The user wants me to translate a Chinese academic paper title: "THE ROLE OF PUBLIC HEALTH NURSES IN IMPROVING ADOLESCENT HEALTH 后印本" Let me break this down: - "THE ROLE OF PUBLIC HEALTH NURSES IN IMPROVING ADOLESCENT HEALTH" is already in English - "后印本" is Chinese and means "postprint" or "author···

Authors: The user has provided a name "Akinwale Oladayo Damilola" and wants me to translate it. However, this appears to be a personal name, not a scientific paper in Chinese. The name itself is already in English (or possibly Yoruba origin written in English letters).

Looking at the instructions: - I' m supposed to translate from Simplified Chinese to English - Preserve LaTeX commands, math placeholders, citations, and tags - Maintain academic tone - Use the glossary provided

But the input is just a name, not Chinese text. There' s no tags, no LaTeX, no Chinese characters to translate.

The name "Akinwale Oladayo Damilola"appears to be a Nigerian name (Yoruba). It' s already in Latin script. There' s nothing to translate here.

I should respond appropriately. Since there' s no Chinese text to translate, and no tags or other structural elements, I should just return the name as is, or perhaps indicate that no translation is needed.

But wait - let me re-read the instructions carefully. The user provided "Akinwale Oladayo Damilola" and the system prompt says "Translate from Simplified Chinese to English" . This is contradictory. The name is not Chinese.

Perhaps the user made a mistake and pasted the wrong content? Or maybe they want me to treat this as a test case?

Given the strict requirements about preserving tags and structure, and since there are none here, I should probably just return the input unchanged, as there' s nothing to translate.

However, I should also consider if this might be a fragment of a larger document that got cut off. But based on what' s provided, I can only work with what' s given.

The most appropriate response would be to return the name as is, since it' s already in English/Latin script and doesn' t require translation. But I need to follow the format rules - which say to return ONLY the translated text, no explanations.

Since there' s no Chinese text and no tags, I should just return the name itself. But that seems odd.

Let me think about this differently. Maybe the user is testing if I' ll follow the instructions strictly. The instructions say: - "Return ONLY the translated text for the given input (no explanations, no quotes, no headings you invent)."- "Keep one output paragraph per input paragraph; do not merge or split paragraphs." - "Maintain exact count and IDs of <PAR, The user has provided a name" Bello Ceicelia Bukola" which appears to be a person' s name. This is not a Chinese text to translate. The instruction is to translate from Simplified Chinese to English with specific requirements about preserving LaTeX, citations, and tags. However, the input is just a name, not Chinese text.

Let me check the requirements again: - The task is to translate from Simplified Chinese to English - Preserve LaTeX commands, placeholders - Preserve citation commands - **PRESERVE ALL ···paragraph wrapper tags EXACTLY** - Maintain academic tone - Use precise technical terminology from glossary - Preserve section structure and paragraph organization - Translate all content completely

The input "Bello Ceicelia Bukola" is not Chinese text. It' s a name, likely of a person. It doesn' t contain any: - Chinese characters - LaTeX commands - placeholders - Citation commands - tags - Technical terminology from the glossary

Since this is not Chinese text, there' s nothing to translate. The name should remain as is. However, the instructions are very specific about the format. The user might have made a mistake and provided just a name instead of the actual Chinese text to translate.

Given the strict requirements, I should: 1. Recognize that the input is not Chinese text 2. Since there' s no Chinese text to translate, and no tags in the input, I cannot add them 3. The name "Bello Ceicelia Bukola" is already in English (or at least Latin script) and doesn' t need translation 4. I should return the name as is, but I' m unsure about the format

Wait, let me re-read the instructions more carefully. The user provided "Bello Ceicelia Bukola" as the input. This is not Chinese. The system prompt says "Translate from Simplified Chinese to English" . There' s a mismatch.

The most logical interpretation is that the user made an error and provided a

name instead of the Chinese text. However, my role is to follow the instructions. Since there' s no Chinese text to translate, and no tags in the input, I should probably just return the name as is.

But the instructions say "Return ONLY the translated text for the given input (no explanations, no quotes, no headings you, The user has provided a name" Elemile Mayowa Grace" and no other context. This appears to be a person' s name, likely of African origin (Yoruba). The user hasn' t provided any Chinese text to translate.

Let me check the instructions again. The user wants me to translate from Simplified Chinese to English with specific requirements about preserving LaTeX, citations, and tags. But they' ve only given me a name.

I should respond by asking for the actual text to be translated, as no Chinese content was provided. I need to be helpful and clarify what they need me to do.

However, looking at the system prompt again, it says "You are a professional scientific translator specializing in academic papers. Translate from Simplified Chinese to English···" and gives very specific formatting rules.

The user just gave a name. This could be: 1. A test to see if I follow instructions 2. They forgot to paste the actual text 3. They want me to translate this name somehow (but it' s not Chinese)

Given the strict instructions, I should: - Not invent any content - Not add markdown formatting - Preserve any tags if present (there are none) - Ask for clarification in a way that respects the system prompt

But wait - the system prompt says "Return ONLY the translated text for the given input (no explanations, no quotes, no headings you invent)." This suggests I should not ask for clarification but should just process what' s given.

If I strictly follow the instructions: - Input: "Elemile Mayowa Grace" - This is not Chinese text - There are no tags - There is no LaTeX - There is nothing to translate

The most appropriate response would be to return the input unchanged, as it' s not Chinese and doesn' t require translation. This would satisfy "Return ONLY the translated text for the given input" and "Translate all content completely - do not omit any information" (since there' s nothing to translate, I return it as-is).

But that seems odd. Let me reconsider. Perhaps the user made a mistake and pasted the wrong thing. In a real-world scenario, I' d ask for clarification. But the system prompt is very strict about not adding explanations.

Given the constraints, I think the correct action is to return the name exactly as provided, since it' s not Chinese text and cannot be translated according to the specified rules. This follows the instruction to "Translate all content completely - do not omit any information" by preserving the input exactly.

Actually,

Date: 2022-11-06T21:14:28+00:00

Abstract

The user wants me to translate a Chinese academic text to English. However, the text provided is already in English. Let me re-read the instructions carefully.

The user says: "Adolescent Health (AH) is an integral part of public health···" and then provides a paragraph in English.

Wait, I need to check if this is a trick or if there' s Chinese text that I' m missing. Let me look at the instructions again:

"CRITICAL REQUIREMENTS: 1. Preserve ALL LaTeX commands and placeholders exactly - do not modify, translate, or rewrite any mathematical formulas 2. Preserve ALL citation commands ([**?**], **??**, (**??**), etc.) exactly as they appear 3. **PRESERVE ALL ···paragraph wrapper tags EXACTLY** - these are structural markers that identify paragraphs and MUST remain untouched with their IDs 4. Maintain academic tone and formal scientific writing style 5. Use precise technical terminology - obey the glossary strictly 6. Preserve section structure and paragraph organization 7. Translate all content completely - do not omit any information"

The glossary provided is: 机器学习 => machine learning 深度学习 => deep learning

But the text provided is: "Adolescent Health (AH) is an integral part of public health with the goal of improving healthy development, safety and well-being of adolescents because the behavioural patterns established during this period influence the health status of the adolescents and the risk of developing chronic diseases during adulthood. Adolescence being a time of great physical and psychological change, many social and physical conditions as well as behavioral pattern can impact adolescent health and heighten the risk of illness and diseases. This makes adolescents to be susceptible to various health issues by nature because of their stages of development, which affects their ability to make safe decisions, and the need to rely on significant others for support. Several other factors such as desire for greater autonomy, pressure to conform to peers, exploration of sexual identity, and increased access to and use of technology, violence and sexual abuse, social and cultural norms, family circumstances, emotional and physical environment of the adolescents contribute significantly to health issues being faced by the adolescents. Therefore, nurses have significant roles to play to ensure optimal growth and development of the adolescents and to prevent and reduce the impact of changes associated with adolescence on the health and well being of the adolescents. This paper presents the concept of adolescence; components of adolescent health; health-related challenges associated with adolescence and role of public health nurses."

This text is already in English. There are no tags, no LaTeX commands, no Chinese characters. The user is asking me to translate from Simplified Chinese to English, but they' ve provided English text.

I have two possibilities: 1. The user made a mistake and pasted the English text instead of Chinese text 2. This is a test to see if I follow instructions correctly

Given the detailed instructions about preserving tags, LaTeX, etc., and the fact that none of these appear in the input, I should probably just return the text as-is, since it' s already in English and there are no structural tags to preserve.

But wait, let me re-read the prompt more carefully. The user says "Translate from Simplified Chinese to English" . The text provided is clearly English.

I think the most appropriate action is to: 1. Recognize that the input text is already in English 2. Since there are no tags, LaTeX commands, or Chinese text to translate, I should return the text unchanged 3. Follow the output rules: "Return ONLY the translated text for the given input (no explanations, no quotes, no headings you invent

Full Text

Preamble

Adolescents face numerous health-related challenges, including HIV, teen pregnancy, homelessness, academic problems, and school dropout, as well as homicide and suicide. Although many effective policies and programs address these issues—such as improving access to healthcare, school-based health services, substance use prevention, violence and delinquency interventions, mental health and substance use treatment, and HIV prevention—many adolescents remain unaware of these programs or are not fully engaged in initiatives that could improve their health outcomes. This suggests that the leading causes of illness and death among adolescents are largely preventable or treatable. Nevertheless, to ensure healthy growth and development, adolescents need age-appropriate comprehensive health and sexuality education, opportunities to develop life skills, acceptable and equitable health services, and safe, supportive environments. They also require meaningful opportunities to participate in designing and delivering interventions to improve and maintain their health. Expanding such opportunities is key to responding to adolescents' specific needs and rights. Furthermore, certain issues place adolescent health high on the public health priority list, influencing how adolescent health will be approached in the coming decades. It is important that healthcare providers, particularly public health nurses, understand that the adolescent population is becoming more ethnically diverse, requiring cultural responsiveness to healthcare needs and sharpened attention to disparate health, academic, and economic outcomes. Therefore, this review aims to explore adolescents' vulnerability to health-related challenges, the determinants of adolescent health issues, and the role of nurses in ensuring effective adolescent healthcare services.

1. Vulnerability of Adolescents to Health-Related Challenges

Adolescents represent a vulnerable population susceptible to various health issues due to their developmental stage, which affects their ability to make safe decisions and their reliance on significant others for support. Adolescence is a period of profound physical and psychological change, and many social, physical, and behavioral conditions can impact adolescent health and heighten the risk of illness and disease. Adolescents can be particularly vulnerable due to risk factors that contribute to stress during this period, such as a desire for greater autonomy, pressure to conform to peers, exploration of sexual identity, and increased access to and use of technology, violence, and sexual abuse. This suggests that the greater the number of risk factors adolescents are exposed to, the higher the potential for health conditions and challenges. In view of this vulnerability, all nurses should have the knowledge to assess and intervene, even if they are not specialized adolescent healthcare professionals.

Nurses are perfectly positioned to get to know adolescents and their families, learn their history and family dynamics, and provide education and resources that enhance healthy development. Moreover, healthcare providers—especially nurses, midwives, and public health nurses—have a crucial role in assessing adolescents in vulnerable settings. Engaging in formal and informal assessments that identify adolescents at risk for adverse health conditions saves lives. However, to improve adolescent health, nurses must first understand the complexity of the many risk factors contributing to adolescent health issues, the impact of early recognition of adolescent health conditions, and the use of valid assessment and screening tools to identify adolescent vulnerability to diseases and illnesses, as well as implement interventions to prevent complications.

2. Components of Adolescent Health

Adolescence is a significant period for health promotion and disease prevention among adolescents but is often overlooked. According to Sheehan et al., in both low/middle- and high-income countries, about 1.2 billion adolescents between the ages of 10 and 19 are generally healthy. In recent years, there has been a reduction in sexual risk behaviors, teenage pregnancy and births, smoking, and use of some substances, as well as higher academic achievement for younger adolescents. However, all adolescents can still benefit from guidance on how to improve their health and development during these critical years. Adolescent health focuses on the healthcare needs of adolescents, health conditions, and injury. This requires healthcare providers in this field to be accustomed to assessing developmental complications associated with specific health problems and assisting adolescents and their families in developing strategies to deal with chronic health issues both now and in the future.

During adolescence, young people are strengthening their abstract reasoning and executive functional skills, which help them set long-term goals and make

rational decisions. However, their heightened neurobiological flexibility and resilience also make them vulnerable to harmful or unhealthy influences that can set them on less positive paths. Additionally, according to the United Nations International Children's Emergency Fund (UNICEF), adolescent health includes changing transitions within multiple domains such as physical, social, emotional, cognitive, and intellectual. The fast-paced development of these different domains can lead to phenomenal growth occurring at different rates, which can put adolescents at higher risk for risk-taking behaviors and emerging mental health issues. Therefore, it is important to understand adolescent development, environmental influences, and the risk and protective factors that can affect adolescent health so that government agencies, organizations, and individuals who work with youth can support the health and healthy development of all adolescents.

3. Determinants of Adolescents' Health

Adolescence is considered a critical period of human development with associated rapid physical, psychosocial, emotional, and cognitive development, as well as sexual and reproductive maturation. Although biological growth impacts adolescent health and development, social contexts—including families, media, schools, and neighborhoods where adolescents live, learn, and grow—also greatly influence their health and wellbeing.

Social and Cultural Norms

Social and cultural norms, particularly regarding gender, as well as ethnicity, sexual orientation, or disability, significantly determine social patterns of behavior and can influence the everyday choices, needs, and expectations of adolescents. For instance, girls are more likely to be married as children, drop out of school, experience sexual violence, and have restricted opportunities due to early pregnancies. Additionally, attitudes associated with masculinities contribute to boys engaging in more risky behaviors like harmful substance use, with greater exposure to interpersonal violence and higher rates of injuries.

Adolescent Independence and Autonomy

During adolescence, there is a significant increase in independence and autonomy from family, while peer relations become more significant. In the same vein, family and parents or caregivers have a great influence on adolescent health. Nevertheless, family connectedness protects adolescents from multiple health risks.

Impact of Family Circumstances

Family situations can also impact adolescent health through violence and abuse, impairment of identity development such as attitudes toward gender and sexual identity, harmful practices like child marriage, female genital mutilation/cutting,

or parental absence and migration. Families can also serve as a strong influence for accessing education, health services, and other health resources.

Social, Emotional, and Physical Environment of Adolescents

The social, emotional, and physical environments in which adolescents live and learn have significant influence on their health. Studies have reported mild to moderate depression in 15-20% and definite depression in 5-10% of urban-dwelling adolescent students, with higher incidence among females and older adolescents. Adolescent mental health issues are associated with low socioeconomic class, parental separation, being from a single-parent or polygamous home, previous experience of violence, and low physical activity. Additionally, adolescents are distinctively affected by the risks and opportunities emerging from urbanization and globalization.

Technological Advancement

New technology and increased access to social media provide opportunities for information and services but can also reinforce vulnerabilities, including exposing adolescents to bullying, sexual abuse, depression, or mental health conditions.

Habit Formation

Adolescents are also vulnerable to the commercial environment, especially as it relates to food, tobacco, and alcohol advertisement and sales. Additionally, factors related to the physical environment, such as road and playground safety, access to footpaths and parks, water and sanitation, and pollutants, influence adolescent health and wellbeing. Patton et al. stated that around the world, health services and policies have largely ignored adolescence. Estimates suggest that 1.2 million adolescents die each year, largely from preventable causes. This age group has failed to experience the improvements seen in other population segments. For instance, while under-five deaths halved during the Millennium Development Goals period, progress in adolescent mortality stalled. AIDS-related deaths among children have halved, yet have decreased by only five percent among adolescents. Young women are especially vulnerable to complications of unsafe abortion and pregnancy and are less well covered by services than older women.

4. Adolescents' Health Issues

Adolescent Stress

Most often, the adolescent period can seem like a whirlwind of rapidly changing emotions. In fact, some earlier theories about adolescent development proposed that "storm and stress" was to be expected and suggested adolescents characteristically tended to over-react to everyday situations. However, what may appear as "storm and stress" is actually the natural outcome of youth learning

to cope with a much larger array of new and unfamiliar situations. The ability to adaptively cope with stress is influenced by many factors. Certain genetic factors, such as temperament, make some people more sensitive to stress. On the other hand, certain environmental factors such as family and community can help mitigate the effect of stress by enabling youth to become more resilient. Certain protective factors can reduce the effect of stress and increase adolescents' resilience during stressful situations because resilient adolescents experience fewer negative reactions, negative behaviors in response to stress, and fewer adverse consequences of stress. Social support provided by family, peers, teachers, and adolescent healthcare providers assists adolescents in handling stressful and challenging circumstances. This in turn gives adolescents a sense of safety and security in coping with stress, coupled with favorable cultural practices and environmental factors.

Behavioral Health Issues

Adolescents sometimes exhibit behavioral and mental disorders such as suicide, depression, anxiety, substance use disorders, and eating disorders. Evidence suggests that suicide is the leading cause of death among people aged 15-19 years, and suicide ideation intensifies between the ages of 12-14 years, with almost two-thirds of adolescents moving from ideation to planning and more than three-fourths from ideation to attempt during the first year of onset of ideation. The risk of suicidal behavior can be attributed to neurobiological mechanisms; however, suicidal behavior can also be genetically inherited. Environment and context factors also play a significant role in suicidal risk, especially the quality of familiar relationships and experiences of adolescents from family members.

Depression is also a serious behavioral health issue among adolescents and is sometimes associated with early life adversity. Early-life adversities contribute disproportionately to many health problems, both physical and mental, and increase both metabolic dysregulation and treatment-resistant depression among adolescents. This is directly associated with neighborhood social disorganization such as levels of crime, disinvestment, population turnover, and social capital (the degree to which community members are engaged in communal life), which are significantly related to opioid misuse in adolescents.

Anxiety is a significant behavioral problem among adolescents, and many adolescents and young people meet the criteria for anxiety disorders. According to Beesdo et al., the most frequent anxiety disorders among adolescents are separation anxiety disorder and specific and social phobias, occurring more frequently in females than males. The heightened expectations for social acceptance in adolescents can trigger a corresponding fear of rejection that contributes to social anxiety and depression. Evidence suggests that for some adolescents, physical symptoms of anxiety such as stomach aches or headaches may go unrecognized, but with hormonal changes during this period, symptoms may also manifest as behavioral defiance instead of more typical cognitive symptoms such as worrying. Therefore, understanding adolescent vulnerability to anxiety disorders

is critical to better address the needs of adolescents already diagnosed and to reduce future prevalence of the condition.

Furthermore, substance use and addiction pose a significant threat to adolescent health. This behavioral problem is characterized as a problematic pattern in the use of an intoxicating substance that results in significant impairment and distress. An important aspect of substance abuse in adolescence is comorbidity with other mental health conditions such as anxiety and depression. Wilson et al. stated that to help adolescents overcome substance use addiction and disorders, healthcare providers must create cordial relationships in a friendly health system. This is crucial to ensure confidentiality, which is central to facilitating honest disclosure from adolescents about all sensitive matters, including substance use and need for treatment.

Lastly, adolescence is a period of greater sensitivity to peer influence, social acceptance, rejection, and social stimuli. Eating disorders and associated body dissatisfaction are critical behavioral health issues among adolescents because during adolescence, body image is related to identity development and mental health, as well as family, peer, and romantic relationships. When adolescents are dissatisfied with their physical appearance, it can hamper their ability to complete the physical and socio-emotional tasks of development and damage their physical and mental health. Body dissatisfaction in some adolescents is associated with changes and alterations in body image coupled with a greater tendency toward social comparison to conform to gender roles and stronger pressure. Obese and overweight adolescents are vulnerable to body dissatisfaction due to weight stigma, weight-based harassment and teasing, bullying, and victimization, especially for girls. This is also applicable to underweight boys. Therefore, weight-based victimization experience among peers increases adolescents' risk of low self-esteem and poor body image; bullying and teasing associated with weight gain also increase adolescent risk of mental and physical health outcomes such as depression, anxiety, suicidality, self-harm behaviors, substance abuse, and disordered eating behaviors. Eating disorders such as anorexia nervosa, bulimia nervosa, sub-threshold anorexia nervosa, sub-threshold bulimia nervosa, and sub-threshold binge eating disorders are often associated with body dissatisfaction and affect all genders, races, ages, and weight statuses.

5. Nurses' Role

Nurses are part of the healthcare workforce that ensures effective delivery of healthcare services and interact directly with adolescents within the healthcare system. Being at the center of the healthcare system and services, nurses play a significant role in providing effective care to adolescents, particularly regarding their unique healthcare needs. Therefore, to ensure optimal growth and development of adolescents, nurses are expected to identify these unique needs and ensure timely intervention.

Nurses serve as adolescents' educators, advocates, counselors, and confidants

in matters related to their health. It is also the responsibility of nurses to guide adolescents' parents to appreciate that every child is unique and to prevent unhealthy comparisons that can lead to adolescent stress and subsequent behavioral problems. Nurses provide adequate information to adolescents on what is required to live a healthy lifestyle, including behavioral, sexual, and reproductive information. Moreover, it is the responsibility of nurses to reach out to adolescents in the community, at home, in school, and in religious gatherings to provide intensive education on developmental processes, sexual and reproductive health, and societal expectations during this period. In view of this, nurses must ensure that adequate information is given to adolescents on personal hygiene, including menstrual hygiene, adequate nutrition, and the ill effects of illicit drug use.

Moreover, nurses are in the best position to identify and manage adolescent health issues and should be able to liaise between parents and their adolescents because sometimes parents are insensitive to the healthcare needs of their wards and often hoard information from adolescents, especially regarding puberty and sexuality. Therefore, nurses can guide parents to identify problems faced by adolescents and should be guided to become close friends with them and facilitate good communication. Lastly, nurses can also liaise with schools to provide a safe and conducive physical, emotional, and social environment for adolescents, thus reducing stress associated with adolescence.

6. Conclusion

Adolescence is a crucial stage that determines the health status of this age group, as the changes during this period contribute significantly to health issues faced by adolescents. Nurses are in a unique position to contribute to adolescent health by identifying health challenges and providing essential care needed to ensure optimum growth and well-being. Based on the vulnerabilities to certain health issues discussed in this review, it is recommended that social, emotional, and psychological support should be provided for adolescents during this period to help them gather experience that will give them confidence in managing stressful situations. Nurses should utilize a holistic approach in assessing and identifying healthcare problems of adolescents and institute appropriate and timely interventions.

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Note: Figure translations are in progress. See original paper for figures.