

CHILDHOOD AND ADOLESCENCE: DEVELOPMENT, PROBLEMS AND STRATEGIES
FOR HEALTH

INTEGRATION OF PHYSICAL AND MENTAL DEVELOPMENT IN ADOLESCENTS

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The physical changes that signal the start of adolescence occur alongside psychological and social changes that mark this period as a critical stage in becoming an adult. The development from prepuberty to full reproductive capacity may take as little as 18 months or as long as five years, average 3#189; years. The physiological changes of puberty, the rapid physical change, the pubertal growth spurt, sexual maturation and accompanying maturational changes in other organ systems, invariably produce psychological reactions which are essentially independent of the culture and include experiences that, although gratifying, also lead to feelings of helplessness, anxiety and despair.

Adolescence is, initially, a biopsychosociological process, a process of adaptation to puberty.

The psychological changes as well as the physiological changes follow a developmental pattern. Adolescence is the only period in human life during which the developmental regression constitutes the obligatory component of normal development and is the precondition for progressive development. The profoundest and most unique quality of adolescence lies in the capacity to move between regression and progression with ease that has no equal at any other period in human life. Regression inevitably constitutes a source of conflict, anxiety and guilt. The distinction between normal and pathognomic regression lies in the alternative whether regression to the undifferentiated stage is temporary or more or less permanent. Variations of mood and temporary deviant behaviours are part of the normal adolescent process. Applying adult based definitions to adolescents and identifying mental health problems in young people is difficult, because there occur symptoms and substantial changes in behaviour, thinking capacities and identity during the teenage years. It can be a breakdown in the process of integrating the physically mature body image into the representation of oneself. The breakdown at puberty expresses the adolescent's anxiety or panic when she or he suddenly is faced with a sexually mature body. The effects of development breakdown may become obvious immediately at puberty or only much later in adolescence

Key words: adolescence, maturation, regression

POLICIES AND STRATEGIES FOR ADOLESCENT HEALTH AND DEVELOPMENTS – A W H O APPROACH

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Health is acknowledged as a fundamental human right. The ‘UN Convention on the Rights of the Child’ enshrines every child’s right to enjoy the ‘highest attainable standard of health’. Human rights and a number of guiding principles have informed the development of the WHO strategy for child and adolescent health and development. They reflect the clear understanding that many factors determine the health of our young citizens. As such, action must embrace all social and economic sectors, not just the health services.

We fully acknowledge that healthy children are more likely to become healthy adults and that in turn healthy adults, as assets in the creation of a more socially and economically productive society, make fewer demands upon the health system. We also know that health is determined not just by the quality of health care provision but also by the physical, economic, social and family environment, and that children and young people need a supportive environment in which to grow and develop into young adults.

The WHO European strategy for child and adolescent health and development aims at supporting countries in the region to take steps to develop and implement comprehensive strategies for child and adolescent health taking into account differences in epidemiological, economic, social, legal and cultural environments. We also recommend to give high priority to making improvements in children’s and adolescents’ health and development, including physical activity and mental health, through advocacy at the highest level, scaling up programmes, increasing the allocation of national resources, creating partnerships and ensuring sustained political commitment

The overall goal must be for Europe’s young people to achieve the highest possible level of health in the light of current knowledge and the resources available. The intention is to encourage healthy growth and development and to reduce illness and mortality, not only among children and adolescents now, but also as adults in later life. An investment in the healthy development of young people today will by definition contribute to economic prosperity tomorrow.

Key words: children’s and adolescent’s health, WHO European strategy