

REVIEW ARTICLE

ADOLESCENCE AND AGE-RELATED PROBLEMS: A NURSING PERSPECTIVE ON HEALTH CHALLENGES AND INTERVENTIONS

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ABSTRACT

Background: Adolescence is a dynamic transitional stage characterized by significant physical, emotional, and psychosocial changes. These transitions often lead to unique health challenges that require a multidisciplinary response. In Albania, adolescent health services remain limited, with a particularly underdeveloped role for nurses in addressing these challenges.

Objectives: This paper aims to: identify the most prevalent adolescent health problems in Albania; assess current nursing and public health interventions; compare Albania's response to European and global models; and propose context-specific improvements in nursing practice.

Methods: This study employed a narrative literature review approach to explore the key health challenges faced by adolescents in Albania and to assess the role of nursing interventions in addressing these challenges. Given the limited availability of recent empirical studies specific to the Albanian context, the review included literature and reports published between 2009 and 2023 to ensure both historical context and recent developments were captured.

Results: Adolescents in Albania face multifaceted health challenges, including early puberty, limited mental health access, risky behaviors (tobacco, alcohol, and digital dependency), and unmet sexual and reproductive health needs. Rural–urban disparities further exacerbate access to services. Data from ADHS, WHO, and UNICEF highlight serious gaps in adolescent-centered care, particularly in health education, mental health outreach, and reproductive health services. Nursing interventions are fragmented and underutilized.

Conclusion: Strengthening adolescent health care in Albania requires a strategic focus on nurse education, integration of school-based health programs, and community outreach. Nurses must be empowered to play a more active role in adolescent health promotion, early detection of mental health issues, and provision of non-judgmental, confidential sexual health support. Policy frameworks should prioritize nurse training in adolescent health and encourage multi-sectoral collaboration for sustainable impact.

Keywords: Adolescent Health, Nursing Interventions, Mental Health, Sexual and Reproductive Health, Albania, Youth Risk Behaviors, Health Education, School Nursing, Public Health Policy, Rural Health Disparities.

INTRODUCTION

Adolescence is a critical developmental stage involving rapid physical, emotional, and social changes. This period shapes lifelong health behaviors and outcomes, making adolescent health a priority for public health systems globally. In Albania, adolescent health services remain insufficient, especially in rural areas, where structural barriers limit access to care. Despite the increasing recognition of adolescent-specific needs, the nursing workforce in Albania has yet to fully integrate adolescent health into routine practice. Nurses have the potential to play a pivotal role in education, early detection, and support, but systematic efforts are lacking. This study seeks to explore the current adolescent health challenges in Albania, evaluate nursing and public health interventions, and recommend contextually relevant improvements to optimize care delivery for this vulnerable population.

Organization of Adolescent Health Services in Primary Health Care in Albania

In Albania, adolescent health services are integrated into the **Basic Package of Primary Health Care Services**, as outlined by the Ministry of Health and Social Protection. After the age of 14, adolescents are no longer followed by pediatricians but instead are monitored by **general practitioners (GPs) or family doctors** in the local health centers.

This transition ensures continuity of care and aligns with national health policies aiming to improve access to adolescent-friendly services.

Role of the Family Doctor and Nurse

The family doctor and the nurse working in primary health care centers are responsible for specific duties related to adolescent care, as defined in the Basic Health Care Package:

- **Annual health check-ups for adolescents**, including assessment of growth and development, nutritional status, pubertal changes, mental health, substance use, exposure to violence, and risky behaviors.
- **Counseling on reproductive and sexual health**, including information about sexually transmitted infections (STIs), contraception, emotional changes during puberty, and personal hygiene.
- **Early identification of psychological needs** and referral to school psychologists or mental health specialists if necessary.
- **Promotion of healthy lifestyles**, including physical activity, avoidance of tobacco, alcohol, and drugs.

Role of the School Nurse and Health Education

In many secondary and 9-year schools in Albania, a **school nurse** is assigned to support students'

health and collaborate with the primary healthcare center. The school nurse is involved in:

- Delivering health education and awareness activities.
- Providing first aid and health monitoring at school.
- Supporting immunization programs according to the national vaccination calendar.
- Cooperating with teachers and psychologists in the early detection of emotional or behavioral issues.

Sexual Education in Schools

Sexual education is integrated into the Albanian school curriculum, particularly through subjects like **Civic Education** and **Biology**, from grade 6 to grade 12. It is delivered by:

- Teachers trained in health and life skills education.
- School nurses and public health specialists in collaboration with health centers.
- Non-governmental organizations (NGOs) working in the field of reproductive health and youth education.

According to a report by the **Institute of Public Health (IPH) and UNICEF (2017)**, sexual education

in schools still faces challenges, including lack of structured teacher training and sensitivity to cultural and social norms.

Role of the School Psychologist in Supporting Mental Health

Most secondary and 9-year schools in Albania employ **school psychologists**, who play a key role in promoting mental health and emotional well-being among adolescents. Their responsibilities include:

- Providing emotional and psychological support to students.
- Identifying early signs of behavioral issues, anxiety, depression, or stress.
- Collaborating with families and teachers to manage complex cases.
- Referring students to specialized mental health services when necessary.

School psychologists are trained through certified programs accredited by the **Institute for Educational Development (IZHA)** and the **Ministry of Education**. According to a report by **UNFPA Albania (2021)**, school psychologists are essential in early detection and intervention for adolescent mental health challenges.

METHODOLOGY

This study was conducted through a narrative literature review aimed at exploring adolescent health challenges and nursing interventions, with a particular focus on the Albanian context. Due to the limited availability of recent empirical studies specific to Albania, sources from 2009 to 2023 were included to capture relevant trends and developments over time.

Data Sources

- National sources: Documents and reports from the Albanian Institute of Public Health (IPH) and the Ministry of Health and Social Protection (MOHSP), including the Action Plan for Sexual and Reproductive Health 2022–2030 and data from the Albania Demographic and Health Survey (ADHS 2017–2018).
- International sources: Publications and guidelines from the World Health Organization (WHO), United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF), and peer-reviewed academic literature accessed through databases such as PubMed.

Search Strategy and Selection Criteria

- A systematic search was conducted using keywords including *adolescent health*, *nursing interventions*, *mental health*, *sexual and reproductive health*, *risk behaviors*, and *health education*.
- Studies and reports published between 2009 and 2023 were considered to provide

both historical context and recent updates on the subject.

- Exclusion criteria included non-relevant studies, non-scientific sources, and research outside the Albanian or similar regional context.

Data Analysis

- A descriptive analysis of quantitative data (health indicators, percentages, and statistical figures) was performed alongside a qualitative analysis of policies, nursing practices, and programmatic interventions.
- Comparative analysis was conducted to benchmark Albania’s adolescent health indicators against European and global averages to assess gaps and strengths.
- Nursing practices and barriers to adolescent healthcare access were evaluated, focusing on training, service availability, and integration of nursing roles in adolescent health promotion.

Limitations

- Due to the scarcity of fresh empirical data from Albania, the study relies mainly on secondary data and document reviews, which may limit the depth of context-specific insights.
- Some older sources were included to provide a comprehensive overview of trends over time; however, this may affect the reflection of the current state of adolescent health services in Albania.

RESULTS

- 1. Physical and Pubertal Changes:** Early onset of puberty, influenced by rising BMI and nutritional patterns, presents psychosocial challenges. Albanian data (ADHS, 2018) confirm a need for better education on these changes (Song et al., 2014; Rosenfield et al., 2009). Many adolescents' experience confusion, shame, and misinformation about their bodily changes. The absence of structured guidance in schools or health centers, especially in rural areas, exacerbates their anxiety. Nurses should play a central role in offering age-appropriate health education that promotes body positivity and trust.
- 2. Mental Health Issues:** WHO Mental Health Atlas (2022) indicates low access to mental health services in Albania, especially in rural areas. The National Health Strategy 2021–2030 outlines the need for early detection programs and mental health promotion in youth (MOHSP, 2021). From our experience in practice, many adolescents present symptoms of anxiety, depression, and emotional withdrawal that often go unnoticed or are misunderstood by adults. Training nurses to identify early signs and to communicate effectively with adolescents is key. Nurses must act not only as caregivers but as advocates and supporters, building trusting relationships that allow adolescents to open up.
- 3. Risk Behaviors:** Alcohol use (22%), tobacco (14%), and digital addiction are growing issues (UNICEF, 2021). These behaviors are often a coping mechanism for stress, peer pressure, and lack of guidance. Through community-based programs and collaboration with schools, nurses can offer group education, confidential counseling, and preventive interventions. Empowering adolescents to resist peer pressure and make informed decisions is a fundamental nursing role. Based on our teaching practice and engagement with students in health institutions, it is evident that increased focus on behavioral health should become part of nurse training curricula.
- 4. Sexual and Reproductive Health:** Limited and inconsistent sexuality education persists in Albania. The Action Plan for SRH (2022–2030) recommends enhanced training for nurses and youth-centered services. HPV vaccine was introduced in 2022; coverage for girls aged 13 was 75.6% by 2023 (IPH, 2023). However, many adolescents lack clear, scientifically correct information on sexual development, contraception, and rights. Nurses must address cultural sensitivity with professionalism and provide confidential, non-judgmental support. Based on observations in clinical settings, adolescents often face shame or fear when discussing sexuality. Nurses must break the taboos by creating safe spaces.
- 5. Healthcare Access:** Albania faces infrastructural gaps for adolescent-friendly services. Efforts are focused in urban centers, leaving rural youth underserved. Collaboration between nurses, schools, and NGOs is limited (UNFPA, 2022). The creation of health education programs within schools, mobile nurse visits, and digital health services can bridge this gap. Moreover, adolescent health services should prioritize confidentiality, gender sensitivity, and accessibility.

Table 1. Key Health Indicators for Adolescents (2019–2024)				
Indicator	Albania	Europe (Avg)	Global (Avg)	Source
Average age at menarche	12.5 yrs	12.4 yrs	12.8 yrs	WHO, UNICEF (2022)
Adolescent overweight/obesity	21%	23%	18%	IPH, OECD (2022)
Tobacco use (% adolescents)	14%	17%	11%	WHO, GYTS (2020)
Alcohol use (% past 30 days)	22%	26%	19%	UNICEF (2021)
HPV vaccination (13 y.o. girls)	75.60%	82%	65%	IPH (2023)
Teenage birth rate	13.7	7.9	42	UNFPA (2022)
School dropout rate (upper sec)	15.20%	10.60%	~18%	Eurostat (2023)

Table 2. Risk Factors and Health Challenges: Albania vs Europe and Global				
Risk Factor / Challenge	Albania	Europe	Global	Source
Mental health access	Low (rural gaps)	Moderate–High	Limited (LMICs)	WHO MH Atlas (2022)
Bullying (ages 13–15)	~35%	~23%	~30%	HBSC (2022), GSHS
NEET rate	~26%	~13%	~21%	Eurostat (2023), ILOSTAT
Suicidal ideation	14–16%	10–12%	~14%	ESPAD, UNICEF (2021)
Unmet contraceptive need (15–19)	~16%	~6%	~21%	UNFPA, WHO (2022)

Table 3. Nursing Interventions and Public Health Strategies				
Area / Strategy	Albania	Europe	Global	Source
School health education	Limited	Integrated	Expanding in LMICs	WHO (2022)
Mental health services	Sparse (urban only)	School nurse-led	Community models	UNICEF (2021)
SRH education	Culturally sensitive, inconsistent	Comprehensive	Mixed	UNESCO (2021)
Digital literacy	Minimal	Formalized in schools	Campaign-based	OECD (2022)
Nurse training in adolescent care	Lacking standardization	Included in curricula	Growing	ICN Reports (2020)

DISCUSSION

Adolescence is a developmental period marked by profound biological, psychological, and social changes. In Albania, the lack of structured adolescent health services, especially in rural areas, leads to considerable gaps in health promotion, disease prevention, and psychosocial support (UNFPA, 2022; WHO, 2022).

1. The Role of Nurses in Health Education

Adolescents often experience confusion, embarrassment, or anxiety related to pubertal changes due to insufficient access to accurate and age-appropriate information. The Albania Demographic and Health Survey (ADHS, 2018) confirms that school-based education on puberty and bodily development is either inconsistent or absent. In contrast, many European countries have successfully integrated school nurses as primary providers of adolescent health education (ICN, 2020). Strengthening the nurse's role in Albanian schools would help normalize conversations around development and promote healthier coping mechanisms among youth.

However, this responsibility should not fall solely on the nurse, but rather be carried out in collaboration with teachers, school psychologists, family doctors, and other public health professionals. This multidisciplinary approach ensures that adolescents receive not only medical knowledge but also emotional and psychological support, creating a safe and informative school environment. *Such collaboration will ensure broader coverage of young people's needs and strengthen the connection between schools and healthcare services, making health education more sustainable and effective.*

2. Mental Health: The Invisible Epidemic

According to the WHO Mental Health Atlas (2022), Albania suffers from poor availability of youth mental health services, especially outside major urban centers. UNICEF (2021) also highlights an alarming increase in anxiety, depression, and emotional distress among adolescents. Nurses are often among the first healthcare providers to interact with youth and can play a critical role in recognizing early signs of mental health problems and providing supportive counseling or referrals (MOHSP, 2021). Their proximity to the community allows them to build trust with adolescents, particularly when trained in trauma-informed care and adolescent communication techniques.

3. Risk Behaviors: A Response to Stress and Disconnection

Approximately 22% of Albanian adolescents report alcohol use, and 14% use tobacco (UNICEF, 2021; WHO GYTS, 2020). These behaviors are often linked to peer pressure, stress, and lack of adult support. International research suggests that nurse-led community programs and peer-based interventions can reduce risk behaviors significantly by offering safe environments for dialogue, skill-building, and psychosocial support (Patton et al., 2016). In Albania, expanding nurse involvement in schools and community centers can help shift the focus toward prevention and resilience.

4. Sexual and Reproductive Health: Breaking Cultural Barriers

Despite the 2022 introduction of the HPV vaccine and the national SRH Action Plan (MOHSP, 2022), many Albanian adolescents remain uninformed about sexuality, contraception, and reproductive

rights due to cultural stigma and lack of comprehensive sex education (UNESCO, 2021). Nurses must be empowered to offer confidential and culturally sensitive care, providing adolescents with safe spaces for asking questions and receiving science-based guidance. Clinical observations show that many adolescents are hesitant to approach healthcare providers about sexuality due to fear or shame. Addressing this requires professional training and structural support for nurses to act without judgment and with empathy.

Concretely, this means:

- Including **mandatory training modules** in adolescent sexual and reproductive health as part of nurses' continuing education programs.
- **Creating private counseling spaces** in health centers and schools where adolescents can speak openly without fear of being overheard or judged.
- Developing **standardized, youth-friendly communication protocols** to guide nurses in discussing sensitive topics respectfully and without bias.
- Collaborating with schools and NGOs to organize **awareness campaigns and peer-led workshops** that normalize discussions around sexuality and reproductive health.
- Ensuring that all materials and services are **culturally appropriate and inclusive**, reflecting the realities of Albania's diverse communities.

Only through practical, systemic measures like these can nurses fully support adolescents in overcoming barriers and accessing their reproductive rights.

Structural Barriers and Urban–Rural Inequities

Geographical disparities remain a major obstacle to adolescent health equity in Albania. While urban areas benefit from health centers and pilot programs, rural youth are often left behind (UNFPA,

2022). Effective models from other countries include mobile health clinics, digital counseling platforms, and school-linked services, all of which involve nurses as frontline providers (OECD, 2022). Such models could be adapted to the Albanian context to ensure no adolescent is left without barriers.

To implement these solutions effectively, coordinated action is needed from multiple sectors:

- **The Ministry of Health and Social Protection** should lead the development and funding of mobile clinics and digital health platforms, ensuring that nurses and other health professionals are trained and deployed to underserved areas.
- **The Ministry of Education** must support integration of school-linked health services, allowing health professionals to operate within or in close collaboration with schools.
- **Local government units** should identify specific community needs and support implementation through infrastructure and logistics.
- **Civil society organizations and NGOs** can assist by offering innovative tools, community outreach, and technical support tailored to local cultural and linguistic contexts.

6. Strengthening the Nursing Role in Adolescent Health

Based on international best practices and Albanian contextual needs, the following actions are recommended:

- **Standardize nursing curricula** to include adolescent-specific modules on mental health, SRH, digital stress, and trauma-informed care (ICN, 2020).

- This should be implemented through higher education institutions offering bachelor's and master's degrees in nursing, ensuring that future nurses are well-prepared from the outset of their careers.
- In primary healthcare services, offer structured and continuous professional development programs (CPD) for practicing nurses. These trainings should focus on adolescent communication skills, confidentiality, risk assessment, and cross-sector collaboration with schools and social services.
- Encourage the Ministry of Health and Social Protection, in partnership with the Ministry of Education, to establish national guidelines that clearly define the nurse's role in adolescent care, both in community health centers and in school-based programs.
- *A dual approach—reforming both university education and in-service professional training—is essential to build a well-equipped nursing workforce capable of addressing the complex needs of Albania's adolescent population.*
- Provide continuous professional training for nurses on adolescent communication and early identification of psychosocial challenges (MOHSP, 2021).
- Establish school-based nurse positions as permanent roles with clearly defined responsibilities.
- This should be done through a formal agreement between the Ministry of Health and Social Protection and the Ministry of Education, ensuring that every public school—especially those in urban and semi-urban areas—has a dedicated full-time nurse.
- Concretely, this involves:
 - Updating national legislation or administrative guidelines to recognize school nursing as an essential public health function within the education system.
 - Allocating specific budget lines within national and local health budgets to fund nurse salaries, supplies, and training.
 - Defining a clear job description through the Institute of Public Health (ISHP), including health education, first aid, vaccination follow-up, emotional support, and referral to specialized services.
 - Creating a coordination mechanism between health centers and schools to ensure proper supervision, monitoring, and integration of the school nurse within both the healthcare and educational structures.

This structural reform would not only improve adolescent health outcomes but also strengthen the link between schools and the national healthcare system.

Promote intersectoral partnerships among health, education, and civil society actors. This initiative should be led by the Ministry of Health and Social Protection in collaboration with the Ministry of Education and Sports, with support from local municipalities and civil society organizations (CSOs).

Concretely, this means:

- Creating inter-ministerial working groups to design joint policies and programs targeting adolescent health and education.
- Establishing formal cooperation agreements (e.g., memoranda of understanding) between health centers, schools, youth centers, and NGOs to coordinate services such as health

education, mental health support, and peer-led initiatives.

- Involving **municipal child protection units** and **local education offices** to facilitate on-the-ground implementation, particularly in underserved areas.
- Encouraging the participation of **youth organizations and parents' associations** to ensure programs are youth-centered and culturally appropriate.

Effective adolescent health promotion requires collaboration, not silos—each actor brings unique expertise and resources that, when aligned, create a more supportive environment for young people.

- **Include nurses in policy-making** for youth health services and empower them to contribute field-based evidence.

CONCLUSION

Adolescent health in Albania faces critical gaps in service provision, especially in mental health, sexual education, and nurse training.

To address these challenges effectively, **adolescent health services must be reorganized**, starting with a **clear division of responsibilities** among key professionals—nurses, family doctors, school psychologists, and educators. Only after roles and tasks are clearly defined should **targeted training programs** be implemented. These should not focus solely on nurses but also include **family physicians, health center staff, sexual education teachers, and school counselors**, ensuring a coordinated and multidisciplinary approach.

Improving adolescent health requires system-level reform, intersectoral cooperation, and a long-term investment in training and institutional capacity, so that every young person in Albania can access informed, respectful, and developmentally appropriate care.

While some national strategies exist, implementation remains limited. Concrete steps are needed, including the standardization of adolescent nursing modules, the deployment of school nurses, and outreach in rural areas. Policymakers must support multi-sector collaboration among health, education, and civil society to ensure equity in adolescent health.

Drawing from our clinical and academic experience, it is evident that nursing professionals require continuous education on adolescent care, updated literature access, and communication training that reflects the complex realities adolescents face today. Education programs must include modules on trauma-informed care, digital stress, and family dynamics. Nurses in Albania must be recognized as active participants in national health planning for youth and should be equipped to influence policy by bringing evidence from the field.

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