

Aktivni mladi za zdraviji život: zdravlje, životni stilovi i fizička forma mladih

Centar za zdravlje, vežbanje i sportske nauke

Prilog br. 3



Finansira

Ministartstvo omladine i sporta Republike Srbije

Sprovodi

Udruženje za sport i medicinu sporta Beograd

Zdravlje adolescenata u SAD Zdrava nacija do 2020. godine

Cilj programa 2020 je poboljšanje optimalnog razvoja, zdravlja, bezbednosti i blagostanja adolescenata i mladih odraslih osoba.

Adolescenti (uzrasta od 10. do 19. godina) i mladi (uzrasta od 20. do 24. godine) čine oko 21% stanovništva SAD.¹ Obrasci ponašanja uspostavljeni tokom ovih razvojnih perioda pomažu da se proceni trenutni zdravstveni status mladih ljudi i njihov rizik za nastanak hroničnih bolesti u odraslom dobu.²

Iako su adolescencija i mladost generalno zdravi periodi života, nekoliko važnih zdravstvenih i socijalnih problema dostiže vrhunac ili počinje tokom ovog perioda. Primeri uključuju:



- Ubistva i samoubistva
- Sudari motornim vozilima, uključujući one izazvane u alkoholisanom stanju
- Upotreba i zloupotreba supstanci; Pušenje
- Seksualno prenosive bolesti, uključujući AIDS
- Tinejdžeri i neplanirane trudnoće
- Nemanje krova nad glavom

Pošto su u periodu razvoja, adolescenti i mlade odrasle osobe posebno su osetljive na okruženje u kojem žive, u užem i širem smislu.³ Faktori sredine, uključujući porodicu, vršnjačke grupe, školu, lokalnu zajednicu, politički kontekst i društveno okruženje, može i pozitivno i negativno da utiče na zdravlje mladih ljudi i njihovo blagostanje.⁴ Pozitivan razvoj mladih ljudi olakšava usvajanje zdravih obrazaca ponašanja i omogućava stvaranje zdrave i produktivne buduće odrasle populacije.⁵



Originalni izvor

Kancelarija za prevenciju bolesti i promociju zdravlja, Ministarstvo za zdravlje i ljudske resurse SAD

<http://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health>

Priredio: CHESS © 2015



Zašto je zdravlje adolescenata važno?

Adolescencija je kritičan prelazni period koji obuhvata biološke promene tokom puberteta, i zahteva od osobe da savlada važne razvojne izazove, kao što su sticanje i povećanje nezavisnosti i normativno eksperimentisanje.^{3,5,6}

Postoje mnogi primeri efikasnih politika i programa koji se bave zdravstvenim problemima adolescenata. Oni podrazumevaju:

- Sertifikovane programe licenciranja vozača⁷
- Programe prevencije adolescentske trudnoće^{8,9}
- Programe prevencije nasilja¹⁰⁻¹³
- Programe prevencije delikvencije¹⁴
- Programe mentalnog zdravlja¹⁵
- Programe borbe protiv zloupotrebe supstanci¹⁶
- Preduzimanje koraka za prevenciju AIDS^{17,18}

Finansijski troškovi za prevenciju zdravstvenih problema koji započinju u periodu adolescencije su veliki, i uključuju dugoročne troškove lečenja hroničnih bolesti koje su posledica ponašanja tokom ovog perioda. Na primer, godišnji zdravstveni troškovi povezani sa pušenjem kod odraslih osoba iznose oko 193 milijarde dolara, a ova loša navika se stiće najčešće oko 18. godine života.¹⁹⁻²¹

Postoje značajne razlike između rasnih i etničkih grupa kada je reč o zdravlju adolescenata. Adolescenati i mladi odrasli ljudi iz manjinskih grupa (npr. Afroamerikanci, američki Indijanci ili Hispanoamerikanci), posebno oni koji žive u siromaštvu, pate od brojnih zdravstvenih problema (kao što su gojaznost,^{22,23} adolescentske trudnoće,²⁴ karijes,²⁵ i slaba obrazovna postignuća) u odnosu na adolescente i mlade evropskog porekla.

Razumevanje značaja zdravlja kod mladih

Vodeći uzroci bolesti i smrti adolescenata i mladih odraslih osoba u velikoj meri se mogu sprečiti.³ Posledice na zdravlje adolescenata i mladih osoba povezane su sa društvenom sredinom kojoj pripadaju i često su uzrokovani njihovim ličnim ponašanjem. Ponašanje mladih ljudi često je pod uticajem pojedinačnih autoriteta, vršnjaka, porodice, škole, zajednice i u vezi sa društvenim slojem kojem pripadaju.

Zdravlje adolescenata i mladih osoba posledica je uticaja brojnih faktora životne sredine, neki od njih su navedeni na stranicama koje slede.

Kako porodica utiče na zdravlje adolescenata?

Adolescenti koji smatraju da imaju dobru komunikaciju unutar porodice, i ostvaruju povezanost sa odraslim osobama imaju manje šanse da započnu sa rizičnim ponašanjem.²⁷ Roditelji koji sprovode nadzor i koji su uključeni u svakodnevne aktivnosti svoje dece promovišu bezbedno okruženje u kojem će mlada osoba istraživati svoje mogućnosti.²⁸

Deca iz porodica koje žive u siromaštvu češće imaju lošije zdravstvene uslove i lošije zdravstveno stanje, kao i manji pristup korišćenju zdravstvene zaštite.^{2,29}

Škola i zdravlje

Akademski uspeh u školi je dobar indikator zdravstvenog statusa buduće odrasle osobe. Posebne akademske veštine povezane su sa nižom stopom rizičnog ponašanja i zdravijim životnim stilom.³⁰⁻³² Završena srednja škola doprinosi nižim stopama zdravstvenih problema i rizika od odlaska u zatvor, kao i boljoj finansijskoj stabilnosti u odraslom dobu.^{26,33-37}

Socijalno okruženje u školi pozitivno utiče na učenike, njihovo redovno pohađanje nastave, školska postignuća i ponašanje. Bezbedna i zdrava školska sredina promoviše veće angažovanje učenika i štiti od rizičnih ponašanja i napuštanja školovanja.^{30,38-43}

Okolina

Adolescenti koji odrastaju u naseljima koja karakteriše koncentrisano siromaštvo u opasnosti su od raznih negativnih posledica, uključujući i loše fizičko i mentalno zdravlje, delikvenciju i rizično seksualno ponašanje.⁴⁴

Izloženost medijima

Adolescenti koji su izloženi medijskim prikazima nasilja, seksualnih sadržaja, pušenju i piću imaju povećan rizik da usvoje ove obrasce ponašanja.⁴⁵

Poseban fokus na zdravlje adolescenata

Dva važna pitanja utiču na to kako će se pristupiti zdravlju adolescenata u narednoj deceniji. Prvo, adolescentska populacija postaje etnički raznolika, sa brzim porastom broja američke omladine hispano i azijskog porekla. Sve veća etnička raznolikost zahtevaće poseban kulturološki odgovor na potrebe zdravstvene zaštite, i fokusiranu pažnju na različite zdravstvene i akademske zahteve, koji su u korelaciji sa siromaštvom, posebno među adolescentima iz manjinskih rasnih i etničkih grupa.^{2,46}



Zapamtite !!!
Zdravstvene navike stečene u mlađem dobu direktno su povezane sa zdravstvenim stanjem kasnije u životu.

Sledeće pitanje odnosi se na povećanu ulogu pozitivnih intervencija kod adolescenata i mladih osoba u cilju sprečavanja zdravstveno rizičnih obrazaca ponašanja.^{47,48} Intervencije za promociju zdravlja i razvoj zdravih mladih ljudi mogu se ukratko definisati kao ciljani procesi obezbeđivanja podrške, uspostavljanja odnosa, sticanja iskustava, resursa i mogućnosti koji su potrebni da adolescenti postanu uspešni i kompetentni odrasli ljudi.⁴⁹

Postoji sve više empirijskih dokaza da dobro dizajnirane intervencije u domenu unapređenja zdravlja omladine mogu dovesti do pozitivnih rezultata. Predstoje rigorozne procene koje će odrediti koje su intervencije efikasne i zašto, i kako se uspešne intervencije mogu primeniti u društvu.⁴⁹



Reference

- 1 U.S. Census Bureau. 2008 population estimates: National characteristics, national sex, age, race and Hispanic origin. Washington: 2008.
- 2 National Research Council and Institute of Medicine. Committee on Adolescent Health Care Services and Models of Care for Treatment, Prevention, and Healthy Development. Adolescent health services: Missing opportunities. Lawrence RS, Gootman JA, Sim LJ, editors. Washington: National Academies Press, 2009.
- 3 Mulye TP, Park MJ, Nelson CD, et al. Trends in adolescent and young adult health in the United States. *J Adolesc Health*. 2009;45(1):8-24.
- 4 National Research Council, Panel on High-Risk Youth, Commission on Behavioral and Social Sciences and Education. Losing generations: Adolescents in high-risk settings. Washington: National Academies Press; 1993.
- 5 McNeely C, Blanchard J. The teen years explained: A guide to healthy adolescent development. Baltimore: Johns Hopkins Bloomberg School of Public Health, Center for Adolescent Health; 2009.
- 6 Halfon N, Hochstein M. Life course health development: An integrated framework for developing health, policy and research. *Milbank Q*. 2002;80(3):433-79.
- 7 National Research Council, Institute of Medicine, and Transportation Research Board; Committee for a Workshop on Contributions from the Behavioral and Social Sciences in Reducing and Preventing Teen Motor Crashes. Preventing teen motor crashes: Contributions from the behavioral and social sciences, workshop report. Washington: National Academies Press; 2007.
- 8 Department of Health and Human Services (HHS), Office of the Assistant Secretary for Health (ASH), Office of Adolescent Health. Overview of the teen pregnancy prevention research evidence review. Washington: HHS; 2013.
- 9 National Campaign to Prevent Teen and Unplanned Pregnancy. Effective program research [Internet]. Washington: National Campaign to Prevent Teen and Unplanned Pregnancy; 2010.
- 10 Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control [Internet]. Best practices of youth violence prevention: A sourcebook for community action. Atlanta: CDC; 2002.
- 11 Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control. STRYVE: Striving to reduce youth violence everywhere [homepage on the Internet]. Atlanta: CDC; 2010.
- 12 University of Colorado, Institute of Behavioral Science, Center for the Study and Prevention of Violence. Blueprints for violence prevention [homepage on the Internet]. Boulder, CO: University of Colorado; 1996-2010.
- 13 Centers for Disease Control and Prevention. The effectiveness of universal school-based programs for the prevention of violent and aggressive behavior: A report on recommendations of the Task Force on Community Preventive Services. *MMWR*. 2007;56(RR-7):1-12.
- 14 Interagency Working Group on Youth Programs. Evidence-based program directory [Internet]. Washington: Interagency Working Group on Youth Programs; 2008.
- 15 Substance Abuse and Mental Health Services Administration (SAMHSA). National registry of evidence-based programs and practices [homepage on the Internet]. Rockville, MD: SAMHSA; 2010.
- 16 National Research Council and Institute of Medicine, Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Preventing mental, emotional and behavioral disorders among young people—Progress and possibilities. O'Connell ME, Boat T, Warner KE, editors. Washington: National Academies Press; 2009.
- 17 Centers for Disease Control and Prevention (CDC), National Center for HIV, STD, and TB Prevention, HIV/AIDS Prevention Research Synthesis Project. Compendium of HIV prevention interventions with evidence of effectiveness. Atlanta: 2001.
- 18 National HIV/AIDS Strategy. Washington: The White House; 2010.
- 19 Schoenborn CA, Vickerie JL, Barnes PM. Cigarette smoking behavior of adults: United States, 1997-98. *Advance Data from Vital and Health Statistics*, Number 331; 2003 Feb 7. Hyattsville, MD: National Center for Health Statistics; 2003.
- 20 SAMHSA, Office of Applied Studies. Results from the 2007 National Survey on Drug Use and Health: National findings (NSDUH Series H-34, DHHS Publication No. SMA 08-4343), Rockville, MD: Substance Abuse and Mental Health Administration; 2008. Chapter 5: Initiation of Substance Use.
- 21 Adhikari B, Kahende J, Malarcher A, et al. Smoking-attributable mortality, years of potential life lost, and productivity losses—United States, 2000-2004. *MMWR*. 2008;57(45):1226-8.
- 22 Ogden, CL, Carroll MD, Curtin, LR, et al. Prevalence of high body mass index in US children and adolescents, 2007-2008. *JAMA*. 2010;303(93):242-9.
- 23 Robert Wood Johnson Foundation (RWJF), Leadership for Healthy Communities. Overweight and obesity among American Indian and Alaska Native youths [fact sheet]. Princeton, NJ: RWJF; 2010.
- 24 Centers for Disease Control and Prevention (CDC), Division of Reproductive Health. Preventing teen pregnancy 2010-2015. Atlanta: CDC; 2010.
- 25 Centers for Disease Control and Prevention (CDC), Division of Oral Health. Disparities in oral health. Atlanta: CDC; 2009.
- 26 Freudenberg N, Ruglis J. Reframing school dropout as a public health issue. *Prev Chronic Dis*. 2007;4(4):1-11.
- 27 Resnick MD, Bearman PS, Blum RW, et al. Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *JAMA*. 1997;278(10):823-32.
- 28 Aufseeser D, Jekielek S, Brown B. The family environment and adolescent well-being: Exposure to positive and negative family influences. Washington: Child Trends; and San Francisco: National Adolescent Health Information Center, University of California, San Francisco; 2006.
- 29 Larson K, Halfon, N. Family income gradients in the health and health care access of US children. *Matern Child Health J*. 2010;14(3):332-42.
- 30 Marin P, Brown B. The school environment and adolescent well-being: Beyond academics. [Research Brief]. Washington, DC: Child Trends; 2008 (publication #2008-26).
- 31 SAMHSA Office of Applied Studies. The NSDUH Report: Youth activities, substance use, and family income. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2007.
- 32 Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Healthy youth! Student health and academic achievement. Atlanta: CDC; 2010.
- 33 Wong MD, Shapiro MF, Boscardin W, et al. Contribution of major diseases to disparities in mortality. *N Engl J Med*. 2002;347(20):1585-92.
- 34 Muennig P, Woolf SH. Health and economic benefits of reducing the number of students per classroom in US primary schools. *Am J Public Health*. 2007;97(11):2020-7.
- 35 Muennig P. The economic value of health gains associated with education interventions. [Paper prepared for the Equity Symposium on "The Social Costs of Inadequate Education" at Teachers College, October 24-25]. New York: Columbia University; 2005.
- 36 Lochner L. Education policy and crime. Working Paper 15894. Cambridge, MA: National Bureau of Economic Research; 2010.
- 37 Sum A, Khatiwada I, McLaughlin J. The consequences of dropping out of high school: Joblessness and jailing for high school dropouts and the high cost for taxpayers. Boston: Center for Labor Market Studies, Northeastern University; 2009.
- 38 Centers for Disease Control and Prevention. Youth risk behavior surveillance—United States, 2009. Surveillance summaries, June 4, 2010. *MMWR*. 59(SS-5):8.
- 39 Sellstrom E, Bremberg S. Is there a "school effect" on pupil outcomes? A review of multilevel studies. *J Epidemiol Community Health*. 2006;60(2):149-55.
- 40 Blum RW, McNeely C, Nonnemaker J. Vulnerability, risk and protection. In: Adolescent risk and vulnerability: Concepts and measures. Fischhoff B, Nightingale EO, Iannotta JG, editors. Board on Children, Youth and Families, National Research Council and Institute of Medicine. Washington: The National Academies Press; 2001.
- 41 Bontempo DE, D'Augelli AR. Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' health risk behavior. *J Adolesc Health*. 2002;30(5):364-74.
- 42 Henderson M, Ecob R, Wight D, et al. What explains between-school differences in rates of smoking? *BMC Public Health*. 2008;8:218.
- 43 Aveyard P, Markham WA, Lancashire E, et al. The influence of school culture on smoking among pupils [abstract]. *Soc Sci Med*. 2004;58(9):1767-80.
- 44 Leventhal T, Brooks-Gunn J. Diversity in developmental trajectories across adolescence: Neighborhood influences. Chapter 15 in *Handbook of Adolescent Psychology* (pp 451-86), 2nd ed. Lerner RM, Steinberg L, editors. Hoboken, NJ: John Wiley & Sons, Inc.; 2004.
- 45 Roberts DF, Henriksen L, Foehr UG. Adolescents and media. Chapter 16 in *Handbook of Adolescent Psychology* (pp 487-521), 2nd ed. Lerner RM, Steinberg L, editors. Hoboken, NJ: John Wiley & Sons, Inc.; 2004.
- 46 Ozer EM, Park MJ, Paul T, et al. America's adolescents: Are they healthy? San Francisco: University of California-SF, National Adolescent Health Information Center; 2003.
- 47 Birkhead GS, Riser MH, Mesler K, et al. Youth development is a public health approach. *J Public Health Manag Pract*. 2006;12(suppl 6):S1-S3.
- 48 Centers for Disease Control and Prevention. Positive youth development promoting adolescent sexual and reproductive health: A review of observational and intervention research. *J Adolesc Health*. 2010 Mar;46(3 suppl).
- 49 Bernat DH, Resnick MD. Healthy youth development: Science and strategies. *J Public Health Manag Pract*. 2006;12(suppl 6):S10-S16.