

SCHOOL ADLESCENTS' HEALTH

INTRODUCTION

❖ Definitions

- Adolescent- a person of age 10-19 years
- Young person- one between 10-24 years (UBOS, 2002)
- Youth- a person 18-30 years (Uganda constitution)

Adolescence is a period of transition from childhood to adulthood during which one undergoes dramatic physical, psychological and social changes

Adolescent health is Complete physical, mental, social, spiritual, economic and cultural well being of adolescents and not just absence of disease and infirmity generally and matters relating to the reproductive and sexual health.

Secondary sexual characteristics any physical characteristic developing at puberty which distinguishes between the sexes but is not directly involved in reproduction.

School Health is the comprehensive efforts of developing, implementing, and evaluating services, both within the school and the community, that provide each and every student with the resources needed to thrive within a healthy environment.

ADOLESCENT CHARACTERISTICS

Adolescent characteristic is a feature or quality belonging typically to a person serving to identify a person of age 10-19 years.

Changes in adolescence

VARIABLE	EARLY ADOLESCENCE	MIDDLE ADOLESCENCE	LATE ADOLESCENCE
AGE	10-13	14-16	17-20 And beyond
SMR	I-II	III-V	V
SOMATIC	Secondary sex characteristics	Height growth peaks	Physically mature
	Beginning of rapid growth	Body shape and composition change	Slower growth
	Awkward appearance	Acne and odor	
		Menarche/spermarche	
Cognitive and Moral	Concrete operations	Emergence of abstract thought (formal operations)	Future-oriented with sense of perspective
	Unable to perceive long-term outcome of current decision-making	May perceive future implications, but may not apply in decision-making	Idealism;absolutism
	Conventional morality		Able to think things through independently
		Questioning increases	

VARIABLE	EARLY ADOLESECENCE	MIDDLE ADOLESCENCE	LATE ADOLESCENCE
Self- concept/ identity formation	Preoccupied with changing body	Concern with attractiveness	More stable body image
	Self-consciousness about appearance and attractiveness	Increasing introspection	Attractiveness may still be of concern
	Fantasy and present-oriented	“Stereotypical adolescent”	Emancipation complete
			Firmer identity
Family	Increased need for privacy	Conflicts over control and independence	Emotional and physical separation from family
	Increased bid for independence	Struggle for acceptance of greater autonomy	Increased autonomy
Peers	Seeks same-sex peer affiliation to counter instability	Intense peer group involvement	Peer group and values recede in importance
		Preoccupation with peer culture	Intimacy/possible commitment takes precedence
		Peers provide behavioral example	

VARIABLE	EARLY ADOLESECENCE	MIDDLE ADOLESCENCE	LATE ADOLESCENCE
Sexual	Increased interest in sexual anatomy	Testing ability to attract partner	Consolidation of sexual identity
	Anxieties and questions about genital changes, size	Initiation of relationships and sexual activity	Focus on intimacy and formation of stable relationships
	Limited dating and intimacy	Questions of sexual orientation	Planning for future and commitment
Relationship to society	Middle school adjustment	Gauging skills and opportunities	Career decisions (e.g., college, work)

Tanner staging (girls)

SMR STAGE	PUBIC HAIR	BREASTS
I	Preadolescent	Preadolescent
II	Sparse, lightly pigmented, straight, medial border of labia	Breast and papilla elevated as small mound; diameter of areola increased
III	Darker, beginning to curl, increased amount	Breast and areola enlarged, no contour separation
IV	Coarse, curly, abundant, but less than in adult	Areola and papilla form secondary mound
V	Adult feminine triangle, spread to medial surface of thighs	Mature, nipple projects, areola part of general breast contour

Tanner staging (boys)

SMR STAGE	PUBIC HAIR	PENIS	TESTES
I	None	Preadolescent	Preadolescent
II	Scanty, long, slightly pigmented	Minimal change/enlargement	Enlarged scrotum, pink, texture altered
III	Darker, starting to curl, small amount	Lengthens	Larger
IV	Resembles adult type, but less quantity; coarse, curly	Larger; glans and breadth increase in size	Larger, scrotum dark
V	Adult distribution, spread to medial surface of thighs	Adult size	Adult size

WHY STUDY ADOLESCENT HEALTH?

- Adolescents make up a significant proportion of the population
- Are prone to psychological, social, physical challenges that impact on their wellbeing.
- This is due to their level of activity, willingness to take risk, limited information
- Adolescents have potential to contribute positively to their own socioeconomic development & that of the country

CHALLENGES FACED BY ADOLESCENTS

- Depression
- Early pregnancy and child birth
- HIV and other infectious diseases
- Violence/aggression/trauma
- Alcohol, tobacco use and other drugs
- Sexual abuse
- Accidents
- FGM
- Early marriage Abortions

ADOLESCENT FRIENDLY HEALTH SERVICES

AFHS are services or clinics that deliver a comprehensive range of sexual and reproductive health services in ways that are responsive to the specific needs, vulnerabilities and desires of adolescents/young people.

Provider characteristics

- Technical competence/ specially trained staff All staff oriented
- Respect adolescents when interacting with adolescents Ensure privacy when interviewing adolescents
- Peer counselors / educators available Positive attitude towards provision of services

Health facility characteristics

- Location
- Privacy and confidentiality Services free or affordable
- Access to services: convenient hours
- Client satisfaction Respect for adolescents
- Adequate space and privacy Adequate supplies and equipment
- Sufficient and appropriate IEC materials Short waiting times

Programme characteristics

- Involve youth in design, implementation and feedback
Involve peer service providers

- Parent/ family/ community support
- Display services and hours of service
- Display guidelines and standards including rights
- No overcrowding
- Short waiting time for clients Affordable services/ fees
- Publicity to inform and reassure youth Wide range of services available
- Functional referral and follow up mechanisms

BARRIERS TO EFFECTIVE ADOLESCENT HEALTH SERVICES

Individual barriers

- Feelings of shame, fear or anxiety about issues of sexuality
- Lack of awareness about services
- Poor health-seeking behaviour
- Poor advice-seeking behaviour
- Perception that services will not be confidential

Socio-cultural barriers

- Social norms
- Stigma surrounding sexually active adolescents

- Attitudes of HCWs
- Language differences

Structural barriers

- Long distance to health facilities
- Lack of facilities for adolescents with disabilities

Inconvenient hours of operation

- Long waiting times Charging fees for services Lack of privacy

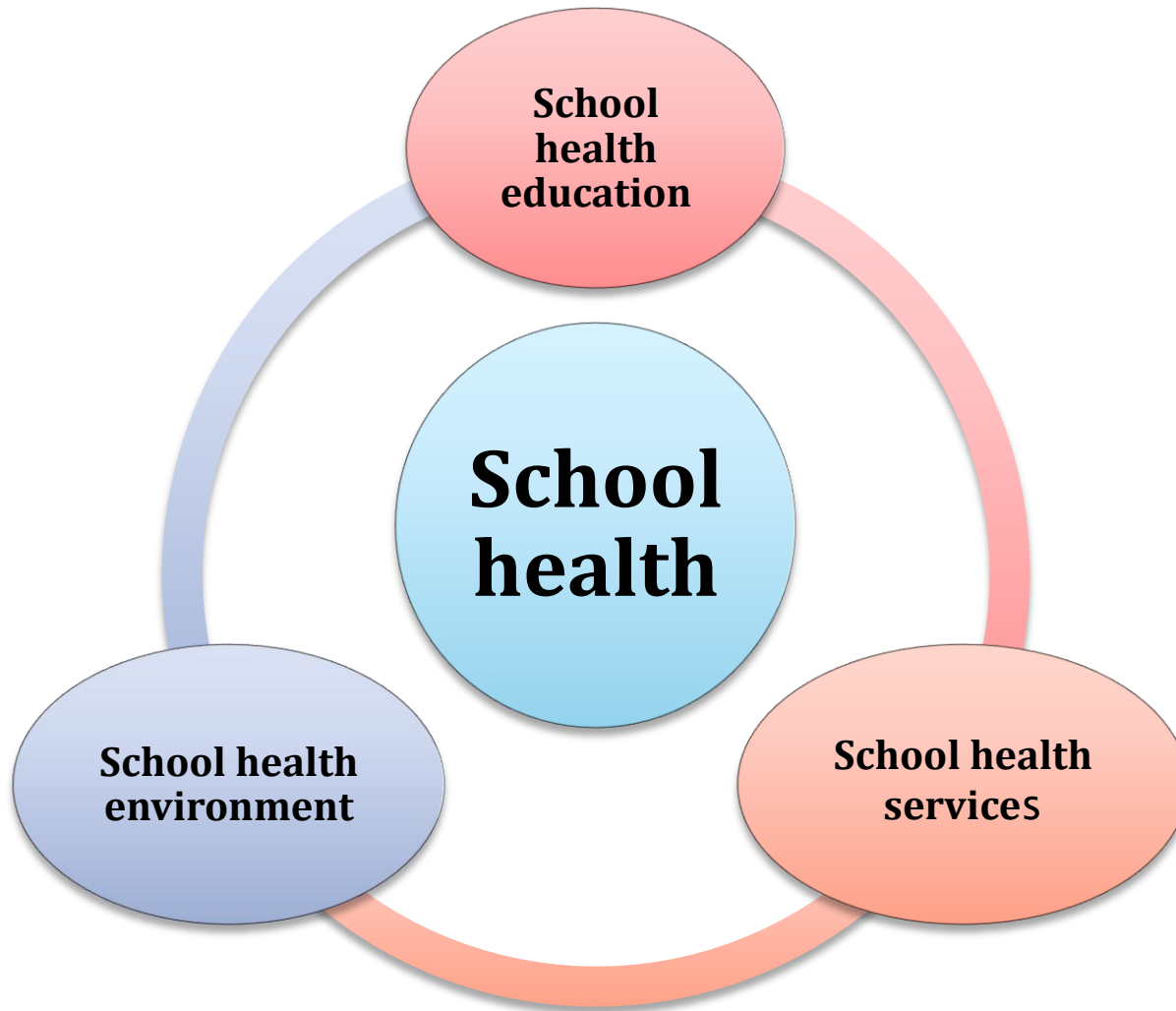
SCHOOL HEALTH

Reasons for giving school age special considerations

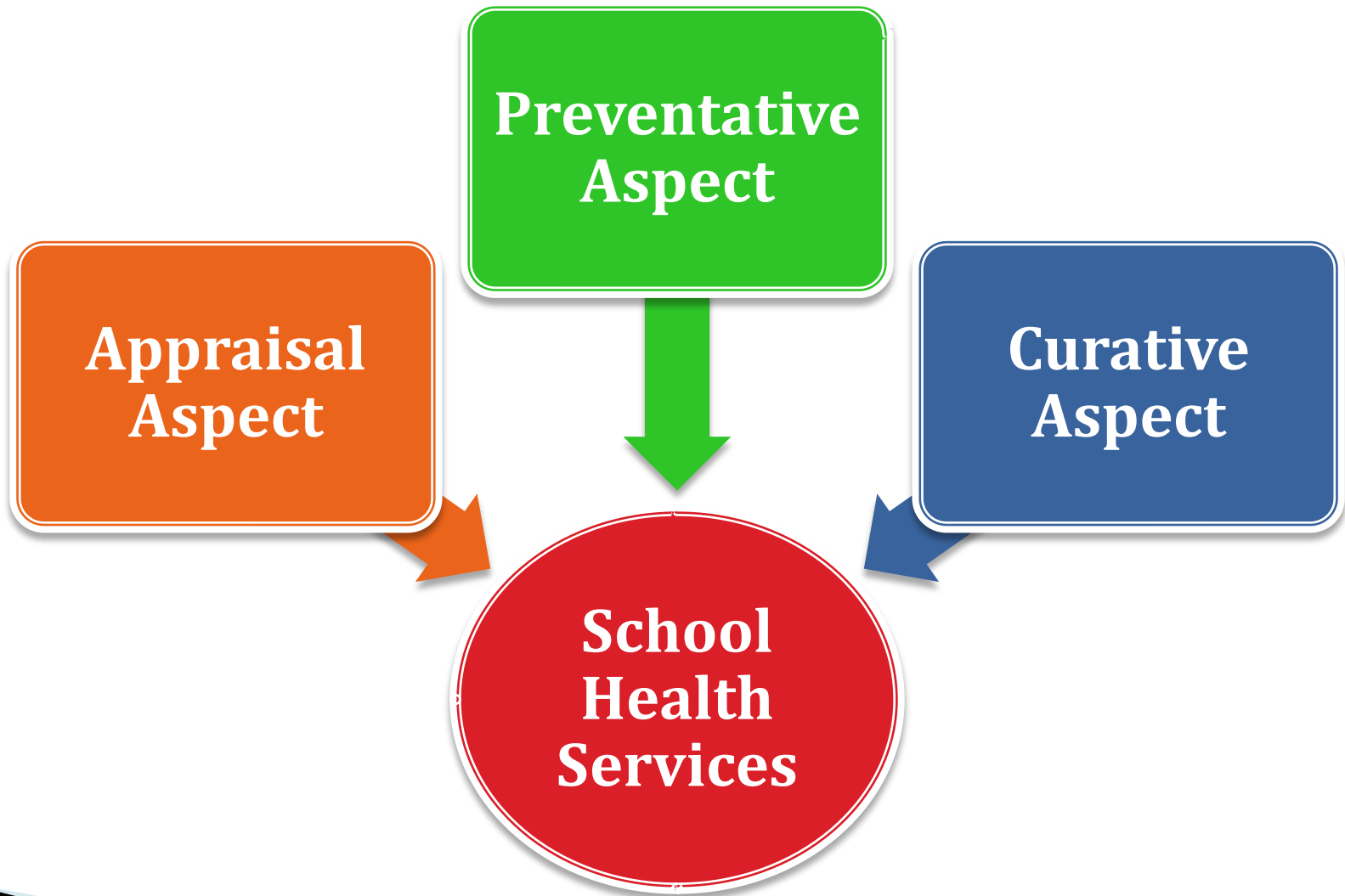
- They constitute a *big sector* of the population (about 1/6).
- This sector is easily reached through schools, as by law, children /adolescents are compelled to attend schools and spend about half of their day.
- School children /adolescents are considered a *vulnerable group*. They are growing exposed to physiologic, mental and emotional stress at home or school.
- Some children /adolescents attend school with *different health problems*, could be early discovered and treated.

- School pupils /adolescents are *very active* &curious so liable to accidents.
- *Health status* of pupils /adolescents is a strong determinant of their school achievement.
- Pupils are affected by *school environment*.
- School years* are the best opportunity for health education.
- We can *reach parents* through their children /adolescents .

Component Of School Health Program



SCHOOL HEALTH SERVICES



I-Appraisal aspects: Assessments

These are organized activities, carried out to assess the physical, mental, emotional and social status of school pupils / students.

Purposes of school health appraisal

- To determine the overall health status of pupils/students.
- To detect pupils who need special care because of their health status.
- To change the unhealthful behaviors of pupils/students, parents and teachers into healthful / healthy ones.
- To provide data for planning of school health program.
- To provide a baseline data for further follow up of pupils'/student's health status

Components of Appraisal

History

Observation

Screening tests

Examination

Laboratory investigations

1-History:

The pupils/students` past and current health events;

- Immunization
- Previous illnesses, injuries and operations
- chronic health conditions (tonsillitis, rheumatic heart disease, and bronchial asthma)

Family History;

- Communicable diseases (TB)
- Hereditary / familial diseases (Epilepsy, Diabetes Mellitus, and Bronchial asthma)

Social habits and behaviors;

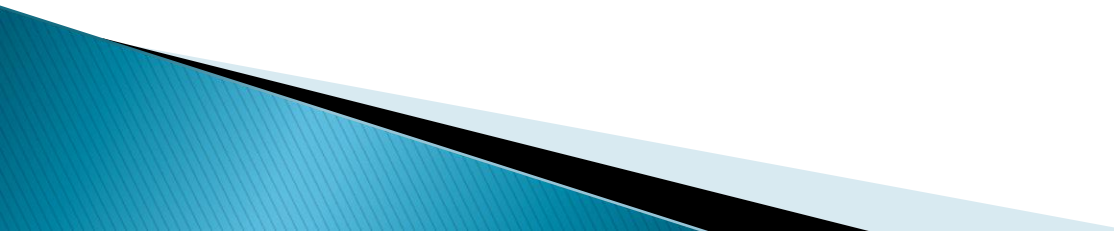
Smoking, alcohol use & physical Activities



2- Daily observation

Observation by parents, teachers, school nurse or health visitors.

Many manifestations of illnesses could be discovered from the daily observation such as;

- Loss of interest and easy fatigability
 - Eye / sight problems, infections, errors of refraction, nutritional deficiency
 - Behavioral problems as aggression, introversion, hyperactivity, excitability or lack of confidence
 - Manifestations of diseases : pallor ,episodes of bronchial asthma, allergic rhinitis and epilepsy.
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3-Screening Tests

These are tools (tests) applied to *healthy pupils* / students to detect those with particular health problem(s) that require(s) further evaluation by a specialist.

These tests are performed by health visitors, social workers, teachers and school nurses.

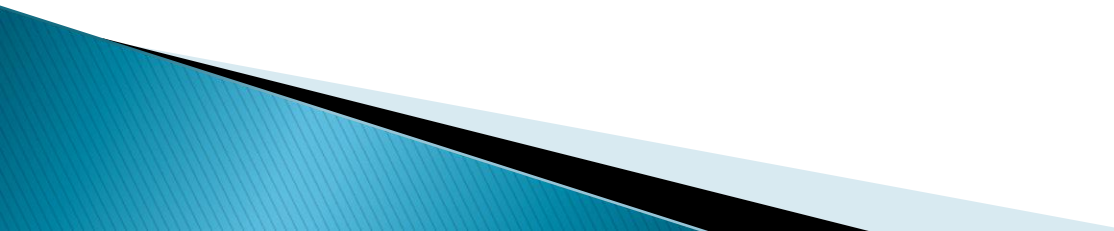
Components of the Screening tests

- Measuring weight and height to assess pupils' /students' growth (growth monitoring)
- Measuring visual acuity
- Measuring hearing acuity
- Detecting pupils/students with speech defects
- IQ assessment

4-Comprehensive medical examination

- School physicians and dentists carry out complete physical and dental examinations.
- It is preferable that health visitors, teachers and parents attend this examination.

5-Laboratory investigations

- Stool analysis for parasitic infestations as ascaris, Hook worm, schistosomiasis, etc.
 - Urine analysis: UTI, AGN, Nephrotic Syndrome, diabetes, schistosomiasis, etc.
 - Blood analysis for haematological, serological, biochemical tests.
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Preventive Aspects

I-Prevention and control of communicable diseases

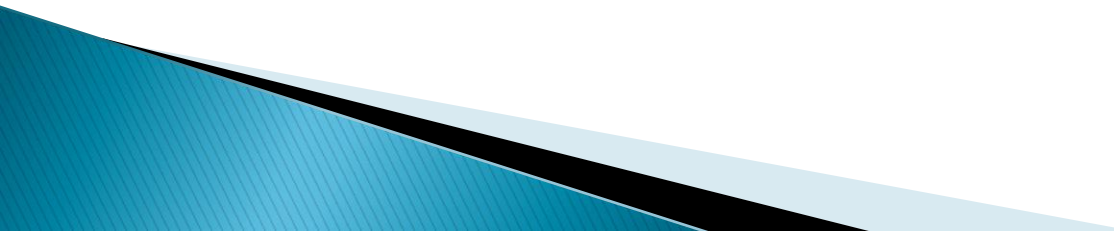
II- Early detection and correction of non-communicable diseases

iii-Early identification and education of children with special disabilities

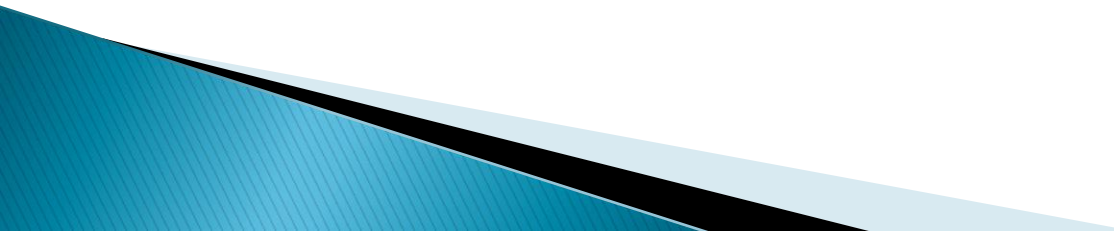
iv-Emergency care and first aid services

I-Prevention and control of communicable diseases

Common communicable diseases among school pupils/students;

- Food- borne diseases: Diarrhea, Enteric fever, Infectious hepatitis A, Food poisoning
 - Diseases spread by droplet infection, airborne: Common cold, Mumps, measles, Chicken pox, Meningococcal meningitis
 - Parasitic diseases: Ascaris, Hook worm, etc
 - Diseases spread by contact: Skin diseases (Scabies, ring worm, impetigo), Eye diseases (Ophthalmia, Trachoma)
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If a pupil is detected to have a communicable disease in a school , What are the control measures?

- Sick Pupils : should be excluded from the school, treat promptly and adequately
 - Readmission to school after treatment: medical examination or certain investigations should precede readmission.
 - Control measures for the environment
 - Care for contacts (depending on disease and transmission mechanism):
 - Daily observation for longest incubation period: for detection of any deviation from normal e.g. flushing, pallor, skin rash, nasal discharge, red eyes, restlessness, coughing & sneezing
 - Chemoprophylaxis in some diseases (meningococcal meningitis)
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- Mass treatment for household contacts (scabies)
- Health education
- - Immunization
- - Care for absence.
- Searching for the source of infection: It might be:
 - a teacher / family member with open pulmonary TB
 - a food service personnel who is a carrier of typhoid
 - a caretaker with infected hand lesions or skin conditions
 - family or community source.

During Epidemics: Do we close the school OR keep it opened ??

School closing is not of great value. This is because ;

- by the time of school closing, the disease may already be well spread, not only within the school but also within the community
- pupils/students will continue to associate with their friends whether school is closed or open.
- in schools, children are under supervision that enables early detection and treatment of communicable diseases.

II- Early detection and correction of non-communicable diseases

The non-communicable diseases among school-age children/students are:

- Nutritional problems
- Dental defects: dental caries, diseases of gums
- Errors of refraction: myopia, hypermetropia
- Hearing impairment
- Chronic health problems: rheumatic heart diseases, diabetes, epilepsy, Nephrotic syndrome and bronchial asthma
- Speech defects
- Emotional and behavioral problems

III-Early identification and education of children with special disabilities:

Managed according to the type of disability

IV-Emergency care and first aid services

Definition: *It is care for urgently diseased or injured pupils and staff members . It is the responsibility of school.*

Its purposes are;

- Safe life
- Prevent further damage and complications
- Arrange transportation, to home or hospital,
- Notify the family.

Every school should have an emergency care plan, supplies, facilities and available trained medical (physician, nurse) or first aid personnel (teacher, social worker, and pupils).

Medical emergencies

- Appendicitis,
- Gastroenteritis,
- Renal colic,
- Epileptic fits and
- Fainting
- Severe injuries or accident.

Curative aspects

School Health Program provides curative services to school pupils.

This service is provided in ;

- School clinics provided by general practitioners (GP)
- A number of affiliated hospitals or services

SCHOOL HEALTH EDUCATION

Changing unhealthy health behaviors related to transmission of communicable diseases

It is the part of health education that is given in the school and by school health personnel.

Methods of school Health Education;

- Formal health education
- Correlated or integrated health education
- Incidental health education

-Formal health education;

Planned health information in specific periods in the timetable with formal curricula e.g. nutrition, HIV/AIDS and pollution.

-Correlated or integrated health education

When a health topic is integrated to curricula such as ;

- history
- science
- economics
- religion
- extracurricular activities (art, music, physical education)

-Incidental health education

Opportunities for incidental health education occur through the school day(s).

Health education visits by Health Workers



Simple incidents in school can have meaning in health terms (e.g. School health appraisal, Injury of a pupil , a pupil has a communicable disease).

Daily newspaper , radio and television reports frequently have health topics of interest to the pupils (e.g. new disease epidemics)

HEALTH SCHOOL ENVIRONMENT

I- Psychosocial and emotional Environment

This includes

- School schedules/programs
- Duration and timing of school day
- Amount and timing of homework/course work.....etc.
- Healthy emotional environment: through teacher-pupil/student relationship or pupils –pupils/student – student relationship

It is difficult for students to be successful in school if they are; depressed, tired, being bullied, stressed, sick, using alcohol or other drugs, hungry, abused.

2- Physical Environment

Safe and sanitary school facilities:

- Classroom ventilation, lighting, furniture, buildings..
- Play facilities
- Water supply, kitchen hygiene
- Garbage disposal, toilets, pit latrines...

3-Environmental sanitation

Application of standards to ensure adequate environmental sanitation to avoid communicable diseases transmission.

COUNSELLING AND GUIDANCE OF ADOLESCENTS ON HEALTH

Counselling is the provision of professional assistance and guidance in resolving personal or psychological problems.

Guidance is advice or information aimed at resolving a problem or difficulty, especially as given by someone in authority.

Counsellor is a person trained to give guidance on personal or psychological problems.

Counseling & Guidance for adolescent involves the process of helping adolescents discover and develop their educational, vocational, and psychological potentialities and thereby to achieve an optimal level of personal happiness and social usefulness.

Why is counseling & guidance important to adolescents?

- Improved communication and interpersonal skills
- Greater self-acceptance and self-esteem
- Ability to change self-defeating behaviors/habits
- Better expression and management of emotions, including anger
- Relief from depression, anxiety or other mental health conditions
- Increased confidence and decision-making skills
- Ability to manage stress effectively
- Improved problem-solving and conflict resolution abilities
- Greater sense of self and purpose
- Recognition of distorted thinking

Qualities of a Good Counsellor

- Knowledgeable
- Skillful
- Observant
- Communication skills
- Ethics and Values
- Non judgmental
- Empathy
- Confidentiality
- Personal integrity
- Competence
- Therapeutic alliance
- Organized

- Flexible
- Open minded
- Patience
- Active Listening
- Active Responding
- Supervision
- Crisis intervention
- Unconditional Positive regard

Principles of counseling and guidance are;

- All-round development of the individual.
- Human uniqueness.
- Holistic development.
- Cooperation.
- Continuity.
- Extension.
- Elaboration.
- Adjustment

Types of counselling and guidance

- Educational guidance and counseling.
- Vocational guidance and counseling.
- personal-social guidance and counseling

COURSE WORK

As the new guidance and counseling personnel appointed by the ministry of education working in partnership with the ministry of health Uganda. Prepare for the following guidance and counseling sessions;

- i. Vocational guidance & counseling for the current A-level graduates planning to join various institutions.
- ii. Personal-social guidance & counseling for the adolescents currently serving time in the Gulu correction centre.
- iii. Educational guidance & counseling for the final year students of Gulu college of health sciences.