



## Adolescents: A key pivotal in India's Health Strategy

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### Abstract

*Adolescents constitute more than 20% of India's population. There has been an increasing need of inculcating health practices in this age group through different channels to unleash their true potential. Reproductive, Maternal, Neonatal, Child Health and Adolescent strategy is a key program, already in progress in the health sector, under the aegis of National Health Mission. Through this article, the authors share brief statistics about the existing health and the disease spectrum among adolescents, the existing portfolio of health interventions within the ambit of reproductive and child health and the role that all of us could play in facilitating healthy sexual development of adolescents and leveraging their energy for the benefit of our fellow citizens and thus making them an active partner to reduce Maternal, Neonatal and Infant mortality.*

### **Background**

The most important tenure of human life where learning can make the greatest dent on behavior is adolescence. Good adolescent health and nutrition status has an inter- generational effect. Therefore, adolescence is one of the important stages of the life cycle in terms of health interventions. It is one window of opportunity which can be used effectively

to inculcate good practices in individuals and hence in community.

### **Health spectrum in Adolescent age**

Although adolescence is considered a healthy phase, yet more than 33% of the disease burden and almost 60% of premature deaths among adults can be associated with behaviors or conditions that begin or occur during adolescence –



for example tobacco and alcohol use, poor eating habits, sexual abuse and risky sex<sup>[1]</sup>.

### Nutrition and Reproductive Health of adolescents

Adolescent health and nutrition status has an inter- generational effect. The health of an adolescent girl impacts pregnancy while the health of a pregnant woman impacts the health of the newborn and the child. The mother's condition before pregnancy is a key determinant of its outcome; half of adolescents (boys and girls) have below normal body mass index (BMI) and almost 56% of adolescent girls aged 15–19 years have anemia. Prevalence of Neonatal mortality is higher among adolescent mothers. Sixteen percent of all mothers are adolescents and their pregnancy is high risk pregnancy and chances of dying are twice than women over the age of 20. With westernization and increasing exposure in

societies, there is an increased threat of unsafe sex and related sexual, physical and psychological challenges. Poor knowledge of contraceptives, lack of access to contraceptives, stigma to reach out for them especially, when having premarital sex, and reaching out to unqualified practitioners for abortion, compounds the already at risk reproductive health of adolescents. Gender- based violence is another area of concern, especially for female adolescents. As per NFHS 3, nearly one out of every three (31%) ever- married female adolescents, in 15–19 age group, reported having experienced physical, sexual or emotional violence perpetrated by their spouse.

Within the age group of 10 to 19 years, the profile of disease burden is significantly different for younger and older adolescents as mentioned in the table below:

Age group	Prominent type of illnesses (morbidity pattern)
10- 14 years	Injuries and communicable diseases
15- 19 years	Outcomes of sexual behaviors and mental health

**Table 1. Different age groups and prominent morbidity patterns**



## Mental Health and Non Communicable diseases in adolescents

The psychological disorders such as depression and anxiety start becoming evident in early adolescence with the onset of puberty. A recent study <sup>[2]</sup>, published in Lancet, and based extensively on Indian data has indicated that 13% of suicides in the country occur in the age group of 15-29 years. This data also indicates that almost 14% of young men and women report symptoms or behaviors indicative of mental health disorders. An emerging public health challenge is the rising occurrence of non-communicable diseases (NCD). The adolescent period provides an opportune time for positive behavior modification in order to mitigate emergence of risk factors that lead to non-communicable diseases.

### Adolescents in RMNCH+A “Continuum of Care” approach

India has made considerable progress over the last two decades in the sector of health, which was further accelerated under NRHM. True to its vision, NRHM improved the availability of and access to quality healthcare by people, especially for

those residing in rural areas, the poor, women and children. However, latest data and trends emerging from the national surveys demand a cohesive approach to manage child and maternal health care. Thus, the National Health Mission (erstwhile NRHM) has come with a comprehensive Reproductive, Maternal, Neonatal, Child Health and Adolescents (RMNCH+A) approach, subsuming most of the ongoing interventions under this umbrella.

Increasingly, across the globe, there is emphasis on establishing the ‘continuum of care’, which includes integrated service delivery in various life stages including the adolescence, pre-pregnancy, childbirth and postnatal period, childhood and through reproductive age. In addition, services should be available at all levels: in homes and communities, through outpatient services and hospitals with ‘inpatient’ facilities. This approach is based on the sound premise that the health of an individual across the life stages is interlinked. One of the key concerns for us is the number of maternal deaths, which we know can be reduced by bringing down the numbers of unintended pregnancies. This requires increased contraceptive use and in effect, the maternal health and

family planning service packages to be linked in terms of service delivery. This integrated approach is offering due attention on adolescence as a significant phase of life and referral linkages between community and facility based services.

### Comprehensive Adolescent Strategy under RMNCH+A

Taking cognizance of the diverse nature of adolescent health needs, a comprehensive adolescent health strategy has been developed.

Levels for care	Spectrum of interventions	Priority Interventions
<b>Individual</b>	Primordial prevention and Health Promotion	Health education to prevent developing risk factors for NCD, CD and safe sex. Adolescent nutrition; iron and folic acid supplementation
<b>Family</b>	Prevention	Facility- based adolescent reproductive and sexual health services (adolescent health clinics)
<b>School</b>	Diagnosis	Menstrual hygiene
<b>Community</b>	Treatment	Preventive health checkups
	Referral	

**Table 2. Decoding Comprehensive RMNCH+A strategy for adolescents**

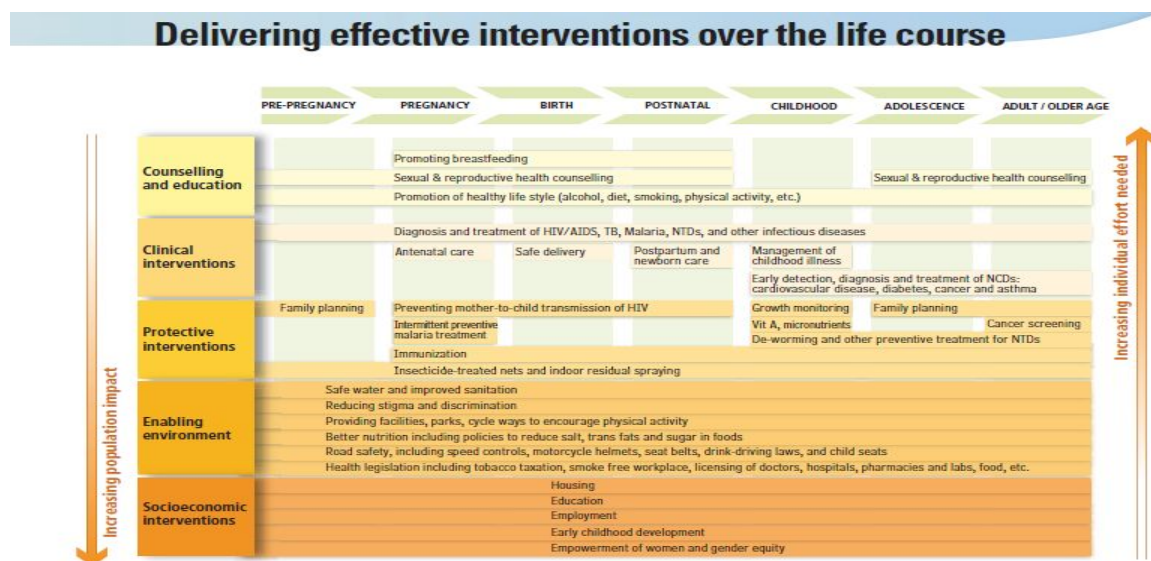
#### Adolescents and Health related MDGs

All adolescents should be made aware of the MDGs thru different modes of communication and the potential role that they could play by leveraging their collective energy. In September 2000<sup>[3]</sup>, 189 heads of state adopted the UN

Millennium Declaration and endorsed a framework for development. The plan was for countries and development partners to work together to reduce poverty and hunger, and tackle ill health, lack of education, gender inequality, lack of access to clean water and environmental

degradation. Eight Millennium Development Goals (MDGs) were established, with targets for 2015, and indicators to monitor progress. Three MDGs relate directly to health; to reduce child mortality by two thirds (MDG 4), to reduce maternal deaths by three quarters and achieve universal access to reproductive health (MDG 5), and to halt and reverse the spread of HIV/AIDS, achieve universal access to treatment for HIV/AIDS by 2010, and halt and reverse the incidence of malaria and other major

diseases (MDG 6). Other MDGs have an indirect influence on health; MDG 1 has a target of halving the proportion of people who suffer from hunger; MDG 7 includes a target of halving the proportion of the population without sustainable access to safe drinking water and basic sanitation; and MDG 8 has a target to provide access to affordable essential drugs in developing countries. Primary education (MDG 2) and empowering women (MDG 3) also lead to health gains.



### Potential challenges in implementation of RMNCH+A strategy for adolescents

1. Access to all adolescents across the length and breadth of India, to offer the

full bouquet of services- of the 243 million adolescents, 48% are females, and 70% of them are scattered in 600000 rural areas<sup>[4]</sup>.



2. Change in the mindset of parents and other elders in the family to let the adolescents take their decisions.
3. Ability of the government system to facilitate access to girl adolescents to education, empowerment and autonomy. While societal norms, government integrated programs and certain laws are available to advance the rights of adolescents to them, however, implementation everywhere is a challenge.

**SABLA** <sup>[5]</sup> is a

RAJIV GANDHI SCHEME FOR EMPOWERMENT OF ADOLESCENT GIRLS (RGSEAG). The literal meaning of Hindi word SABLA is “Enabling the women or giving them power”.

**Objectives of SABLA:**

The objectives of the scheme are to:

- (i) Enable self - development and empowerment of AGs
- (ii) Improve their nutrition and health status
- (iii) Spread awareness among them about health, hygiene, nutrition, Adolescent Reproductive and Sexual Health (ARSH), and family and child care
- (iv) Upgrade their home - based skills, life skills and vocational skills
- (v) Mainstream out - of - school AGs into formal/non formal - education
- (vi) Inform and guide them about existing public services, such as PHC, CHC, Post Office, Bank, Police Station etc.

### What role could all of us play?

1. Interact with health service providers like Government Medical Officer, Auxiliary Nurse Midwife (ANM), Accredited Social Health Activist (ASHA) and AnganWadi Worker (AWW) of our region to understand the adolescent health spectrum and then help them leverage different existing government schemes.
2. To help adolescents utilize Adolescent Reproductive Sexual Health (ARSH)

clinic services better. A Public Private Partnership (PPP) pilot held in Uttar Pradesh and Karnataka has shown positive results in the access and overall health behavior of adolescents following their visits to ARSH clinics <sup>[6]</sup>.

3. Help develop peer educators who are then able to reach out to their own peers, to engage with this huge number of adolescents, and then try to make sure that there are positive changes in attitudes and that there is appropriate

- information available to all the target adolescents to equip them to have much better control over their own decisions. Those adolescent boys and girls who are in senior classes in the village school can actually be trained to become peer educators. They live in the same community, all the others with whom they need to engage are there, and their own understanding of adolescent issues is so much more experiential. Equipped with certain training and tools, they can do a remarkable job.
4. To identify the existing platforms of youth and adolescent engagement like Nehru Yuva Kendra, Youth clubs, Cultural clubs, National Service Scheme etc. and stimulate the members to discuss and strengthen their decision making power towards better adolescent health.
  5. To facilitate transfer of communication on consumption of balanced diet, nutritious food and inter- generational effects of malnutrition using existing platforms like VHND, KishoriDiwas, school setting, AnaganwadiCentres (AWC) and Nehru Yuva Kendra Sangathan (NYKS).
  6. To facilitate/undertake nutritional counseling on a dedicated quarterly Adolescent Health Day (to coincide with KishoriDiwas in SABLA districts) could also be considered in selected settings. A volunteer Kishore/ Kishori with good practices could act as a role model for others. Similarly, non school going adolescents should also be tapped by making "Kishore" role model within such group, who helps in sensitizing adolescents for good practices.
  7. Identifying workplaces with adolescents in big numbers to be addressed by NGOs for all levels of prevention from primordial to rehabilitation.
  8. To help enforcement of recent legal provisions enacted for implementation of safe and good practices in workplace and schools.

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