

# Meeting the Health Concerns of In-School-Adolescents in a Changing Life-Style

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## Abstract

Enjoying healthy life through a comprehensive primary health care is a fundamental human right. Thus, health promotion and treatment programmes for adolescents must be tailored to the unique concerns and needs of the population. This paper focused on identifying the health concerns for the in-school adolescents, what promotes or undermines their health and how the communities and countries are meeting adolescents' needs for healthy life style. Many of the common health risks and challenges facing the in-school teenagers are linked to the health-related behaviours that they adopt considering variations in their cultures and socioeconomic status and inadequate safe health information. These damaging behaviours among in-school youths included consumption of harmful substances, unhealthy dietary behaviours, inadequate physical exercises, risky sexual behaviours, tattooing and piercing due to non-implementation of components of a comprehensive school health programme. The key principles on health concerns for the in-school adolescents were discussed. Towards meeting the health concerns for the in-school teenagers, it was therefore recommended that the stakeholders should advocate for increased resources for in-school adolescents health and improve coordination of its implementation. Member States should support, monitor and evaluate implementation of national scaling up plans or strategies for adolescents' health in the school system focusing on thorough implementation of a comprehensive school health programme through partnership system.

**Keywords:** in-school adolescents, health concerns/needs, youth, in-school teenagers, partnership, health risks behaviours.

## Introduction

The school is the most important agency outside the home in meeting the health concerns and personality development of the in-school-adolescents. The in-school-teenagers usually pass through a period of life when physical, social, psychological and cognitive maturation takes place in three developmental stages namely early, middle and late adolescence (Peter, Melissa, Sanci, Newnham and Bennett, 2008). They experience multiple transitions involving education, training, empowerment, unemployment, as well as transition from one living circumstances to another that demands various health needs to cope with their daily endeavours.

Today, almost 1 in 5 persons in the world is an adolescent, that's 1.2 billion people between the ages 10-19 globally (WHO, 2013). The state of their health is important for their lives now and in the future for this generation and the next. Generally, adolescents continue to be victims of sexually transmitted diseases (HIV and AIDS), harmful substances, and unprotected sex resulting to teenage pregnancy, unsafe abortion and death. Thus, promoting healthy and safe behaviours among teenagers as potential future leader is an important part of the fundamental mission of schools (Federal Government of Nigeria (FGN), 2004). The fact seems apparent that the state of an individual's health and in-school adolescents in particular is more dependent on health behaviours rather than what any bacterium could do (Anthonia, 2006). However, some education policy makers still behave as if the health of teenagers in the school system is independent of their behaviours. Since one of the central themes of education is to inculcate in students an acceptable health behaviours of thoughtful evaluation of alternative course of action (FGN, 2004), they therefore are concerned with the provision of empirical health information to help them search for the best possible solution to their immediate health problems.

Among the typical Nigerians, harmful health behaviours seem not to be a major social problem that calls for some drastic or emergency changes in value and norms (Mayers, 2003). Thus, the need for educational approach through comprehensive health instruction in modifying attitudes towards health related matters cannot be over emphasized. The usage of this approach will retard the proliferation of communicable diseases, consumption of harmful substances, emotional and mental problems, environmental health problems, mortality and other similar health problems among the in-schools teenagers.

## Features of in-school adolescents

In popular culture, adolescents are characterized by pubertal and biological changes which include changes in sex organs, height, weight, muscle mass, brain structure and organization (Centre for Advancement of Adolescent Health (CAAH), 2005). A teenager in the school system moving through adolescence period is confused emotionally and trying to establish self-independence from their parents and teachers' rules and boundaries and later develop autonomy, self-esteem, normal relationship with peers (especially the opposite sex),

cognitive and vocational skills (American Psychological Association, 2003). It is a difficult and turbulent time for most in-school teenagers and suicide may seem to be a logical response to pains and stress of growing up.

Teenagers in the school system always engage in personal identity and identification with various peer groups. They might be strongly influenced by their peers' beliefs, attitudes, norms and behaviours with adverse social and health effects on their daily endeavors. The in-school-adolescents also have the major psychological task of adjusting to physical changes in appearance and dealing with a new body image. The difficulty in this task is augmented by the great variation in the timing of maturation- one's own may not match that of one's peers (United States/NSW Department of Health, 2010). In fact, being an early or late matured teenager can have considerable and perhaps lasting effects on an individuals' behaviour.

In this period of enormous physical, psychological, and emotional changes, the healthful school environment plays a large role. Knowledge and job skills for adult life are acquired in the school. Here, too, in-school-adolescents find the highly prized peer group relationship and the symbol of the in-school adolescent subculture, such as dress, music, language and even food are physically exhibited. There is some rejection of adults, especially parents, and of adult values as the adolescents establish a sense of identity and self-esteem.

An attempt towards reaching maturity and establish a sense of maturity, the youth acts out and experiment with adult roles. In fact, behavioural experimentation is usually the method the adolescents use to progress from childhood to adulthood. This experimentation includes health-related behaviours, such as nutrition and exercise habits, although this may seem secondary in sex, drugs, alcohol, mode of dressing and smoking. The presence of secondary sexual features of adolescents motivated them to experiment unsafe sexual behaviours with potentially-life-altering consequences. Sexual relations often occur before teenagers in the school system have gained experience and skills in self-protection, before they have acquired adequate health information about HIV and AIDS, and have access to health services and supplies (such as condom) (US Centre for Disease Control and Prevention, 2007). Psychologically, complex social interactions such as conflicts with friends, school pressure and experimentation with romantic relationships may exacerbate the labile emotional state of the in-school adolescents with perceived side-effects on their health status.

The in-school adolescents value food patterns accepted by peers and these patterns may or may not be those of adults. The major concern that shapes the food choices in early adolescence often is concern with body shape or image. The fad dieting and dietary restrictions that many adolescent females follow in their relentless pursuit of thinness, seem psychologically motivated, and at the extreme lead to the condition known as anorexia nervosa (Peter, Melissa, Sanci, Newnham and Bennett, 2008). By controlling their eating, some feel for the first time that there is a core to their personality and that they are in touch with their feelings. Generally, body image concerns both male and female adolescents. Similarly, the predominant attitude of these teenagers is dissatisfaction with their height, fatness or leanness, stature and certain other body dimensions (US Centre for Disease Control and Prevention, 2007).

It seems that in-school adolescents' girls are extremely or fairly concern about their overweight. They wanted small hips, thighs, and waists and a large number of senior females grow older and seek for diet to loose weight and avoid obesity at some time in their life. Boys are concerned about underweight and expressed a desire for large biceps muscles, chest, wrists, shoulders, and forearms (Susman, Dorn and Schiefelbein, 2009). All these in-school adolescent males and females express negative feeling about one or more aspects of their physical appearance. Generally, adolescence is a period of developing desirable health habits and practice if well monitored, otherwise, teenagers in the school system will suffer from specific special health concerns. However, the cognitive development occurring during adolescence assists many in-school youths in considering the future and understanding the consequences of their present behaviours on their future health (Steinberg, 2008).

### **Principles guiding the in-school adolescents' health concerns**

The principles in youth health concerns in the school system include collaborative approach between the parents and the school health personnel, health problem solving, democratic leadership, evidence-based practice, the development and implementation of healthy public policy (Arnett, 2007). The collaborative approach involves adequate planning, organization, direction, supervision, and evaluation towards meeting the goals and objectives concerning the health needs of the in-school adolescents. Similarly, this interwoven with health problem solving with team work using forms, rubrics, charts and graphs. It also requires democratic type of leadership which can be social within a decentralized and egalitarian group (WHO, 2002). In particular, team that works collaboratively towards meeting the health concerns of the in-school adolescents can obtain greater human and material resources, recognition and rewards when facing competition for finite resources. The application of evidence-based health practice or care towards meeting the health needs of the in-school youth is focus on conscientious, explicit and judicious usage of current best evidence on making decision about their health care (Dorn and Biro, 2011). It strengthens the motivation of school health service decision makers to use scientific methods when making a decision on health needs or concerns of the in-school adolescents. Evidence-based guidelines may provide the basis for the government deep involvement in the school health care where health

needs of the youth in the schools can easily be met.

When people's authority or power to have control over their health and its determinants is increased, the efforts to improve their health need will yield a fruitful dividends (WHO, 2007). Toward achieving this goal, there should be an effective development of healthy public policy that addresses the prerequisites of health concerns of the youth in the schools system. It is of importance to develop a strategy aimed at informing, influencing and assisting both individuals and various health organizations at all level of health systems to accept more responsibilities, and be more active in matters affecting social, mental and physical health of the in-school adolescents (CAAH,2005). Thus, the health care providers should provide parents with guidance for encouraging health promotion in schools for the teenagers and to offer them a sense of self-empowerment and make sensible healthy actions.

### **Health concerns of the in-school adolescents**

Generally, adolescents are often thought of as a healthy group. Nevertheless, many adolescents do die prematurely due to accidents, suicide, violence, early age pregnancy related complications and other illnesses that are either preventable or treatable (WHO, 2013). Many more suffer chronic ill-health and disability. In addition, many serious diseases in adulthood have their roots in adolescence. For example, consumption of harmful substances, sexually transmitted infections including HIV and AIDS, poor eating and exercises habits, lead to illness or premature death later in life. They also have specific health and developmental needs, and many face challenges that hinders their well being, including poverty, lack of access to health information and services, and unsafe environments (WHO, 2008). Early pregnancy and childbirth among the in-school teenagers are of concerned matters as WHO (2013) reported that about 16 million girls aged 15 to 19 years give birth every year roughly 11% of all births worldwide. The vast majority of adolescents' births occur in developing countries. The risk of dying from pregnancy-related causes is much higher for adolescents most especially in the school system than for the women. The younger the adolescent, the greater the risks.

The in-school adolescents are concerned with adequate hours of sleep, strength, energy and normal functioning of their eyes, ears and teeth. This requires prompt attention through health observations and screening tests that are essential to determine their health status of eyes, ears and teeth. ( Saket, Chhote and Yogesh, 2008; Susman, Dorn and Schiefelbein, 2009). Detecting variation from normal health and reporting the same to the school health personnel go a long way in bringing about remedial care most especially for the handicapped adolescents. It is of importance for them to have data on their height and weight for growth and development. The youth in the school system are concerned with the adequate provision of the emergency care for injury and sudden illness and inform their parents and guardians, getting them home, and even guide the parents on the next action to take. They need to enjoy the strategic planning of the school authority through the local health department on the prevention and control of communicable diseases such as measles whooping cough, HIV and AIDS, worm infestations and others (Mayers, 2003 and WHO, 2007).

The in-school adolescents enjoy grouping in sporting activities and avoid activities beyond their strength, tolerate moderate fatigue and desirable emotional stress. Towards maintaining their health status, they need regular and vigorous physical exercises, competitive sports, coeducational activities, safety education, family life education and individual guidance and approval. The adolescents in the school system are more concern with sustainable healthy environment for learning. This comprises of wholesome physical environment which emphasis adequate lighting, ventilation, acoustics, house keeping practices, adequate provision of waste and refuse disposal, water supply, safe building, transportation and food services where need be (Savage, 1998; Anthonia, 2006 and Saket, et al, 2008). They are concerned with getting correct and adequate information concerning personal health, sexuality education, health determinants such as hereditary, life style environment, health organizations, cultures, norms, beliefs, attitudes and mores, issues of social control (age of consent, laws and puberty,) and side-effects of early/teen marriage (Smetana and Villalobos, 2009). Many young boys and girls in the school system in developing countries entre adolescence undernourished, making them more vulnerable to disease and early death. Conversely, overweight and obesity are increasing among young people in both low-and high-income countries (WHO, 2011). Thus, they need adequate nutrition and healthy eating habit at this age foundation for good health. It is important to prevent nutritional problems by providing advice, food and micronutrients supplementation as well as detecting and managing problems (such as anaemia) promptly and effectively when they occur.

The youths in the school system are concerned with sound group guidance and health counseling and selecting adequate diet to improve body health status mechanism and in grooming. Considering their cognitive capability for abstract conceptualization and hypothetical in nature (Savage, 1998; Steinberg, 2008 and Albert, 2011), the in-school adolescents are concern not with excessive curricula and monotonous extra-curricula activities pressure but for normal healthy development of intellectual and psychological aspects of human domains. Similarly, teenagers in the school system are concerned with safety and health as a philosophy of life and safe individual from the problem of preventable accidents (Susman, Dorn and Scheifelbein, 2009).

Generally, all age groups in the school system appreciate safe school environment including playground and make it injury-free. Thus, the adolescents in the school system desire to enjoy well selected and conducted physical education and sports practical lessons with safe facilities and equipment following instructions, and the provision of first aid materials managed by competent and functional health personnel at the school health centres or clinics.

In any given year, about 20% of in-school teenagers will experience a mental health problem, most commonly depression or anxiety (WHO, 2013). The risk is increased by experiencing violence, humiliation, devaluation, poverty and suicide. Building life skills in in-school teenagers and providing them with psychosocial support in schools and other community settings can help promote mental health. If problems arise, they should be detected and managed by competent and caring health workers. The vast majority of harmful substances users worldwide began when they were adolescents and those users may die prematurely. Alcohol use starts at a young age with 14% of adolescent girls and 18% of boys aged 13-15 years in low-and middle-income countries are reported to use alcohol (WHO, 2011). Harmful drinking of alcohol among young people is an increasing health and social concerns in many countries because it reduces self-control and increases risk behaviours and a primary cause of injuries, violence and untimely deaths.

### **Strategies for meeting the health concerns of the in-school teenagers**

Since teenagers including atypical/handicapped must attend school because attendance in school is compulsory, the responsibilities are imposed on parents, guardians, school administrators, and local health departments (WHO, 2002; 2007). This implies that they must work collaboratively to provide an enabling or conducive environment for growth, health and learning. Thus, there is need to take the advantage of the school system to impact relevant health information to help the in-school teenagers to conceptualize the immensity of their health problems and their responsibility as individuals in inhibiting these health problems. The provision for adequate health concerns for the in-school teenagers should be focused through a comprehensive scientific health instruction/ education as well as methods of applying acquired health information that are less expensive than curative measures with the ability to arrest undesirable health problems, spare sufferings and save human lives, improve economic, health and cognitive status of the teenagers in the schools (Saket et al, 2008). This involves using direct (formal) and indirect (informal-correlated, incidental and integrated) approaches to impact guidelines such as contents of well organized learning experiences (subject matters) in health, its objectives and rationale and suggestion for evaluation towards bringing about their positive change in health knowledge, behaviours, attitudes, and practices in consuming harmful substances (drugs, tobacco and alcohol), reproductive health, STI's (HIV and others), unwanted pregnancy, mental health, physical fitness, nutrition, violence against teenage girls (raping, early marriage, victimization) and others (Peter, Melissa, Sanci, Newnham and Bennett, 2008 ). Brief interventions of advice and counseling, total banning tobacco advertisement, effective implementation of laws prohibiting smoking in public places and non-accessibility to it will reduce the numbers of people who starts using tobacco products, and increase the numbers of in-school teenagers who quit smoking.

The health and safety habits of the teenagers in school are influenced by the conditions in the entire school environment (CAAH, 2005). Thus, the school environment must be healthful for the learners to improve the status of their learning abilities through the provision of safe school plants/ buildings or facilities. The school plants should be located properly to avoid noise pollution, traffic dangers (accidents), drainage problems and filthy conditions that can result in communicable diseases. Similarly, the school plants must provide conveniences, safe playgrounds and equipment; there must be provision for safe building with suitable construction (acoustics), fire protection, water supply, toilets and lavatories, health service rooms, adequate lighting, heating, and ventilation, sittings and teachers' lounge and upkeep, protective equipment in the laboratories, technical workshops and sports centres; food service care, good transportation from school to home.

Towards meeting the health concerns for the in-school teenagers, there must be an organization of healthful school day for both the students and teachers and the establishment of interpersonal relationships (democratic in nature) that will contribute to emotional and social well-being of the teenagers in the school system (Anthonia, 2006). Similarly, opportunities for relaxation and lunch, limitation of extra-curricular requirements, and undisturbed workplace after school and sick leaves should be provided for the teachers. In the same vein, satisfactory provision for the school lunches when needed, proper arrangement of the school programme such as length of the study periods considering age and attention span of teenagers, recesses, sequences of subjects, number of students per classroom, conduct of examination and continuous assessment, discipline and punishment measures (Savage, 1998 and Saket et al, 2008). There should be provision for appropriate health promotion programme for the school population such as physical activities and sports for fitness at the workplace. This requires the provision for safe suitable playgrounds with adequate space and equipment with instructions supplemented by shower and dress rooms.

The provision of health service in the school system for both the teenagers and staff would give assurance to the parents and teachers on the present health status of the teenagers, identify their health



weaknesses and strength, and motivate them to maintain and improve their quality of health. A comprehensive health service made available for rational health appraisal within the school for both the teenagers and school personnel, would enable them benefit from physical, dental, and psychological health examinations, health counseling, follow-up services care for the emergencies and that of the atypical, monitoring physical growth, prevention and control of communicable diseases and enjoy behavioural assessment to detect depression and other health problems (Anhtonia, 2006; Smetana and Villalobos, 2009). Furthermore, the teenagers in the school system need to be exposed to periodic height and weight measurement to monitor overweight, obesity and annual clinical breast examination to detect early breast cancer among female students. Therefore, weight control programme at the high school level need to be planned to stress heterogeneous characters of adolescent growth as well as to stress the realistic goals for weight and non-obese alike. It would also increase the teenagers' capacity to learn, improve their physical fitness status and mental alertness. These are made possible through routine inspections, exclusions, referral, educational measures, immunization, sanitation and epidemic control and provision of emergencies in case of injury or sudden illness. It would also increase the teenagers' capacity to learn, improve their physical fitness status and mental alertness.

In reality, the home and community have enormous contributions to make in the realization of the health concerns of the teenagers in the school system. The inter-relationship of the home, school and community has implications on the health status of the school teenagers (WHO, 2007). Hence, cooperation or mutual understanding of the home, school and community through the Parents-Teachers-Association (PTA) is highly essential for the teenager's health status. A comprehensive school health programme is very important because most of the school health problems mirror those from home and the communities of the in-school adolescents. Therefore, there should be partnership among the home, school, community and other education stakeholders including health personnel and non-governmental organizations to promote the desirable health knowledge, habit, attitude and practices among the teenagers in the schools. This could be achieved by effectively discharging their responsibilities towards the protection, promotion and maintenance of health concerns of the in-school adolescents (Saket et al, 2008).

The formulation and enforcement of laws that specify a minimum age of marriage, community mobilization to support these laws and better access to contraceptive information and services can decree too-early pregnancies. Those in-school teenagers who do become pregnant should be provided with quality antenatal care and skilled birth attendance. Young people need to know how to protect themselves from unwanted pregnancies and sexually transmitted diseases and have the means to do so through health instruction. This includes condoms to prevent sexual transmission of the virus and clean needles and syringes for those who inject drugs. Better access to HIV and AIDS testing and counseling will inform young people about their status, help them to get the care they need, and avoid further spread of the virus. Where social, cultural and economic conditions increase the vulnerability of young people to HIV and AIDS infections, an effective HIV and AIDS prevention strategy should aim at addressing these factors as well. All these would make us target achieving universal access to reproductive health for which one of the indicators is the pregnancy rate among even 14 to 19 years old girls (Helen, 2009; WHO, 2011), and halt the spread of HIV and AIDS. Violence is one of the leading causes of death among young people in the school system, particularly males with an estimated 430 teenagers aged 10 to 19 years dies even above every day through interpersonal violence (WHO, 2013). Promoting nurturing relationships between parents and children early in life, providing training in life skills, and reducing access to lethal means such as fire arms and consumption of harmful substances help prevent violence. Effective sympathetic care for adolescents' victims of violence and ongoing support can help deal with both the physical and the psychological consequences of violence.

## Conclusion

Health concerns changes as teenagers in the school system ages their life span. The in-school teenagers have health concerns specific to their cultures and socio-economic status. In developing countries, the health concerns are extensive and often differ from the needs of the teenagers in the developed countries. Globally, in-school teenagers are potential victims of risk factors amount for more than one-third of all death worldwide (WHO, 2002) which include overweight and obesity, unsafe sex practices, high blood pressure, high cholesterol, infectious diseases (HIV and AIDS, tuberculosis, diarrheal, unintentional injuries), assaults and suicide exposure to consumption of harmful substances (alcohol, tobacco and drugs), unsafe water, sanitation and hygiene and under smoke from solid and liquid fuels regardless of gender differentiation.

Similarly, other behaviours that have become popular with the in-school adolescents are tattooing and piercing in their body parts such as arms, thighs, neck, lips, eyebrows, septum or genitalia. These activities hold inherent risks of infection, scarring and nerve damage and have been associated with more complications (WHO, 2007). However, certain variables remain constant for healthy living among in-school adolescents including good nutrition, disease prevention, regular physical activities, adequate sleep, and avoidance of harmful substances, and maintaining mental health. This can be realized by quick recognition of early signs and

symptoms of mental health threats such as depression, consumption of harmful substances, and physical and mental abuse.

In addition, healthy sexuality and responsible sexual behaviour are important health concerns of the in-school teenagers. Healthy sexuality is expressed throughout life by expressing one's sexuality in adolescence, establishing long-term intimate relations in adulthood, and maintains sexual pleasure in the senior years. However, youth in the school system should learn non-violent measures to achieve conflict resolution. They need to concern with maintaining an overall sense of well-being through stress reduction techniques, rational relaxation methods, socializing with friends and family, and seeking counseling if needed, and strive to balance work, school, family, friends and time for one's self.

### Recommendations

Towards meeting the health concerns or needs for the in-school teenagers, it was therefore recommended that:

1. The education stakeholders should prevent, identify and deal with emotional problems at puberty through a comprehensive health education including sexuality education.
2. There should be a provision for a balanced programme in the schools to avoid excessive physical and mental fatigue.
3. The in-school teenagers should endeavour to take balanced diet at the right time.
4. The in-school adolescents should be encouraged towards positive use of leisure hours even outside the school system.
5. There should be an established satisfactory social adjustment for the teenagers inside and outside the school and family
6. It is important for parents to provide guidance and support during this time and to help the in-school adolescents make appropriate health decision.
7. In-school youth should be encouraged to learn on positive ways and begin to understand how to take responsibility for one's self and one's action.
8. A suicide prevention programme should be implemented for the in-schools teenagers to let them vent their feelings in an environment equipped and respond appropriately and perhaps even to save their lives.

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