for health. Given that ‘young people in the Third World face numerous health problems’ (WHO, 1988, p. 4) and that ‘many of these health risks can be minimized by young people themselves if they are properly informed and educated about various aspects of health problems and their solutions’ (WHO, 1988, p. 4), the report demands a more active involvement of youth in the ‘planning, implementation and evaluation of community health programmes’ (WHO, 1988, p. 4). This semantic field became more prominent and WHO published another report on the health of youth with a separate chapter on ‘meeting youth development needs through participation’ (WHO, 1989, p. 53). However, participation in this context is limited to ‘community service as a major programme activity, regarding it a priceless opportunity for young people to develop a sense of civic responsibility’ and reinforcing ‘an aspect of self-help’ (WHO, 1989, p. 54). This ties in with the core statements of a previous report from 1986, which described the health of young people as a challenge for society (WHO, 1986).

Youth being perceived as an *object of concern* for (economic) development and social function corresponds to the development approach of the second half of the twentieth century. Shaped by the dominant development paradigm of modernization theory of the 50s and 60s, which centred

primarily around economic development and growth (Rostow, 1959), IOs portrayed youth rather as a resource for economic growth than a politically relevant actor. Only in the area of education, youth played a relevant role because a future population that is educated and healthy was considered a requirement and indicator for economic development. This creates a picture of youth as society's future capital (Kjørholt, 2013; Lister, 2003). The focus is less on youth itself than on what their condition says about society in general and what they can contribute to it. Young people are not fully included to participate at all levels, their role is rather limited to education and community health services as an activity of developmental programmes to construct a basis for economic growth.

Reproductive health represents a second cluster constituting the semantic fields of youth. Emerging as a meta-topic associated with youth in the 1980s, *reproductive health*<sup>13</sup> became particularly prominent in the 1990s, slowly replacing development as a discursive referent in global health discourses. Only recently, the topic has lost some of its importance. Our results indicate that uncontrolled *population* growth served as a key object of concern for advancing an agenda on *reproductive health* for adolescents and young adults. In their 1989 report on the reproductive health of adolescents, WHO, UNFPA, and UNICEF recognize that a 'consequence of early and more frequent childbearing is the increase in population size and growth rate'. In its annual report from 1997, UNFPA explicitly states that 'slowed population growth' is among the main reasons 'why adolescent reproductive health is a priority concern' for the organization. Although the shift from population control policies that were solely aimed at limiting fertility towards a reproductive health agenda, implied paying attention to women's and adolescent's health (Lane, 1994). The new focus on reproductive health did not only aim to advance the health of young people but also still served as a strategy for controlling population growth. Similarly, promoting young people and in particular reproductive health was often framed as a means to reduce poverty (e.g. UNFPA, 2006). This practice of justifying youth health matters by assuring benefits for society and for developing countries, in particular, seems to have been widespread. In the WHO report on young people's health from 1986, adolescent health is framed as a matter of 'social stability and the future dynamism of [development] countries' (WHO, 1986, p. 174). Hence, the portrayal of youth as a means to an end which evolved from development discourse in the 1970s was still present in the discourse on reproductive health at the beginning.

Youth was, until the 1990s, predominantly referred to in terms of becoming (Kelly, 2000). If young people are considered to be still in this stage of growing up, then their behavioural patterns could still be formable. This was a central assumption for the youth health strategy of global health institutions, particularly in the 1990s. Highlighting the fact that young people's lifestyles involve 'greater risk-taking behaviour', the WHO (1986) describes the alteration of 'behaviour patterns that frequently endanger young people's health' as a central aim of its work (p. 43). Another important condition for promoting behavioural changes as part of the agenda on youth health was to show that young people are essentially a group facing extraordinary risks. Our results show that the term *risk* appears increasingly in passages on youth health for the first time in the 1980s suggesting a link to the meta-topic of reproductive health. The youth-at-risk portrayal which reemerges in the face of HIV 'provides a technique and a narrative for attempts to regulate the behaviours and dispositions of young people' (Kelly, 2000, p. 466). Thus, the early discourse around adolescent behaviour strongly contributed to constructing youth as an object of governance in global health.

However, beginning in the late 1990s, young people were increasingly portrayed as *right* holders. This change was driven by the reconceptualization of *reproductive health* to *sexual and reproductive rights* which has been dominant since the beginning of the millennium. In 1994, sexual rights

appeared in an UN document for the first time (Tiefer, 2002). We can show that the emergence of *sexual and reproductive rights* did not only associate women but also young people with particular *rights*. This shift forms part of an overall turn to rights-language in UN development discourse from the early 1990s onwards and a resulting proliferation of attempts to operationalize human rights in development practices and methodologies (Pantzerhielm, 2023).

In the 1990s, HIV becomes a dominant topic for youth representations in IO reports and one decade later even the most dominant one. This involves terms such as *infection* and *prevention* to reappear more regularly. Next to youth being, again, portrayed as a particularly reckless group (Kelly, 2000), young people are now also increasingly viewed as vulnerable. Together with ‘sex workers and drug users’ (GAVI, 2006), young people are categorized as one of the most vulnerable groups<sup>14</sup> towards HIV. IOs respond primarily with calls for *prevention* and increasingly put forward strategies for *access* to health and contraception (see Table 5). Thus, the emergence of HIV as one of the most pressing policy issues in global health in the 1990s contributed to politicizing matters of sexual health. Both discourses can only be understood in conjunction. The appearance of HIV on the agenda of health IOs represents a considerable change of youth portrayals from object of governance towards vulnerable group. Even though young men and women are now also increasingly constructed as *right* holders in the context of *sexual and reproductive health*, a language of *participation* and *empowerment* is missing.

Youth inclusion, which we define as a fourth cluster, captures this meta-topic. It represents a rather insignificant semantic field in the global health discourse compared to *development*, *reproductive health*, and *HIV*. Most of the terms associated with youth inclusion begin to appear in the twenty-first century. Before, words like *engagement*, *voice* or *empowerment* were not associated with youth at all (see Table 4). Merely the term *participation* was mentioned to a significant extent in this context in the 1970s and 1980s. However, *participation* was not interpreted as involvement in decision-making but engagement in the provision of civil health services (e.g. see the chapters on youth participation in WHO, 1986, 1989). Overall, the absence of the term *representation* and the decline of mentions of *participation* in recent decades stand in contrast to the (numeric) institutionalization of youth representation, reinforcing claims of tokenism (Holzscheiter & Pantzerhielm, 2023).

Our qualitative data from interviews conducted with youth representatives at global health summits from 2021 and 2022 show that the main global health issues that young people are concerned about are meaningful youth participation followed by climate change and planetary health, mental health, health systems, gender equality, non-communicable diseases as well as access and equity. Many of our interviewees expressed a strong desire to be able to participate fully in decision-making processes and be active shapers of global health politics. During recent years, some of the issues that our interviewees stressed have gained salience in global health IO discourse. Especially *climate*, *gender* and *access* have been mentioned much more frequently in connection with youth in the global health context in recent years as Table 5 illustrates. Nevertheless, we notice the marginalization of youth in the context of pandemic preparedness and response, mental health and planetary health – policy areas that youth articulate as particularly relevant or that affect youth disproportionately (Hettihewa & Holzscheiter, 2020). The interviews confirm that planetary as well as mental health and pandemic response are relevant issues for youth. At the same time, the documents analysed suggest that these issues continue to play a subordinate role in global health. Considering that, according to the interviews, meaningful youth involvement is the most pressing issue for youth in global health, the scarcity of mentions of relevant terms in global health discourse in international institutions is striking.

## 6. Conclusion

This paper has analysed representations of youth that global health IOs conjure up in their official discourses. Using quantitative and qualitative text analysis, we exposed how IOs relate to youth in authoritative documents they produce and disseminate, and we identified the patterns and shifts in the semantic fields in which youth have been embedded during the past five decades. Moreover, we used interpretative analysis of additional data sources (policy documents and qualitative interviews) to explore the possibilities and limits faced by contemporary youth actors in global health institutions. This allowed us to link youth's political agency in the present to the dominant portrayals of youth as either vulnerable objects of protection and targets of health interventions or risk to public health that have been circulating in health IOs for various decades.

Overall, we find that youth has gained attention as an object of concern for IOs since the 1980s. In quantitative terms, references to youth have increased steadily, particularly in the 1990s. Tracing the qualitative dimension of historical youth representations, we find that multiple topics have elevated youth to become an object of governance in global health. During the 1970s and 1980s, young people appeared on the global health agenda especially in the context of international development endeavours, as means for economic development rather than agents and participants in their own right. Subsequently, at the beginning, worries of accelerating population growth dominated the discourse on reproductive health. Discouraging young people's risky behaviour became a central object of concern for IOs. The emergence of HIV in global health induced a picture of youth as a vulnerable group. Only with the turn of the millennium and with the formulation of sexual and reproductive rights did youth increasingly gain the status of a right holder. The demonstrated prevalence of semantic fields that position youth as an object of governance stand in contrast with both the formal increase in institutionalized forms of youth engagement and the articulated demands of young people for 'meaningful' representation in global health.

These findings allow to qualify and challenge the optimistic liberal diagnoses that have marked much research on IOs' 'opening-up' to presumably marginalized and peripheral groups (Bexell et al., 2010; Tallberg et al., 2014; for a more sceptical recent account, see Cupac & Ebetürk, 2022). On the one hand, the emergence of youth as a subject in global health (discourse) and the excessive youth-focused institution-building that we can observe since roughly 2010 (see Figure 5) do testify to an increasing visibility and salience of 'youth' as a political category among international health institutions: during the past five decades, youth has become a prevalent signifier in the global health discourse. On the other hand, the relative insignificance of youth inclusion as a semantic field and the absence of 'youth' in discursive proximity with topics that youth representatives single out as particularly relevant indicate that youth representations in official discourses of IOs mainly serve legitimatizing purposes (see Figure A1, Annex). They allow IOs to present themselves as forward-looking, future-oriented, and inclusive organizations who are attentive to the needs and voices of young people. Despite the significant quantitative increase in youth discourse amongst IOs since the 1970s and the current proliferation of often separate institutionalized youth councils and similar institutional bodies, global health governance often happens *without* the full participation of young people.

Our study also adds to the literature on the governance of child rights in development and reinforces the inherent contradiction between the self-declared aspiration to engage children and youth, and the actual lax involvement of youth as co-governors. Numerous development actors implement programs and activities that align with the concept of 'child rights governance,' yet they often do not fully embrace child rights governance in a systematic and holistic manner,

particularly in terms of participatory dimensions (Holzscheiter et al., 2024). Our findings on the prevalent historical portrayal of youth as future capital to be tapped in the context of economic development corroborate critical analyses of the depoliticizing effects of development discourse (Escobar, 2011; Ferguson, 1990; Ziai, 2016) and the co-option of youth discourse by IOs pushing neoliberal economic agendas (Aykut et al., 2022; Kwon, 2019; Sukarieh & Tannock, 2008). Finally, our analysis opens up potential new avenues for future research at the nexus of global health, youth and security studies. As our findings indicate that securitizing dynamics in global health may not only extend to non-human health threats, such as weak health systems, viruses, and other communicable diseases, or emerge as part of self-empowering allusions by IOs to emergency exceptionalism (Elbe, 2006; Hanrieder & Kreuder-Sonnen, 2014; McInnes & Roemer-Mahler, 2017; Wenham, 2019). Rather, the construction of health threats may also unfold through discursive portrayals that single out some segments of the population, such as – in our case – young people, as potentially irresponsible and prone to reckless, unhealthy behaviours. The discursive intertwining of such portrayals with the construction of health security threats, we believe, can be fruitfully explored in future research endeavours.

## Notes

1. For a detailed timeline retracing the institutionalization of youth engagement in global health, see section 4.
2. The Global Alliance for Vaccine Initiative (GAVI), the Global Fund, the Joint United Nations Programme on HIV and AIDS (UNAIDS), the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Populations Fund (UNFPA), the World Health Organization (WHO) and the World Bank.
3. The youth representatives participated in three major global health events: the 75th World Health Assembly (WHA) in Geneva 2022 and the World Health Summits (WHS) in Berlin 2021 and 2022.
4. Words with a similar canonical form (lemma) are analysed as single items and we search for all grammatical forms of a keyword (e.g. our dictionary defines “young woman” and “young women” as a single keyword).
5. We validate our results, again, by proofreading passages where the identified words appear and by testing how the shifts over time correlate with global health events (e.g. the HIV epidemic) and evolutions in global health discourses. We also proofread random samples of all coded text segments.
6. For non-health-specific IOs such as the World Bank or UNDP, the statistics only include references to youth which are made in the context of health (for more detail see Chapter 3).
7. The UN began to promote youth and put them on the international agenda declaring 1985 as International Youth Year, whose theme was “Peace, Participation, Development” (United Nations 1985).
8. In 1996, UNDP expanded its activities related to HIV/AIDS, which translated into a noticeable spike on the institutional level. In 2000, the World Bank announced to become more active in the response to HIV/AIDS. From 2005 to 2010, UNICEF launched the “Unite for Children, Unite against AIDS” campaign, which correlated with a spike in youth-health references on the institutional level.
9. 25 years after the first International Year of Youth under the mantra “Peace, Participation and Development”, the UN proclaimed 2010 as the second International Year of Youth. In 2018, UNICEF launched a new campaign called “generation unlimited” to expand employment opportunities for young people.
10. E.g., ever since the Global Fund began to emphasize gender equality in its reports in 2015, a sharp increase of youth references can be observed.
11. WHO is in official relations with the International Federation of Medical Students Association (IFMSA) since 1969 and the International Pharmaceutical Students' Federation (IPSF) followed in 2004. These are the only two youth organizations that hold this status.

12. For this period of time, only World Bank, WHO, UNDP and UNICEF are considered. UNFPA did not publish annual reports before 1989 and GAVI, the Global Fund and UNAIDS were founded more recently.
13. We can show that *reproductive health* was, in the 1980s, not yet explicitly linked to *sexual (health)*. Only since the 1990s, the dominance of *HIV* as a topic for global health brings *sexual health* to the agenda as well. Later, however, and until today, both terms typically constitute the broader topic of *sexual and reproductive health*.
14. The reports also commonly refer to “vulnerable populations” explaining the second spike in popularity of the term *population* in the 2010s.

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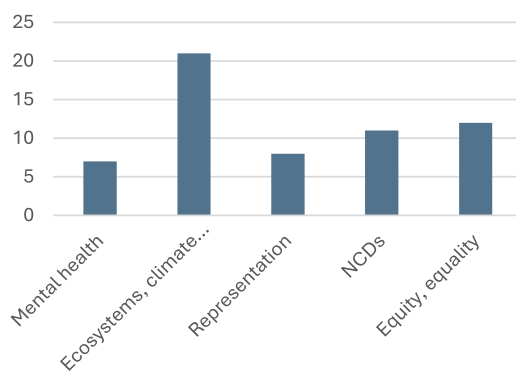
## Appendix

**Table A1.** List of documents in the text corpus.

International organization	Year of publication	Report format	
WHO	1948–1993 (1976–1995 bi-annually)	The Work of WHO	
	1994–2008, 2010, 2013	The World Health Report	
	2009, 2011, 2012, 2014–2022	The World Health Statistics	
	1970–2022	Annual Report	
World Bank	1970–1977	Report of the Governing Council	
UNDP	1978–1992	Annual Report of the Administrator	
	1993–1997	Annual Report	
	1998–2000	Report of the Executive Board	
	2001–2022	Annual Report	
	UNICEF	1972–2022	Annual Report
	UNFPA	1989–2022	Annual Report
UNAIDS	1999–2005	Report of the Executive Director	
	2006–2009	Annual Report	
	2010–2022	Report of the Executive Director	
	GAVI	2001–2004	Annual Report
Global Fund	2005–2021	Progress Report	
	2002–2012	Annual Report	
	2015–2022	Results Report	

**Table A2.** Dictionaries.

Youth dictionary	Health dictionary
Youth	Health
Adolescent	Disease
Teenage	Illness
Junior	Infect
Juvenil	Medic
Minors	Wellbeing/wellbeing
Youngster	Epidemic
Young adults	Pandemic
Young man/men	Reproductive
Young woman/women	Sexual
Young person	Sanitation
Young people	Virus
Young leader	Malaria
Young expert	HIV
Young activist	Covid
Young advocate	
Young participant	
Young representative	

**Figure A1.** Issues advocated for by youth in global health (interviews).