Our Adolescents--Our Future

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EDITORIAL

Our adolescents - our future

I would like to share a few stories from our recent work with adolescents on a daily basis:

- Two thirteen-year-old boys were recently arrested for breaking into air-conditioning units in the neighborhood to steal Freon. Obviously they use it for huffing, to get high. Upon interviewing them after being consulted by the social services, one of the boys said to me “I am bored, my parents are working and I have nothing to do after school so we wanted to get high and forget about life’s problems”.

- A young man of 14 years of age was admitted to the hospital after attempting suicide. He told me later that his life was basically good, but he became worried that maybe he is not a real man since he noticed that his breasts are growing and he is looking more like a girl.

- Several young teens between the ages of 13-15 years were diagnosed with Gonorrhea tonsillitis in our clinic recently. They said they were not sexually active, but have participated in “head parties” with other peers. We found out that these parties refer to gathering of young teens to have oral sex. The teens were convinced that this was not real sex; “Did not the president say so”?

- An eleven-year-old boy was in our inpatient unit for exacerbation of asthma. His father came to visit and brought him a gift of chewing tobacco!

- A 16-year-old girl, who was referred for evaluation of depression and weight loss, disclosed to us that she had been sexually assaulted by her stepfather for the last two months. When we tried to line up her mother’s help we got exactly the opposite: the mother threatened to kick the “liar” out of the home without even listening to the whole story.

We also see our fair share of good stories with teens doing good deeds and achieving high levels of success. It is the bad stories, however, that grab our attention, because of their sad and tragic consequences and our desire to understand why they happen. We all know that in the United States of America the leading causes of mortality continue to be accidents, homicide, suicide, sexually transmitted infections, and teen pregnancy. All are preventable yet they continue to happen. So whom should we blame? The parents for being busy and/or uneducated, the media for portraying sex, drugs and violence as a “normal” way of life, the school system for not educating our kids about real life, the health care industry that continues to deprive many of our teens access to health care, or our local and federal leaders both political and religious for giving bad examples with their continuing scandals of corruption and inappropriate sexual conduct!

It would be extremely simplistic to say that one or the other bears the blame. With the technological advances and the availability of modern communication systems including the Internet, our teens are bombarded with a sea of information that is frequently inaccurate or age-inappropriate. The literature and real life experience are overall in agreement that improvement of all aspects of our societies is needed to help prevent many of our teens’ problems. The parents should do their part in finding a
way to spend quality time with their kids and to educate them on all aspects of life. Schools should do a better job of teaching real life skills and knowledge rather than purely academic subjects only. As a society, we should be able to provide better environment and health care for our adolescents. Our leaders should be providing good examples and so should the celebrities. If each one of us contributes, maybe we can improve our future by improving the current status of our adolescents who are our future.

This issue of the International Journal of Adolescent Medicine and Health is a small step in addressing these issues by having discussions on various aspects of parenting and educating adolescents from different countries and different cultures.

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BITS 'N PIECES

Young women's accounts of factors influencing their use and non-use of emergency contraception: in-depth interview study

Objectives: To explore young women's accounts of their use and non-use of emergency contraception.

Design: Qualitative study using in-depth interviews.

Participants: 30 women aged 16-25; participants from socially deprived inner city areas were specifically included.

Setting: Community, service, and educational settings in England.

Results: Young women's accounts of their non-use of emergency contraception principally concerned evaluations of the risk conferred by different contraceptive behaviours, their evaluations of themselves in needing emergency contraception, and personal difficulties in asking for emergency contraception.

Conclusions: The attitudes and concerns of young women, especially those from disadvantaged backgrounds, may make them less able or willing than others to take advantage of recent increases in access to emergency contraception. Interventions that aim to increase the use of emergency contraception need to address the factors that influence young women's non-use of emergency contraception.