



THE AGA KHAN UNIVERSITY

eCommons@AKU

Department of Family Medicine

Medical College, Pakistan

March 2010

Emerging issues in adolescent healthcare : an urgent call for action

Waris Qidwa
Aga Khan University

Tabinda Ashfaq Ashfaq
Ziauddin University

Follow this and additional works at: http://ecommons.aku.edu/pakistan_fhs_mc_fam_med

 Part of the [Mental and Social Health Commons](#), [Psychiatry Commons](#), and the [Public Health Commons](#)

Recommended Citation

Qidwa, W., Ashfaq, T. (2010). Emerging issues in adolescent healthcare : an urgent call for action. *Journal of the College of Physicians and Surgeons Pakistan*, 20(3), 143-145.

Available at: http://ecommons.aku.edu/pakistan_fhs_mc_fam_med/58

Emerging Issues in Adolescent Healthcare – An Urgent Call for Action

Waris Qidwai¹ and Tabinda Ashfaq²

Adolescent health is now emerging as one of the areas for major healthcare concern. Adolescence is considered as a transitional stage of physical and mental human development between childhood and adulthood. This stage in life is regarded important because it brings about pubertal, social and psychological changes. The World Health Organization has defined adolescent as an individual between 10-19 years of age.¹

Around 3 billion, nearly half of the world's population is estimated to be less than 25 years of age. An estimated 1.3 billion adolescents live in developing countries and with 500 million adolescent girls.² Adolescents constitute about 32.6% of Pakistan's population; 65% among them live in rural areas.³

It is unfortunate that there is no reliable objective data from either rural non urban areas of Pakistan concerning adolescent issues. Health is affected by socioeconomic issues and a need exists to study them in the context of adolescent population. Issues such as under-nourishment, infections, illiteracy and child birth should be studied in the context of adolescent population.

This period of growth and development is extremely important because youth during this time undergo rapid physical, psychological and social changes. These changes make them vulnerable for health threatening behaviours as compared to other age groups. There are health care related specific issues important for consideration in this age group.

Increasing prevalence of obesity and its associated issues are an upcoming challenge, becoming more prevalent in both developed and developing countries worldwide and particularly affecting adolescent age group.⁴ Around 10% of the youth between the ages 5-17 years were reported to be overweight worldwide by the International Obesity Task Force in the year 2000.^{5,6} It is expected that the proportion of obesity in school-age children will almost double by 2010.⁴

There are several factors responsible for worsening obesity problem among youth including increase consumption of fast food, soft drinks (67%) and increase in prevalence of sedentary life style.⁷ The increase prevalence of obesity among youth is a reflection of a western society influence affecting school children and leading to an increase incidence of diabetes, dyslipidemia, hypertension, heart disease, stroke and cancers in later life.⁸

Mental health issues are also increasing among the youths. Increase prevalence of obesity and overweight leads to low self esteem and psychological issues. Changing trends of the society towards more materialism and artificial standards have increased anxiety in life.

Anxiety and depression in younger age groups is increased due to increased expectations from elders, extra burden from teachers and unnecessary competitions in studies by the peers. Overambitious and unrealistic plans of teenagers are also contributory in this context.⁹

Reproductive health and its related issues are of special concern for the youths. They lack access to reliable and correct information sources related to reproductive and sexual health. It is reported that our youth is less aware about reproductive and sexual health issues as compared to their counterparts in the western world.¹⁰ A majority of adolescents lack knowledge about simple matters such as physical changes in boys and menstruation in girls, before attaining puberty.¹⁰ A more serious issue is their inability to protect themselves from sexual abuse and their being ill-equipped to handle the reproductive health burden. Recent explosion in electronic media and unchecked easy accessibility of internet facilities have played a profound negative impact on these youngsters.

It is a matter of grave concern that preventive and curative services regarding sexual health and diseases are deficient in most of the developing countries. The incidence of sexually transmitted infections including HIV/AIDS is on the rise among the youth that further adds to the dilemma.¹¹ Providing adolescents with access to appropriate information, education and services appears to be the main challenge for health care planners and policy makers.

The typical eastern culture of developing countries including Pakistan favours early marriage and child

¹ Department of Family Medicine, the Aga Khan University Hospital, Karachi.

² Department of Family Medicine, Ziauddin University, Karachi.

Correspondence: Dr. Waris Qidwai, The Tajuddin Chatoor Professor and Chair, the Aga Khan University, Stadium Road. P.O. Box 3500, Karachi 74800.

E-mail: waris.qidwai@aku.edu

Received November 26, 2009; accepted January 01, 2010.

bearing. This culture puts great strain on the health and well-being of female youth and young women in such societies, resulting in increased vulnerability and susceptibility to psychosocial and behavioural problems in this population group.¹²

Early pregnancy is a leading cause of death for young females aged 15-19 worldwide. These young girls are twice as likely to die in child birth as compared to those in their twenties.¹⁰ Those who survive become victims of obstructed labour and its complications including genito-urinary-bowel fistulae that may devastate health and social life.

It is unfortunate that young girls living in a male-dominated society have to face discrimination in every sphere of life including provision of education, adequate nutrition, work opportunities, and freedom to choose life partners. They have limited choices as compared to their male members of the society in selecting life partner. They have limited freedom for the use and selection of contraceptives and family planning particularly in younger age groups.¹¹

Water pipe smoking, commonly known as "Shisha", (pipe smoking) is another emerging problem for the adolescents. Although its use has been in practice for more than 400 years, a recent global resurgence has been observed worldwide, including Pakistan. The commonest myth for Shisha smoking penetration into the society is the general belief that tobacco is filtered through water before inhalation, therefore, nicotine content is less and not harmful.¹³ Another reason for its increasing popularity is its portrayal as a symbol of modernization. A recent survey conducted in different schools of Karachi reported that Shisha smoking is gaining popularity among the youth because of its easy availability.¹³

Consumption of cigarette smoking, alcohol and drugs abuse is also increasing in young boys and girls throughout the world. It is perceived as a status symbol and considered fashionable by school and college students. Initially youngsters indulge in these activities to achieve excitement and ecstasy. Factors leading to increase smoking and other addiction habits among youth include advertisements and publicity on media by most of well known stars and actors, peer pressure, and psychological issues including anxiety and depression.¹⁴

Interventions are required to decrease tobacco use among youth and include measures such as increasing excise taxes, launching media campaigns, and school programs in conjunction with community interventions. All these measures should focus on boys and girls, and have components directed toward prevention, treatment and rehabilitation.

Child labour is a major emerging problem. It is defined as employment of children at regular and sustained

labour. An estimated 158 million children aged 5-14 years are engaged in child labour, which accounts to one in 6 children in the world. Millions of children are engaged in hazardous situations or conditions, like working in mines, working with chemicals and pesticides in agriculture or working with dangerous machinery. Children living in the poorest households and in rural areas are most likely to be engaged in child labour. Those burdened with household chores are overwhelmingly girls. Million of girls who work as domestic servants are especially vulnerable to exploitation and sexual abuse.¹⁵

Youth of today is far more exposed and vulnerable to health related problems with far-reaching adverse consequences for present as well as their future life. The time has come that the health care planners and policy makers give due importance to adolescent health as an important area of overall health care. Initiation of health education at an appropriate age should be promoted, and school and college curriculums should be revised with emphasis on adolescent health issues. Special seminars can be arranged for the youth separately for boys and girls, where they can gain information before entering puberty. School health should be revitalized with doctors and nurses who have special training in addressing adolescent health.

REFERENCES

1. McIntyre P. Adolescent Friendly Health Services: an agenda for change [Internet]. 2002 [cited 2009 Nov 19]. Available from: <http://www.who.int/child-Adolescent-health>.
2. UNICEF. Adolescence: the big picture [Internet]. [cited 2009 Nov 18]. Available from: http://www.unicef.org/adolescence/index_bigpicture.html.
3. The adolescent experience in-depth: using data to identify and reach the most vulnerable young people Pakistan 2006/07. [Internet]. [cited 2009 Nov 15]. Available from: www.popcouncil.org/pdfs/PGY_AdolDataGuides/Pakistan2006-07.pdf.
4. Kosti R I, Panagoitakos DB. The epidemic of obesity in children and adolescents in the world. *Cent Eur J Public Health* 2006; **14**: 151-9.
5. Measurement and determinants of childhood obesity: an INCLCEN-McMaster collaborative program in 30 countries. [Internet]. [cited 2008 Jun 12]. Available from: <http://www.indentrust.org/index.php?option=content&task=view&id=225&Itemid=277>.
6. World Health Organisation. Fight childhood obesity to help prevent diabetes: say WHO & IDF. [Internet]. [cited 2008 Jun 12]. Available from: <http://www.who.int/mediacentre/news/releases/2004/pr81/en/>.
7. Aziz S, Wajeeha N, Umm-e-Rubab Z, Hossain K, Siddiqui IA. Prevalence of overweight and obesity among children and adolescents of affluent schools in Karachi. *J Pak Med Assoc* 2009; **59**:35-8.
8. American Public Health Association. What we know about childhood obesity. [Internet]. [cited 2008 Aug 31]. Available from: <http://www.apha.org/programs/resources/obesity/proresobesityknow.htm>

9. Bhatia SK, Bhatia SC. Childhood and adolescent depression. *Am Fam Physician* 2007; **75**:73-80.
10. Naheed N, Qidwai W, Farhat B, Azam SI. Awareness about reproductive health and rights among students of a public university in Karachi, Pakistan: a cross sectional study. *J Dow Uni Health Sci* 2007; **1**:59-64.
11. Capoor I, Patel P, editors. Adolescent and Young People's issues and concerns in South Asia: Challenges Ahead. Islamabad: The International Conference on Best Practices for Scaling Reproductive Health and Family Planning Programme and Reducing Maternal and Neonatal Mortality; 2006.
12. Gâdin KG, Hammarström A. A possible contributor to the higher degree of girls reporting psychological symptoms compared with boys in grade nine? *Eur J Public Health* 2005; **15**:380-5.
13. Anjum Q, Ahmed F, Ashfaq T. Knowledge, attitude and perception of water pipe smoking (Shisha) among adolescents aged 14-19 years. *J Pak Med Assoc* 2008; **58**:312-7.
14. Mandil A, Hussein A, Omer H, Turki G, Gaber I. Characteristics and risk factors of tobacco consumption among University of Sharjah students, 2005. *East Mediterr Health J* 2007; **13**:1449-58.
15. UNICEF; Unite for Children. Child protection from violence, exploitation and abuse. [Internet]. 2008 [cited 2009 Nov 15]. Available from: http://www.unicef.org/protection/index_childlabour.htm

