



## REVIEW OF ADOLESCENT HEALTH IN INDIA

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## KEYWORDS :

## INTRODUCTION

Adolescence is a period in which all the habits and behaviour like high risk behaviour, substance abuse and eating habits develop that have lifelong impact. In India, programmes have been launched to address all the problems faced during adolescent period, still then adolescents are facing problems. The problems included were sexual health and teenage pregnancy, problems related to menstruation, illicit drugs, tobacco and alcohol use. Anaemia, eating problems, obesity, behavioural problems and oral health among adolescent were also reviewed.

Sexual health knowledge among adolescent varies from 41% to poor. Knowledge about sexually transmitted diseases and sexuality is less. Prevalence of dysmenorrhoea varies from 67.2% to 56.15% among adolescent girls. Prevalence of tobacco use varies from 25.1 to 12%. Prevalence of obesity varies from 3.4% to 0.35% and overweight varies from 5.5% to 5.84%. Prevalence of anaemia varies from 29% to 41.1%. Adolescents are facing depressive problems, physical fights, worry and loneliness. Prevalence of depression varies from 18.4% to 13.3%. Prevalence of dental problems varies from 18.2 to 41%. The review revealed that adolescents in India are facing problems of sexually transmitted infections, dysmenorrhoea, tobacco and alcohol use, depression, physical fights, worry, loneliness and oral health problems. This needs a participation of family, community and government to resolve the issue.

Key Words Adolescent; Alcohol; Obesity; Oral Health; Sexual Health. "Adolescence" literally means "to emerge" or "to attain identity" and is essentially the period of rapid physical and psychological development starting from the onset of puberty to complete growth and development. All adolescents go through a myriad of physical, hormonal, psychological, behavioural and social developmental changes. Because of illiteracy, unawareness and social taboos, the health of millions of adolescents worldwide are neglected. They do not have the information, skills, health services and supports of life. In India among adolescent age group. Review of the studies on adolescent health are categorized into following headings

1. Sexual health issues and teenage pregnancy
2. Problems related to menstruation and menstrual hygiene
3. Adolescent tobacco, alcohol and illicit drug use
4. Obesity, overweight, eating problems, under nutrition and anaemia among adolescent
5. Behavioural problems, depression, and other psychiatric conditions
6. Oral health among adolescent Results Sexual health issues and teenage pregnancy Adolescent and youth are vulnerable to sexually transmitted infections, including HIV.

About 16 million women in the age 15–19 years give child birth each year in the world. This constitutes 11% of all births worldwide. Ninety-five per cent of these births occur in low- and middle-income countries. Half of all adolescent births occur in just seven developing countries, in which India is also included. India is third number in the levels of adolescent child bearing. Despite communication barriers, e.g., lack of knowledge and cultural proscriptions, Indian families are interested in and willing to communicate about sex-related topics. (5) Though age at marriage is increasing; data from NFHS-3 (National Family Health Survey 3) shows that 27% young women and adolescents respectively. According to sample registration system statistical report 2010, 21% of the total Indian population is comprised of adolescent. Out of them 11% is contributed by male and 10% contributed by female. The World Population Day in the year 2003 had been declared as the year of one

billion adolescents in the world issues and teenage pregnancy Problems related to menstruation and menstrual hygiene . Adolescent tobacco, alcohol and illicit drug use Obesity, overweight, eating problems, under nutrition and anaemia among adolescent Behavioural problems, depression, and other psychiatric conditions Oral health among adolescent Results Sexual health issues and teenage pregnant Adolescent and youth are vulnerable to sexually transmitted infections, including HIV. About 16 million women in the age 15–19 years give child birth each year in the world. This constitutes 11% of all births worldwide. Ninety-five per cent of these births occur in low- and middle-income countries. Half of all adolescent births occur in just seven developing countries, in which India is also included. High rates of adolescent child bearing found in South and South-West Asia due to marriage at early age. India is third number in the levels of adolescent child bearing. Despite communication barriers, e.g., lack of knowledge and cultural proscriptions, Indian families are interested in and willing to communicate about sex-related topics. . In India husbands make the decision whether their wives could seek advice about delaying and spacing pregnancies, limiting the number of children and to treat STDs (Sexually Transmitted Diseases). Mothers-in-law sometimes influence these decisions. Girls have neither decision-making power nor influence. The uses of postpartum contraception among adolescent mothers revealed that more than half were using no contraception. Receipt of prenatal contraceptive counselling and receipt of a postpartum check-up were both associated with a decreased likelihood of having sex without contraception. Prenatal contraceptive counselling was also associated with an increased use of oral contraceptive pill. The contraceptive use among adolescents is very less because the social relevance attached to pregnancy in this age group. There are misconceptions and negative beliefs like impotence after use of condom, weakness after sterilization, fear of becoming obese after use of oral contraceptive pills. Knowledge about RTIs/STIs (Reproductive Tract Infections / Sexually Transmitted Infections) is much higher among literate adolescent women (41%) compared to illiterate (33%) women. The prevalence of RTIs/STIs was highest in the western region (41%) of India and lowest in the southern region (14%). Only 20% of married adolescent women in India sought treatment for RTIs/STIs. Shashi Kumar R et al found in their study that average age at first sexual contact for boys was 13.72 years and for girls was 14.09 years. While average age at first intercourse in those who had it was 15.25 years for boys and 16.66 years for girls.

Adolescent girls most commonly faced menstrual problems like dysmenorrhoea and premenstrual syndrome. Dysmenorrhoea (67.2%) is the commonest problem and 63.1% had one or the other symptoms This is the main reasons for absenteeism from school. Daily routine of girls was affected due to prolonged bed rest, missed social activities or commitments; disturbed sleep and decreased appetite. Girls from families of high socio-economic class have significantly lower mean ages of menarche in both urban and rural area. The mean age of menarche was significantly higher in girls involved in vigorous sporting activity in urban area compared to their non-sporting counterparts. Hygiene-related practices of women during menstruation . Poor menstrual hygiene is one of the major reasons for the high prevalence of RTIs in the country and contributes significantly to female morbidity. Most of the adolescent girls in villages use rags and old clothes during menstruation, increasing susceptibility to RTIs.

A review of childhood obesity prevalence studies in India revealed that a large degree of variation in the prevalence of overweight (8.5-29.0%) and obesity (1.5-7.4%) among schoolaged youth, with the highest prevalence among urban youth and youth of higher socio-economic

status (SES). The combined prevalence of overweight and obesity among school-going adolescents (12–18 years) in Delhi was shown to be 16.6%. The prevalence was up to 7 fold higher among private school students as compared to those in Government schools (26.6% vs. 3.9%). Bishwalata R in her study found that the prevalence of overweight was 4.2% according to the WHO standard. The prevalence of obesity is 0.8% among school children, which is very low. The possible reasons for this include a more traditional low-fat diet, less exposure to sedentary past-times, genetic constitution of adolescents of Manipur and a greater time spent playing outdoors. In a study by Deoke A the prevalence of overweight in students was 5.84% and obesity was 0.35%. The combined prevalence of overweight and obesity was 6.19%. The prevalence of overweight in boys is 5.31% and obesity was 0.63% and that in girls is 6.53% and 0% respectively. Obesity can be seen as first wave of a defined cluster of non-communicable diseases called "New World Syndrome" creating an enormous socio-economic and public health burden in poor countries. Type 2 diabetes mellitus (DM) has traditionally been considered as a disease of adults. However, in the last 2 decades, it is increasingly being reported in children and adolescents. Increasing prevalence of obesity and poor physical activity are precipitating type 2 DM at younger ages. Adequate nutritional intake is very essential for adolescent for normal development. But during adolescent period more prevalence of unhealthy food habits, skipping meals, remain fast to lose weight. Over half of the children skipped breakfast, ranging from daily to once in two weeks, the main reason being getting up late in the morning Adolescent usually follow an erratic food eating habits like missing breakfast. A survey on eight school children of Delhi whose average mean age was 14.29 years observed that significantly more Government school students with lower socio economic status consumed breakfast daily as compared to private school students with higher socio economic status (73.8% vs. 66.3%). Overall prevalence of overweight and obesity among adolescents who consumed breakfast daily was significantly lower versus those who only sometimes or never consumed breakfast. Breakfast consumption was associated with greater physical activity versus those who never consumed breakfast. According to NFHS-3 report 60% girls in the age group 15 to 19 year were found to be anaemic. . The prevalence of anaemia among girls (Hb < 12 g %) and boys (Hb < 13 g %) is alarmingly high as per the reports of NFHS-3 and the National Nutrition Monitoring Bureau Survey (NNMBS). The prevalence of anaemia in India among adolescent girls and boys is 55.8% and 56.1% respectively. The prevalence of anaemia among unmarried adolescent south Indian girls in an urban slum setting was 29%. Significant association of anaemia was observed in low socioeconomic status, religious and infrequent or no consumption of meat. Prevalence of micronutrient deficiencies was high in adolescent girls. Oral health among adolescent Oral health knowledge is very poor among adolescent though it is an important health issue. In a study by Gupta T et al found that 90% of participants had knowledge about causes of dental caries and the role of tooth brushing in its prevention. Lower proportions of participants were aware of gum disease and the role of fluoride and dental floss. The prevalence of dental problems is showing increasing trend. Whose prevalence varies from 18.2% (2012) to 41% (2012). Prevalence of dysmenorrhoea varies from 67.2% (2008) to 56.15% (2012) among adolescent girls. Which is also showing decreasing trend. Prevalence of alcohol consumption among adolescent is going on increasing trend in rural adolescents and decreasing trend among urban adolescents. The prevalence of alcohol consumption among urban adolescent varies from 32.2% (1999) to 5.23% (2010) and the prevalence of alcohol consumption among rural adolescent varies from 1.3% (1999) to 7.37% (2010). The review depicts that adolescents in India have many problems which need special attention and care. Adolescents require a strong family and society support. Primary care practitioners are the main health care providers to all families in India. Primary care practitioners should update knowledge on adolescence health problems and involve in health education in the form of role play and health education talk. These will encourage the adolescents to get knowledge and awareness about their health problems and consult to doctors.

**Conclusion** Adolescents in India are facing problems of sexually transmitted infections, dysmenorrhoea, tobacco and alcohol use, depressive problems, physical fights, worry, loneliness and oral health problems. Health education and counselling to adolescents are necessary in India to improve adolescence health. Primary care practitioners may act as a bridge between the family and adolescents to solve the problems. Simultaneously awareness to the programmes related to adolescent health should be generated among family members so that they can also advise and guide the adolescents. This

type of health education programme can be held by primary care practitioner doctors in their locality with involving family members and adolescents.

## REFERENCES

1. Census of India. <http://www.censusindia.gov.in/2011census/population>. Updated on 18-11-2014.
2. Nair MK. Adolescent sexual and reproductive health. *Indian Pediatr.* 2004 Jan;41(1):7-13.
3. Maternal, newborn, child and adolescent health, WHO 2013.
4. Styne DM. Childhood and adolescent