

## Health problems of young people.

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This presentation contains information obtained from WHO publications and documents obtained through internet and no local information except a few personal experiences or opinions. It is felt that the health status of our young people is yet to be studied and documented.

### Definition of young people.

World Health Organization defines young people as follows on the basis of age:

Adolescence:	10-19 years
Youth:	15-24 years
Young people:	10-24 years.
Puberty-	11-16 years in boys and 9-14 years in girls

The definition of youth on chronological basis is relative and varies. It could be more constructive to identify youth with a state of mind, a level of psychosocial development dominated by imagination, the desire for adventure, and the urge to question all established standards in order to establish and assert one's individuality. It is a period of transition from dependence of childhood to independence of adulthood.

### Problems of Young People:

Young people have two sentiments: the will to create better world without discarding fundamental values and the fear that they will make things worse.

Circumstances associated with the growth and upbringing of the infant in the family or social environment may well determine the ability to function both as an individual and as a member of society. Young people's behavior is conditioned by biological, psychological and social pressures to which they are subjected before puberty. Early deprivation of emotional, nutritional or social wellbeing may threaten the normal physical and psychological development

With better health and nutrition and social conditions, children's height and weight are increasing and age of puberty is decreasing. But the social maturation remains same or diminished: example- crimes are committed with adult techniques but childish motivation.

For many adolescents, puberty may be the start of a vicious circle of disturbed behavior proceeding from insecurity to anxiety, from anxiety to aggression, and to increased insecurity. This may go to pathological intensity and lead to social maladjustment and delinquency.

Physically, growth spurt and establishment of reproductive capacity occurs during puberty.

Family is the source of basic necessities of life and health such as love and tenderness, food, water, rest, clothing, and sanitation. Traditionally, the family provides variety of role models preparing the way for adulthood. Now the families are split and spread all over the world and the family structure is very weak. If the home fails to provide concrete foundation, then unknowingly it sows the seeds of problems now facing the youth of today. The father who always comes home late and is always trying to find fault here and there soon creates a state of insecurity in his growing children. In the long run, these young people will resort to something else while searching for happiness.

The technological revolution in communication and travel has produced new challenges. Experience of the older people has become irrelevant to modern concepts. The role of family is now played by the educational institutions and cinema. The role played by the friends could be significant.

Youth and education:

As more young people attend school expectations have increased and more youth are unhappy about employment. Many adolescents who have to go to work early have to combine school with work or unable to go to school. They suffer from fatigue and work related accidents.

For young people in industrialized societies, the extension of education into adolescence, with prolongation of social childhood far beyond puberty is a new phenomenon with which educators have to come to terms. Majority of schools and colleges are still dominated by the assumption that the students do not have sufficient capacity for self direction to be trusted to work out educational programs and daily life patterns in genuine collaboration with elders. Even junior teachers are treated by the senior teachers like that.

The new view implies that education should not be used simply as a social classifying device based almost entirely on intellectual talent and ignoring a wide range of relevant human talents and individual needs. Where the traditional approach is still applied, there is an increasing sense of irrelevance and futility among a large number of young people, who are coming to regard education as merely a sort of **academic game**.

When educators are asked to help in the adjustment of youth, they must ask, "Adjustment to what?" Is it proposed that the youth should be adjusted to the miseries and injustices on the world, the hunger and poverty in the midst of plenty? Or do we wish them to conform to the comforts of a secure routine job and a narrow routine existence in a small closed community?

Status and role of youth:

In most countries there is neither clear-cut definition of a young person nor any commonly accepted view of youth's role in society. The gap between attainment of physiological and sexual maturity and the moment when the maturity of the individual is socially acknowledged is becoming increasingly wide. Not surprisingly, therefore, many symptoms of disturbance, both individual and collective, are observed among students, not only because they are the most articulate and audible section of youth but also because, paradoxically, they are regarded as the most "socially illiterate"

The norms of the society:

By abandoning or questioning traditional value systems without replacing them, we are exposing our children to a sort of suicide through disgust and discouragement. Society itself appears to demonstrate, by its scale of financial rewards, that greater value is attached to those who are successful in industry and commerce than to teachers, social workers, and ministers of religion.

Insecurity may be engendered by the fact that schools present a single, absolute, and rigid pattern of behavior and ethical norms and leave it to young people to discover on their own the actual relativity of principles of behavior. The discovery may result in a painful emotional crisis leading to cynicism and moral nihilism.

## Health problems and the behavior of young people.

### Conditions originating in childhood and early life:

Inadequate nutrition and infections can lead to failure to obtain full growth, full psychological and mental development, and make less productive at work. Girls are more likely to give birth to low birth weight babies. Tuberculosis and rheumatic heart disease cause disability and death.

Toxic exposure, birth trauma and perinatal anoxia leads to minimal visual, hearing, speech, and brain damage and if not corrected early may cause serious defects in learning ability, school performance, self esteem, general behavior, and subsequent personality.

Child abuse can lead to serious behavioral and mental health problems.

### Problems that arise in adolescence:

Health of young people has been neglected because they are less vulnerable to disease. Changes in social and sexual morals has increased the risk of unwanted pregnancy, sexually transmitted diseases [AIDS], tobacco, drugs and alcohol, accidents, injuries, disability and bad eating habits. Competition for jobs and education is causing mental stress. Mortality is lowest in this group but the deaths that occur are mostly preventable- accidents, suicides, violence, and pregnancy related deaths. Also tuberculosis and respiratory diseases are leading in many countries.

Inadequate diet leads to defective physical growth and maturation leading to physical stress. Inappropriate decisions about behavior and lack of support can lead to health risks. Mumps or polio leads to severe disability and infertility if not immunized properly. Iron deficiency and anaemia causes serious disability in girls. In sport or work, with heavy tools designed for adults, excessive stress on immature bones can cause permanent damage. Inadequate stress on bones and muscles can impair achieving maximal growth.

Differently abled young people experience psychological and social stress because of the strong need for peer approval.

### Eating behavior:

Malnutrition can occur due to lack of food or unbalanced diet. Food fad and taboos can result in unbalanced diet. Processed fast food which attracts young people can be the cause of improper nutrition and development.

### Sexual behavior and reproductive health.

Expression of sexual urge of young people is often greeted with anxiety or anger by adults and with fear, guilt and shame by the young people. The sexual impulses are on one hand denounced as impure and on the other encouraged by commercial exploitation of eroticism through the mass media. Anomalies in social attitudes may arise in relation to the awakening of sexuality in the adolescent, with its accompanying conflict of pleasure and guilt. These drive sexual feeling and behavior underground and make healthy development of sexuality within affectionate and responsible relationship more difficult.

Premarietal sex, teenage pregnancy and childbearing at young age can have adverse consequences in educational and economic activities and maturity. Adolescent fertility is high and marriage at young age increases family size. Unwanted pregnancy and abortion are serious health problems for females.

### Sexual problems:

Young people may have sexual problems like sexual dysfunction, sexual variation like homosexual feelings, sexual harassment or sex abuse. These may be frightening for young people before they are experienced enough.

Alcohol and drug abuse:

Substance use is a social rather than solitary behavior in adolescence. Most often drug abuse starts as a result of “seduction” within peer group. Unemployment is a major cause of alcohol and drug abuse. The reasons for continuing drug taking are: reinforce the experience; earn the approval of the others in the group, or to satisfy continuing feeling of aggression against society, parents or others. Pattern of pathological drinking is laid in adolescence. Consequences and dependence may occur several years later. It increases risk taking behavior and causes death due to violence and accidents. Problem behaviors like substance use, tobacco and alcohol are interrelated. One leads to others. They cluster together.

In US,

- Underage drinking is a factor in nearly half of all teen automobile crashes, the leading cause of death among teenagers.
- Alcohol use contributes to youth suicides, homicides and fatal injuries – the leading cause of death among youth after auto crashes.
- Alcohol abuse is linked to as many as two-thirds of all sexual assaults and date rapes of teens and college students.
- Alcohol is a major factor in unprotected sex among youth, increasing their risk of contracting HIV or other transmitted diseases.

Violent and destructive behavior:

The transition to adulthood is often painful with several stresses. Disruption of normal family relations is one of the most frequent causes of suicide: others include migration, isolation, intense competition and unemployment. In many instances no causes can be identified.

The manifestations of mental disorders in adolescence very often follow a common pattern of antisocial, psychopathic-like behavior. Psychiatric conditions as paranoid tendencies, schizophrenia, depressive maladaptive personality traits, and somatic complaints.

Suicidal behavior is the most tragic among the violent behaviors because it leaves unfulfilled promise of a young life and feelings of anger, grief and guilt in those close to the dead person. Females attempt more but commit less leaving permanent impairment. Ratio of attempted to committed is 40:1 in most industrialized countries.

Young people are increasingly the victims of violence and themselves physically violent towards others. One major cause is war. Social violence is in the increase. Causes may be poverty, unemployment, overcrowding and reduced control over upbringing. Contributory factors are drug and alcohol abuse, sense of failure, frustration and hopelessness, and frequent exposure to violence in streets and television.

Promotion of young people’s health.

A healthy environment providing both support and opportunities for young people is a necessary, but not in itself sufficient condition for healthy development. Much of the responsibility for health enhancing behavior falls on young peoples themselves who must increasingly take and act upon decisions of an educational, vocational, and personal nature with major consequences for the present and future.

Educational institutions can provide healthy supervised physical exercise and can be major source of education and guidance about major health issues.

DUELlike Project.- Universitas Indonesia.

The University of Indonesia got funding under the project 'Developing Undergraduate Education' which is a special project to be implemented for entire University and not for individual study programs. The program aims at changing the attitude towards learning and they have included compulsory credits in either sports or performing arts.

DUELlike Project.- Universitas Gadjah Mada, Indonesia.

The program in Gadjah Mada University aims at future leadership. They are providing staff training to promote student performance and teach senior students to be good big brothers and sisters and the fresh year students on leadership skills. This program aims to convert the students with lack of self confidence, lack of decisiveness, mild risk taking, lack of adversity, lack of communication skills, and very low competition values into students with Vision, insight, commonsense, decisiveness, belief, courage and teamwork.

School Health:

National Center for Chronic Disease Prevention and Health Promotion has developed a coordinated school health program. It involves Health Education, Physical Education, Health Services, Nutrition Services, and Health Promotion for Staff, Counseling and Psychological Services, Healthy School Environment and Parent/Community Involvement

Parents:

State should provide parents and the family members with adequate information and support to enable them to respond to the health needs of youth.

Community organizations:

Community programs should provide opportunities for young people to give expression to their new found physical, mental, social and moral capacities. They should act as link between family, school and health sector and provide guidance to minimize risks involved in new experiences.

Policies and legislation:

Laws that deal with minimum age for marriage, alcohol consumption, the purchase of cigarettes, acquiring a driving license, doing military service, conditions of obtaining contraceptives, termination of pregnancy, and minimum age for leaving school should be reasonable, made known and enforced.

Health education

Health education reduces risk of cardiovascular diseases in later life. It can promote reduction in starting smoking, better eating habits, better body mass indexes, cholesterol levels and increased physical activity. Peer leaders as facilitators gave better results than teacher led program. Teachers can be trained to identify stress and suicidal behavior of young people in addition to simple health problems.

Youth and Education.

Attendance at school is increasing but several young people never go to school or dropout at various levels of schooling. Attendance of females remains lower than that of males. Young people outside school could be educated by suitably designed programs. "Streetwise" is a comic designed for youngsters in Australia in 1984 by the federal government; stories not about supermen and women but disadvantaged and disabled, young and recognizable; the characters are from real world. They are true and familiar stories.

An active role for young people.

Involving young people in Primary Health Care as a strategy for improving their own health and that of their communities is gaining recognition. The reasons are:

- Young people always help their families and communities.
- Contribution to the welfare of the society, experiencing the rewards of it and achieving social recognition are essential parts of growing up.
- Young people are generous, open, and willing and enthusiastic.
- Young people are ready to respond physically, emotionally, intellectually, with freshness of approach, idealism, creativity, and boundless energy.

Youth and Employment

Employment conditions that are subject to rapid change may call for new faculties of individual adjustment. They require a high degree of social mobility and mental flexibility. General school education, vocational training, and socio-cultural norms have to focus on developing the above in young people.

Community Medical and Social Resources:

The conflict between youth and society takes place at many levels- at home, at school, in the university, at work. The frustration of youth is further aggravated when friction is compounded by the anxiety, irritation and intolerance of adults who are key persons in the social system. Both groups can benefit from explanation and counseling. Many cities now have youth advisory centers which provide informal services of advice and guidance on a whole range of problems of concern to young people. Public health authorities and general practitioners should also be involved in community youth services that co-ordinate all social and psychological resources in the area.

Health Objectives for young people 2010– American Medical Association.

The objectives of American Medical Association for the young people in US gives a good guidance to the research and activities we have to undertake to promote the health and wellbeing of the young people here.

	<u>Objective</u>	<u>Baseline (year)</u>	<u>2010 target</u>
1	Reduce deaths of young people- 10-14 years 15-19 years 20-24 years	21.5/100,000(1998) 69.5/100,000(1998) 92.7/100,000(1998)	16.8/100,000 39.8/100,000 49.0/100,000
	<b>Unintentional Injury:</b>		
2.	Reduce deaths caused by motor vehicle crashes.	25.6/100,000(1998)	
3.	Reduce deaths and injuries caused by alcohol and drug related motor vehicle crashes.	13.5/100,000(1998)	
4.	Increase use of safety belts.	84% (1999)	92%
5.	Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with drivers who had been drinking alcohol	33% (1999)	30%

	<u>Objective</u>	<u>Baseline (year)</u>	<u>2010 target</u>
	<b>Violence:</b>		
6.	Reduce the suicide rate. 10-14 years 15-19 years	1.2/100,000(1999) 8.0/100,000(1999)	
7.	Reduce the rate of suicide attempts by adolescents.	2.6% (1999)	1.0%
8.	Reduce homicides 10-14 years 15-19 years	1.2 /100,000(1999) 10.2/100,000(1999)	
9.	Reduce physical fighting among adults.	36%(1999)	32%
10.	Reduce weapon carrying by adolescents.	6.9%(1999)	4.9%
	<b>Substance use and Mental Health:</b>		
11.	Reduce the proportion of persons engaging in binge drinking of alcoholic beverages. 12-17 years.	7.7%(1998)	2.0%
12.	Reduce past-month use of illicit substances. 12-17 years.	8.3% (1998)	0.7%
13.	Reduce the proportion of young people with disabilities who are reported to be sad, unhappy, or depressed.		
14.	Increase the proportion of children with mental health problems who receive treatment.		
	<b>Reproductive health:</b>		
15.	Reduce pregnancies among adolescent females	68/1000(1996)	43/1000
16.	Reduce new HIV infection among adolescents and adults	16479 (1998)	
17.	Reduce Chlamydia trachomatis infections		
18.	Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active.	85% (1999)	95%
	<b>Chronic diseases:</b>		
19.	Reduce tobacco use by adolescents.	40%(1999)	21%
20.	Reduce children and adolescents who are obese or overweight.	11%	5%
21.	Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardio respiratory fitness 3 or more days per week for 20 or more minutes per occasion.	65% (1999)	85%

Principles for promoting the healthy development of young people:

Programs to promote the healthy development of young people should aim at achieving the following:

- A supportive environment over a long period, with graded steps towards autonomy, enhancing self esteem and promoting a healthy life style.
- Good communication between young people and the key adults and peers in their lives.
- Approaches based on a sound understanding of young people's beliefs and behavior within any given culture.
- The use of people who respect the young, have a sound knowledge of their needs and are trained in communication skills.
- The focusing of programs on total lifestyle rather than on individual aspects of behavior.
- An inter-sectoral approach to programmes, with the full involvement of key groups who deal with young people, including the school, the family, the health system, religious and community leaders and community organizations.
- Involvement of young people themselves in the planning and implementation of programmes.

Conclusion:

Health is a state of complete physical, mental and social well being and not merely the absence of disease or deformity. Health at young age is health for all ages. Health of young people is health for all people. **Can we get all sectors concerned with young people together to promote their health?**

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