



Community Medicine

Summary

Slide # 8 part 1

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Adolescence: School Health

ADOLESCENT HEALTH

- **Adolescence:** derived from the Latin word Adolescere; to grow/mature
- Considered the period of transition from childhood to adulthood; no longer children, not yet adults
- Characterized by: rapid physical growth, significant physical/emotional/psychological/spiritual changes
- WHO defined Adolescence as individuals between 10-19 years of age
 - Adolescence: 10-19 yrs
 - Early Adolescence: 10-13 yrs
 - Middle Adolescence: 14-16 yrs
 - Late Adolescence: 17-19 yrs
 - Youth: 15-24 yrs
 - Young people: 10-24 yrs

Jordanian population= young, 52% are below the age of 20,
10-19 year olds= 25% of the total population
Almost half of Jordan's population was below 19 years
26.9%→0-9 yrs 24.8%→10-19 yrs

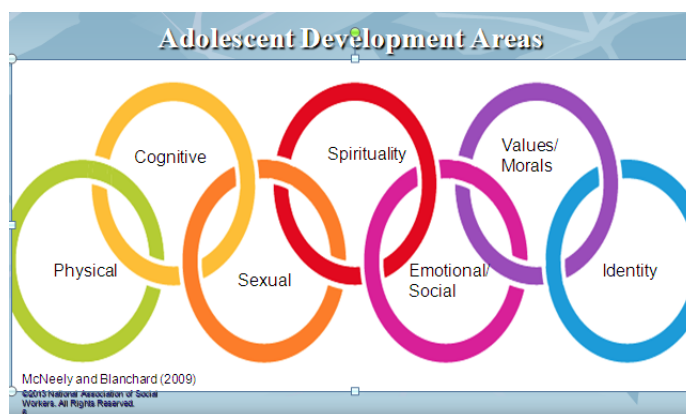
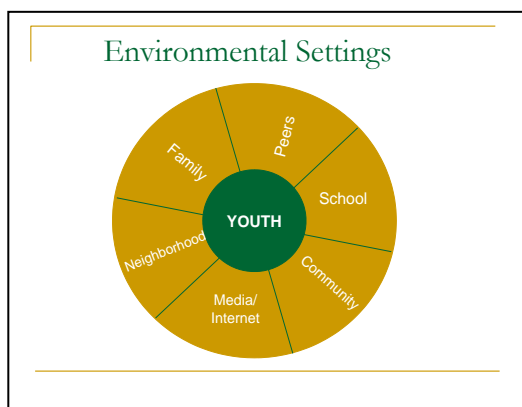
- Adolescents are the citizens and workers of tomorrow.
 - Their problems are multidimensional in nature& require holistic approach.
 - A large number in developing countries are out of school, malnourished, married early, working in vulnerable situations, or sexually active.
 - Exposed to tobacco and alcohol abuse.
- **Early Adolescence (10-13 yrs):** spurt of growth of development& 2° sex characters.
- **Middle Adolescence (14-16 yrs):** separate identity from parents, new relationships to peers, with opposite sex and desire for experimentation.
- **Late Adolescence (17-19 yrs):** distinct identity well formed opinions and ideas.

Changes in Adolescent Period

1. Biological:puberty onset
2. Cognitive: emergence of more advanced cognitive abilities
3. Emotional: Self image, intimacy, relationships with adults and peer groups
4. Social: transition into new society roles

Adolescents matter because:

1. They're a demographic force→they comprise 1/5 of every community population, or 1.2 billion people worldwide [in 2000 in the Arab world= 31 million, and are expected to be 41 million in 2020]
2. They're an economic force→contribute significantly to their families and communities through paid& unpaid labor.
3. They're the future health→Adolescence is a formative stage that presents the unique opportunity to shape young people's health behaviors and social attitudes.



Health and Health related issues of concern to adolescents

1. Lifestyle and Risk taking behavior:

a) Smoking:

- one of the greatest health hazards of modern times& major cause of avoidable death

b)Drug Use:

- Experimentation& risk taking
- This problem exists in all societies and socioeconomic groups
- Multi Drug use has become more common
- Drug taking reflects self destructiveness
- Danger of HIV→AIDS, suicide, accidents
- Damage of life& relationships with people, school performance and recreation

Substance Abuse→ Public Health issues:

- Non-medical psychotherapeutic drugs
- Inhalants
- Hallucinogens
- Cocaine

→In Jordan:

- 22% adolescent girls& boys smoke/tried smoking
- 14% used tranquillisers at least once
- Jordanian college student smoking prevalence= 28.6%, 17% of respondents reported smoking before the age of 15

c. Use of Alcohol

- Consumption has increased in quantity and frequency
- Age at which drinking starts has declined
- Leads to: road accidents, physical disorders, crime, arrest, aggressiveness, malnutrition, loss of friends/family/health/self esteem/means of support
- Consequences for Adolescents. Under attainment of developmental tasks, social decline, educational loss, unemployment

***Accessibility plays a major role in use of alcohol by adolescents.**

d. Accidents

- One of the major death causes for adolescents worldwide
- Cost lives& leave many disabled
- Many accidents have a behavioral component which may increase risk of harmful outcome
- Adolescents lack life experience& need supervision
- Adolescents should participate in activities that provide them with healthy outlets

e. Suicide

- There's a need for increased research into areas of mental health in Eastern Mediterranean Region (EMR) especially in areas of suicide and suicide related behaviors
- Suicide related statistics may be underreported in many EMR nations which are predominantly Islamic, where suicide is strongly prohibited by religion.
- In Jordan/Non-Suicidal Self-Injury: A study done in Jordan indicates an overall lifetime prevalence of NSSI is 22.6% (n = 215), with significantly more males (26.98%, n = 129) than females (18.14%, n = 86) reporting having engaged in NSSI at least once in their lifetime.
- This study provides empirical evidence that adolescent engagement in NSSI occurs at similar prevalence levels in Jordan, relative to North American samples, whereas gender comparisons of prevalence and characteristics revealed several differences.

f. Nutrition related disorders

- Under and over nutrition problems in adolescents and youth are important
- Boys double their body weight between 10-16 yrs
- Pregnancy and sport increase nutritional needs
Malnutrition and Anemia constitutes a particular risk factor for pregnancy in a adolescents
- Food, faddism (=one who seeks and adheres briefly to a passing variety of unusual diets) and extreme diets
- Fast food
- Obesity& nutritional disorders (e.g.: iron deficiency anemia)

2. Vulnerable Adolescents or High-Risk Groups:

- Those who have experienced significant loss, bereavement (=to deprive someone of a person especially through death), disrupted homes or parental rejection and those in institutional care.
- Those suffering from physical or intellectual impairment due to chronic illness and or disability
- Those whose parents suffer from chronic physical or mental illness or very poor, or unemployed
- Victims of physical, emotional or sexual abuse
- Pregnant adolescents and teenage parents
- Racial and ethnic minorities etc.

3. Chronic And Disabling Conditions:

Physical handicaps:

- Dwarfism
- Cerebral palsy/paresis
- Visual, hearing , or speech defects
- Spine bifida/ other Genetic disorders
- Facial deformity
- Marked obesity

Chronic disease

- Epilepsy
- Asthma cystic fibrosis
- Diabetes Juvenile
- Rheumatoid arthritis
- Cardiovascular disorders
- Malignancy
- Neurological infection

Intellectual Handicaps

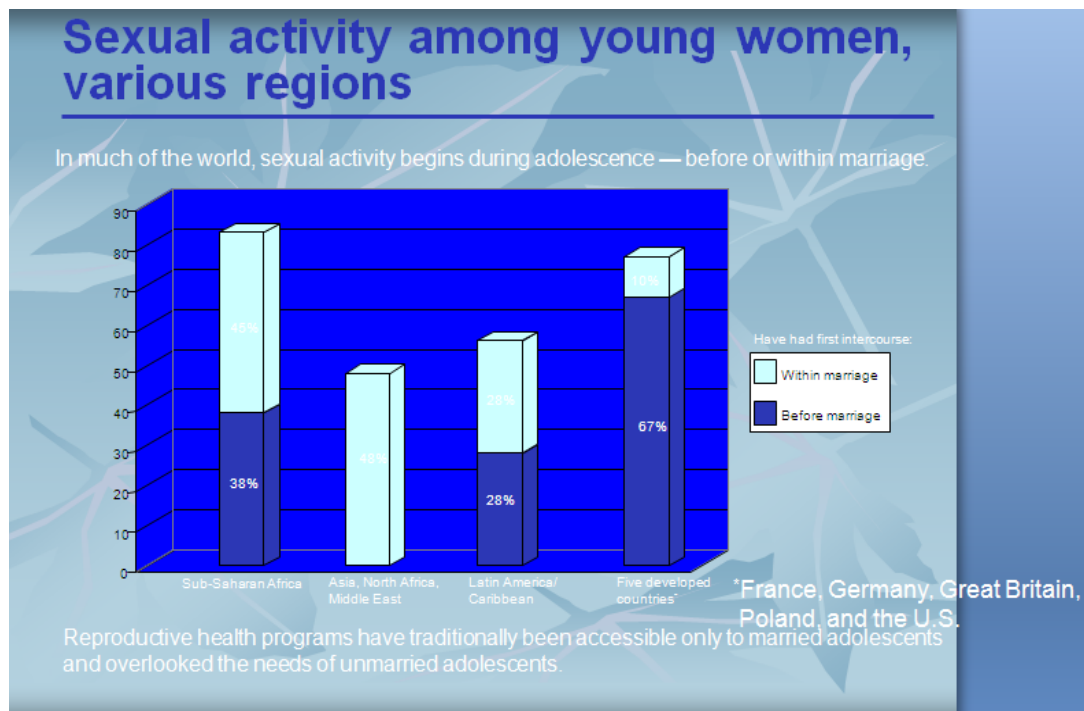
- Learning disorders
- Mental retardation

In Jordan→

- Overweight& obesity are serious public health problems among adolescents in Jordan, using both international standards.
- A program to combat obesity among schoolchildren, therefore, should be given a high priority in school health policy in Jordan.
- Depression, acne and obesity were the most common problems reported in Jordan.

4. Reproductive Health

- Adolescent development area of focus: Sexuality
- Approximately 750,000 girls/young women (age 15-19) become pregnant every year.
- The majority of teen pregnancies result in birth.
- In spite of the decline in rates of teen pregnancy, the US is still amongst the highest of developed countries.



→ In Jordan;

- Teen pregnancy is limited
- A UN study showed that 31% of adolescent girls and boys give a confusing answer on STDs.

5. Mental Health

- Knowledge of adolescent development as a whole informs clinical social work practice.
- Nearly 50% of all lifetime diagnosable mental health problems appear by age 14
- Untreated mental health concerns can result in negative consequences

Screening and Prevention

- Identification and management of emotions
- Teaching coping skills
- Routine mental health screenings
- Knowledge of signs and systems of emotional disturbance and mental illness
- Flashback to the 5 Cs and their relevance as protective factors

The “5 Cs” of Positive Youth Development ^{6,7}	
“C”	Definition
Competence:	Positive view of one’s actions in specific areas, including social, academic, cognitive, health, and vocational. Social competence refers to interpersonal skills (such as conflict resolution). Cognitive competence refers to cognitive abilities (e.g., decision making). Academic competence refers to school performance as shown, in part, by school grades, attendance, and test scores. Health competence involves using nutrition, exercise, and rest to keep oneself fit. Vocational competence involves work habits and explorations of career choices.
Confidence:	An internal sense of overall positive self-worth and self-efficacy.
Connection:	Positive bonds with people and institutions that are reflected in exchanges between the individual and his or her peers, family, school, and community in which both parties contribute to the relationship.
Character:	Respect for societal and cultural norms, possession of standards for correct behaviors, a sense of right and wrong (morality), and integrity.
Caring/Compassion:	A sense of sympathy and empathy for others.

This table isn’t from the slides, but these are the previously mentioned 5 C’s. (if you were curious what they are)

Prevention

- HEALTH EDUCATION
- SKILL BASED HEALTH EDUCATION
- LIFE SKILL EDUCATION
- FAMILY LIFE EDUCATION
- COUNSELLING FOR EMOTIONAL STRESS
- NUTRITIONAL COUNSELLING
- EARLY DIAGNOSIS & MANAGEMENT OF MEDICAL AND BEHAVIOURAL PROBLEM

Conclusion

- This adolescent period is hazardous for adolescent health due to absence of proper guidance and counseling.
- Family has a crucial role in shaping adolescent's behavior; they have to ensure a safe, secure, and supportive environment for the adolescents.
- Family members in the community should be informed& educated about this problem.
- A positive and encouraging attitude has to be developed among the family members and parents.
- School teachers should be trained on adolescent health.
- Community leaders play a vital role on adolescent health care.

Recommendations

1. Building a database and indicators for adolescents in the Arab and Gulf States.
2. More effort should be done to build personalities having a great deal of awareness to assist the community in dealing with such group (adolescents) and strengthening the type of relation at home and at school.
3. Integrating health education, preventive and sexual education in the educational curricula, where the school is a safe environment providing sound and scientific information in these fields.
4. Organization of orientation courses for parents, teachers, social counselors in the educational institutions, and societies which are interested and active in the field of adolescence health.
5. More in depth studies of early marriage, late marriage& building relations and strong links.
6. Conduction of national as well as regional studies about adolescents with special needs.
7. Governmental and non- governmental agencies should sponsor such studies especially those concerned with research work directed to the Arab girls.
8. Counseling via Schools or Youth Centers.
9. Policy makers, health workers& religious leaders must collaborate to build structured educational programs and readily accessible, evidence-based treatment programs for adolescents; because young people constitute the majority of the Jordanian population and drug trafficking is prevalent in the region. The implications of prevention programs are critical to maintaining gains in public health outcomes with economic progress and development in Jordan.

Global School–base Student Health Survey (GSHS)

- It's a school-based survey
- Conducted among students of age 13-15
- Provides data that can help countries develop: priorities establish programs& advocate for school and health resources.

School Health Index

- It's a popular self-assessment& planning tool for schools.
- It's now online& addresses safety.
- Also includes physical activity, healthy eating& tobacco prevention programs& policies.

School health services that should be provided at no cost to students include:

- Health physicals (routine, school and sports physicals) [physicals= physical examinations]
- Immunizations
- Administration of prescriptions for routine medications
- Health education
- Care for acute illness and injury
- Care for common adolescent physical problems
- Follow-up as requested by physician
- Nutrition counseling
- Social, emotional ,and mental health counseling
- Family counseling
- Drug and alcohol counseling
- Social service assistance
- Pregnancy check-ups
- Abstinence counseling and family planning information
- Referral services

Well I hope you memorized the info. above just like you memorized the wall you`re staring at ☺