

## **Introduction**

Adolescence is the stage of development that leads person from childhood to adulthood, marked by the major physical changes of puberty, important cognitive and social development. It is generally considered to baying around age twelve and end sometimes around age twenty (*Seifert & Haffnun 1994*).

Adolescence is a phase of the life cycle that has long puzzled individuals and their parents as well as health professional an awareness of the characteristics and needs of this special group, however, can contribute to greater appreciation for teenagers in general and for those who have special nutritional needs (*Roberts & Williams, 1996*).

The world's adolescent population-1200 million persons. 10-19 years of age, 19% of the total population-faces a series of serious nutritional challenges not only affecting their growth and development but also their livelihood as adults (*W.H.O. 2003*).

There are14 Millions adolescent in Egypt, 47% of them are anemic, two thirds had parasitic disease, 18% are males and 14% are females had delayed sexual maturity due to anemia and low family income (*Karium, 2002*).

During adolescence an individual's total nutrient needs reach their highest point in the life cycle, healthy eating is important at this stage of life not only because the nutritional needs but also because habits formed early in one's life. The nutritional requirements of adolescents are influenced primarily by the normal event of puberty and the simultaneous growth spurts (*Shills et al., 1999*).

In healthy people 2010 dietary practices are recommended to maintain desirable weight, increase intake of complex carbohydrates and fiber-containing foods, reduce sugar intake, total fat and cholesterol and sodium. And increase calcium intake (*Simith & Maurer, 2000*).

Effective adolescent nutrition education programs are those that allow adolescents to express their attitudes, beliefs, concerns, and feeling regarding foods, food choices, eating and diet, they are also tailored to meet the added and interests of the individual or a group (*Dudek, 1997*).

As reported by *Elmoslamani (1993)* that nutritional problems of developing countries are conditioned by poverty, near exclusive reliance on plant sources of nutrients and high rates of infection. The common deficiency disease include nutritional anemia, vitamin A deficiency, Iodine deficiency and possible other.

School reflect the social values and economic standing of the community that support them anticipatory guidance includes a review of normal physiological and how it changes with puberty (*Schulte et al., 2001*).

School seems to be the main source of knowledge on nutrition and healthy eating, nurse have an important role to play in promoting to healthy eating within the context of health education both by example and within the curriculum (*Polney & Hull 1993*)

The nurses a responsibility to intervene and initiate activities that promote improved nutritional status and provision of information on good nutrition in individual or group session (*Stanhope & Lancaster 1996*).