

ADOLESCENCE: A CRITICAL JUNCTURE IN THE HEALTH OF MANY INDIVIDUALS

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ABSTRACT

Adolescence appears to many individuals as a period of stress to such an extent that the adolescents are not being able to be controlled by any authority. They appear to give people around them troubles – like their parents, teachers and even the government. They tend to do things in their own ways and consult themselves in problem areas. Also, adolescence is a powerful period in man's development in that whatever one will develop into as an adult is formed and determined during adolescence. To this end, the researchers want to look into the topic Adolescence: A critical juncture in the health of many individuals.

KEYWORDS: Adolescence, critical, juncture, health, individuals.

INTRODUCTION

Adolescence can be defined as the period of transition between childhood and adulthood that involves biological, cognitive, and socio emotional changes: (Osakinle 1997; Larson *et al*, 2002). Adolescence as opined by Jayeoba (1991) is a stage of development, a situation or a distinct culture, a state of mind or a combination of all these. According to Blair and Jones (1975), Akinboye (1985) they said that adolescence is a period when the most important and accelerated development in values, beliefs, aspiration, role identity, group cohesiveness, peer influence tend to be the dominant socio-adaptation patterns of behaviour. At this period, this group of people tends to influence themselves in all ways, (Osakinle, 1997). Therefore, many of the behaviour that are linked to poor health habits and early death in adults begin during adolescence. Conversely, the early formation of healthy behaviour patterns, such as regular exercise and a preference for foods low in fat and cholesterol not only has immediate health benefits but helps in adulthood to delay or prevent disability and mortality from heart disease, stroke, diabetes and cancer, (Philips, 2003).

In adolescence, many individuals reach a level of health, strength and energy that they will never match during the remainder of their lives. They also have a sense of uniqueness and invulnerability that convinces them that they will never suffer from poor health, or if they do, they will quickly recover. Given this combination of physical strength and cognitive deception, it is not surprising that many adolescents appear to develop poor health habits.

Many health experts believe that improving adolescents' health involves for more than taking them to the doctor's office when they are sick. These experts recognize that whether or not adolescents develop health problems depends primarily on their behaviour such as eating, exercise, etc. (Philips, 2003). They tend to copy one another in their ways of behaviour, such as in smoking, drinking alcohol, unprotected sexual intercourse and dangerous driving. Also, adolescents' health enhancing behaviours, such as exercising, eating nutritiously and getting adequate sleep are issues that should concern them.

NUTRITION

Concern is often expressed over adolescents' tendency to eat between meals. However, their choice of foods is much more important than the time or place of eating. Fresh vegetables and fruits as well as whole –grain products are needed to complement the foods adolescents commonly choose, which tend to be high in protein and energy value.

Many of today's adolescence eat in between meals and on fast food meals (from Mr. Biggs, etc.) which contributes to the fat levels in their diet. Most fast food meals are high in carbohydrates, protein, especially meat and dairy products. However some American adolescents do not need to worry about getting enough protein what should be of concern is the vast number of adolescent who consume large quantity of fast foods that are not only high in protein but high in carbohydrate Lissau *et al* (2004). Psychologists as well as medical personnel are becoming increasingly concerned with the health hazards associated with obesity (Corsica and Perri, 2003). It has come to be that eating patterns in established in childhood and adolescence are closely associated with obesity in adulthood Eighty percent of obese adolescents become obese adults.

EXERCISE

From observation it could be clearly seen that adolescents are not getting enough exercise. One of the studies compared adolescents exercise pattern in 1987 and 2001 (American Sports Data, 2001). The results: In 1987, 31 percent of 12 to 17 year old said they exercise frequently, compared with only 18 percent in 2001. It was also found out that males were far more likely to exercise than females do. According to Kimm and Obarzanek, (2002), physical activity declines substantially in girls during adolescent and more in African American than non-Latino white girls. Also, World Health Organization, (2000) discovered that only two-thirds of U.S.A adolescents exercised at least twice a week compared with 80 percent or more of adolescents in Ireland, Austria, Germany and the Slovak Republic.

It was also observed that US adolescents were more likely to eat fried food and less likely to eat fruits and vegetables than adolescents in most other countries. This is likely to make them gain more weight. Also, some blame poor physical condition of U.S children and adolescent on failure to provide physical education class on a daily basis. It was observed that if the adolescents have daily exercises, it was likely going to help them keep fit and reduce their weight. A little exercise at least once a day is good for the body, from oral interviews carried out. In the fourth century BC, Aristotle commented that the quality of life is determined by its activities. Therefore to improve the quality of life in both adolescence and adulthood, exercises have to be given the priority of place.

SPORTS

Sports can have both positive and negative influence on adolescents' development. According to Cornock, *et al* (2001) sports activities can improve adolescents' physical health and well being, self confidence, motivation to excel and ability to work with others. They further said that adolescents who spend considerable time in sports are less likely than others to engage in drugs and delinquency. It had been observed that male sport participants were more likely than non participants to say they had eaten fruits and vegetables the previous day and less likely to report cigarette smoking, cocaine and other illegal drug use and attempts to lose weight. Compared with female non-participants, female sports participants were more on the previous day and less likely to report having sexual intercourse over the past three months.

However, some of the problems adolescents experience in sports involves their coaches. Many youth coaches create a performance oriented motivation climate that is for used on winning, public recognition and performance relative to others. But other coaches place more emphasis on mastery motivation that focuses adolescents attention on the development of there skills and self determined standards of success. According to Roberts, *et al* (1997) they found out that athletes who have a mastery focus are more likely than others to see the benefits of practice to persist, in the face of difficulty, and to show significant skill development over the course of a season.

HEALTH SERVICES

It appears adolescents suffer from a greater number of acute health conditions than adults, they see private physicians less often than any other age group (Edelman, 1996). Also, health services are especially unlikely to meet the needs of younger adolescents, ethnic minority adolescent, and adolescents living in poverty (Osakinle, 2003). Among the chief barriers to better health care for adolescents are cost, poor organization and availability of health services and lack of confidentiality. Few health-care providers receive any special training in working with adolescents. Many say they feel unprepared to provide services such as contraceptive counselling or to evaluate what constitutes abnormal behaviour in adolescents (Irwin, 1993; Osakinle, 2003). Parents, peers and health-care providers may transmit to these adolescents discomfort in discussing topics such as sexuality (pregnancy, abortion, STDs), drugs, causing the adolescents to avoid discussion sensitive issues with them (Osakinle, 2003).

CONCLUSION

It could therefore be concluded that adolescents (since they form bulk of the world's population) should be given attention by the government. They need to be monitored since they have a culture of their own. Also, parents need to be encouraged to see these adolescents at work (in school) so that they are not influenced negatively that their lives become ruined.

RECOMMENDATION

It is therefore necessary to say that since adolescents would later become adults, to train them towards eating good diets and sleeping well, exercises should be given its rightful place so that they do not grow into obese adults.

REFERENCES

- Akinboye, J. O. (1985): *Nigerian Adolescents: Behavioural Patterns and Guidance and Counselling*. Ibadan, lees Shyraden, Nigeria Ltd.
- Blair, G. M. and Jones, R. S. (1975): *Psychology of Adolescence for Teachers*, London Macmillan Company.
- Cornock, B, Bowker, A, and Gadbois, S. (2001): *Sports Participant and Self-esteem: Examine the Goodness of Fit*. Paper presented at the meeting of the Society for Research in Child Development Minneapolis.
- Corsica, J. A. and Perri, M. G. (2003): *Obesity*. In I. B. Weiner (Ed). *Handbook of Psychology* (Vol. 9). New York: Wiley.
- Edelman, W. M. (1996): *The State of America's Children*. Washington DC: Children's Defense Fund.
- Irwin, C. E. (1993): *The Adolescents, Health and Society: From the Perspective of the Physician*. In S. G. Millstern, A. C. Petersen, and E. O. Nightingale (Eds), *Promoting the Health of Adolescents*. New York: Oxford University Press.
- Jaiyeoba, M. A. (1991): *The Choice of Help Gives for Solution to Problem of Adolescents*. M.Ed Thesis unpublished.
- Kimm, S. Y. and Obarzanek, E. (2002): *Childhood obesity: A New Pandemic of the New Millennium*. *Pediatrics*. 110:1003-1007.
- Larson, R. W; Wilson, S, Brown, B. B., Fursternberg, F. F; and Verma, S. (2002): *Changes in Adolescents Inter Personal Experience: are they being prepared?* *Adolescence*. 12,31-68.

Lissau, I; Overpeck, M. D; Ruan, W. J; Due, P; Hoistern, B. E; and Hediger, M. L. (2004): Body Mass Index and Overweight in Adolescents in 13 European Countries, Israel, and the United States. *Archives of Pediatrics and Adolescents Medicine*, 158: 27-33.

Osakinle, E. O. (2003): *The Dynamics of Sexual Behaviour of Female Students in the South Western Part of Nigerian Universities*. An unpublished Ph.D Dissertaion in the Faculty of Education, University of Ado-Ekiti, Nigeria, Ekiti State.

Osakinle, E. O. (1997): *Maladaptive Behaviours of In-School Adolescents in Ekiti State*. An unpublished M.Ed Thesis in the Department of Guidance and Counselling, Faculty of Education, UNAD, Ado-Ekiti.

Philips, S. (2003): *Adolescent Health*. In T. B. Weiner (Ed), *Handbook of Psychology*. Vol. 9. New York Wiley.

Robert, G. C.; Treasure, D. C.; and Kavussanu, M. (1997): *Motivation in Physical Activity contexts*. An Achievement Goal Perspicive. *Advances in Motivation and Achievement*. 10: 413-447.

World Health Organization (WHO, 2000): *The World Health Report*. Geneva.

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