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### RESEARCH ARTICLE

#### ADOLESCENT HEALTH

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#### Abstract

Adolescent health, or youth health, is the range of approaches to preventing, detecting or treating young people's health and well-being. The term adolescent and young people are often used interchangeably, as are the terms Adolescent Health and Youth Health. Young people's health is often complex and requires a comprehensive, biopsychosocial approach. Social, cultural and environmental factors are all important areas of focus in adolescent health. Young people have specific health problems and developmental needs that differ from those of children or adults: The causes of ill-health in adolescents are mostly psychosocial rather than biological. Young people often engage in health risk behaviours that reflect the processes of adolescent development: experimentation and exploration, including using drugs and alcohol, sexual behaviour, and other risk taking that affect their physical and mental health. Adolescent health also encompasses children's and young people's sexual and reproductive health (SRH).

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#### Introduction:-

Adolescence is the phase of life between childhood and adulthood, from ages 10 to 19. It is a unique stage of human development and an important time for laying the foundations of good health. Adolescents experience rapid physical, cognitive and psychosocial growth. This affects how they feel, think, make decisions, and interact with the world around them. Despite being thought of as a healthy stage of life, there is significant death, illness and injury in the adolescent years. Much of this is preventable or treatable. During this phase, adolescents establish patterns of behaviour – for instance, related to diet, physical activity, substance use, and sexual activity – that can protect their health and the health of others around them, or put their health at risk now and in the future.

#### Why Focus On Adolescent Health

Choices made during adolescence can develop into repeated habits that continue into adulthood, including both healthy and unhealthy behaviours.

Globally, nearly two-thirds of premature deaths are associated with behaviours and conditions that began in adolescence. For example, risky sexual behaviours, tobacco use, poor eating and exercise habits can lead to illness or premature death later in life.

Of particular concern is the high prevalence of sexually transmitted infections (STIs) affecting young people, including human immunodeficiency virus (HIV). In 2007, 45 percent of all new HIV infections worldwide happened in youth aged 15 to 24 years old, while a third of all new STIs each year occur in people below the age of 25. Moreover, pregnancies and childbearing during the teenage years are associated with significant health risks for

adolescent women, especially in low- and middle-income countries where related complications are the leading cause of death among girls aged 15 to 19.

In Sub-Saharan Africa (SSA), AIDS is the leading cause of death among 15- to 19-year-olds, and the HIV prevalence among this age group is higher in SSA than in other parts of the world. Further, women who become pregnant in SSA face a risk of death 600 times higher than women in industrialized countries. For adolescents, the risk is even higher as they are more likely to be affected by preeclampsia, obstructed labour, abortion complications and iron deficiency anaemia than older women.

In view of these greater risks among the younger population, it is essential to ensure that adolescents are given the tools to make healthy choices so they can lead healthy and successful lives in the future.

### **Rashtriya Kishor SwasthyaKaryakram (RKSK)**

In order to ensure holistic development of adolescent population, the Ministry of Health and Family Welfare launched Rashtriya Kishor SwasthyaKaryakram (RKSK) on 7th January 2014 to reach out to 253 million adolescents - male and female, rural and urban, married and unmarried, in and out-of-school adolescents with special focus on marginalized and undeserved groups.

The programme expands the scope of adolescent health programming in India - from being limited to sexual and reproductive health, it now includes in its ambit nutrition, injuries and violence (including gender- based violence), non-communicable diseases, mental health and substance misuse.

The strength of the program is its health promotion approach. It is a paradigm shift from the existing clinic-based services to promotion and prevention and reaching adolescents in their own environment, such as in schools, families and communities. Key drivers of the program are community -based interventions like, outreach by counsellors; facility -based counselling; Social and Behaviour Change Communication; and strengthening of Adolescent Friendly Health Clinics across levels of care.

Adolescent often do not have the autonomy or the agency to make their own decision. RKSK takes cognizance of this and involves parents and community. Focus is on reorganizing the existing public health system in order to meet the service needs of adolescents. Under this a core package of services includes preventive, promotive, curative and counselling services, routine check-ups at primary, secondary and tertiary levels of care is provided regularly to adolescents, married and unmarried, girls and boys during the clinic sessions.

### **Schemes Under RKSK**

#### **1. Facility –based approach**

- a)** Adolescent Friendly Health Centres(AFHCs) AFHCs are functioning in the state at major hospitals DH/THQH (plus, in CHCs in Pathanamthitta, Alappuzha, Idukki, Palakkad, Malappuram,Wayanad, and Kasargod district).In AFHC, counselling services are delivered by the trained AH counsellor. Those clients who require clinical services are referred to the concerned OPs and their consultation with the specialist is facilitated. The details regarding AFHCs location, contact persons etc. can be accessed live through DISHA helpline, 0471 2552056 or 1056 toll free.
- b)** Outreach activities: -by AH counsellor (includes AH seminars/classes, Question Box etc.) at schools and community level.

#### **2. School –based approach**

- a)** Weekly Iron Folic Acid Supplementation (WIFS) programme to reduce the prevalence of Iron deficiency anaemia, and its deleterious consequences, jointly run by the Departments of Education, Social Justice and Health &Family Welfare.The strategies in WIFS are preventive weekly supplement of Iron Folic Acid tablets for adolescents, from Class 6 to Class 12 in Govt and aided schools and screening and treatment of moderate to severe anaemia along with NutritionHealth education

- b)**Peer Educator (PE) programme(Student Doctor Cadets/ Kutty doctors)

A strategy to disseminate AH promotional awareness, attitude and behaviour change in the community. The trained peer educators a) observe their peers and spot issues by early Buddy Detection, provide Buddy Help, and where necessary, give appropriate Buddy Referrals.

### **3. Community – based approach**

- a) Adolescent Health Days and Adolescent Friendly Clubs- Outreach programmes are conducted, focusing on the adolescent age group which will create awareness among them regarding the AFHC services available
- b) Menstrual Hygiene -Distribution of sanitary napkins at a subsidized cost to prioritized segments of adolescent girls and sensitization about reproductive health and hygiene and creation of a platform for discussion of the same.

### **School Health & Wellness Programme**

Schools play a critical role in helping students establish lifelong healthy behaviours. Recognizing the importance of this, school -based health promotion activities have been incorporated as a part of the Health and Wellness component of the Ayushman Bharat Programme. School Health & Wellness Programme (launched in Feb 2020) is being implemented in government and government aided schools in districts (including aspirational districts). Two teachers, preferably one male and one female, in every school, designated as “**Health and Wellness Ambassadors**” shall be trained to transact with school children, health promotion and disease prevention information on 11 thematic areas in the form of interesting joyful interactive activities for one hour every week.

### **Conclusion:-**

To grow and develop in good health, adolescents need information, including age-appropriate comprehensive sexuality education; opportunities to develop life skills; health services that are acceptable, equitable, appropriate and effective; and safe and supportive environments. They also need opportunities to meaningfully participate in the design and delivery of interventions to improve and maintain their health. Expanding such opportunities is key to responding to adolescents’ specific needs and rights.

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1. <https://www.who.int/health-topics/adolescent-health>
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3. <https://sbccimplementationkits.org>.