

Adolescent Health

Trend analysis of key adolescent and sexual reproductive health rights (ASRHR) indicators at global, national, and subnational levels indicates that adolescent girls today are more likely to marry later, delay their first sexual experience, and delay their first childbirth, compared with 25 years ago; they are also more likely to use contraceptives.^[1] Despite overall progress, in many LMICs progress has been less than satisfactory and in some locations, the state of adolescents' lives has worsened.

Lack of choices in many LMICs regarding marriage, family planning, continued education for girls, employment opportunities, health services, and obstacles to career opportunities are restricted for girls. In India 26.8% of girls (17.5% urban and 31.5% rural) were married before 18 years of age in 2015-16, and many states reported even higher prevalence of child marriages.^[2] Nguyen et al on further analysis of National Family Health Survey (NFHS-4) data, provided evidence that teenage pregnancy was associated with higher undernutrition risks and that children born to teenage mothers were shorter for their age and 5% points more likely to be stunted compared to those born to adult mother, a vicious cycle of undernutrition.^[3] ^[4] Teenage marriage, predominantly prevalent among the lower socio-economic populations, further coincides with unequal distribution of income between rich and poor people, widening the gap between the two.^[5]

Solution to these problems lies in strengthening Primary health care (PHC), and making basic services available to all, the universal health coverage, at grassroot levels. Foremost in PHC is to combat malnutrition (both under and overnutrition) in early childhood, which is the foundation of adolescent health, because many effects of malnutrition are permanent. Consistent undernutrition among Under-fives leads to stunting, the most common impact of undernutrition, depriving children from acceptable growth including mental development, thus reducing the potential of optimal achievements in adult life. Overweight and obesity in childhood and adolescence is rapidly increasing in both rich and poor nations. Obesity adversely affect many outcomes for lifelong health, including sexual and reproductive health. Overweight among adolescent and adult women is associated with menstrual and ovarian problems. Obesity also negatively affect conception and childbirth. Association of non-communicable diseases, including certain cancers with obesity have been well documented; hypertension and diabetes to mention the two most common modern diseases.

Although growth monitoring and nutritional advice is available at PHC through health centers, all Under-fives rarely receive this service. Mothers are left to seek advice/service voluntarily. Mothers cannot identify early signs of undernutrition or realize their child is overweight. It is often too late, when they consult health workers for conditions associated with malnutrition, when health workers discover that the child is also undernourished. In contrast, Immunization programs do not wait for mothers to bring their children for vaccination! So why is it that we do not provide growth monitoring to *all under-fives* as is the norm for the immunizations? More children die of the consequences of undernutrition than from infectious diseases.

Care during pregnancy, childbirth and postnatal period is equally important. Although antenatal care is rapidly becoming universal, anemia is still very high in many populations and anemic mothers are more likely to experience poor health and complications of pregnancy. Yet all women are not tested for anemia and anemic state is discovered at the delivery time exposing women to high risks. HIV testing is now routine during the ANC but testing for syphilis receives no priority. Nutritional advice and planning for next pregnancy is seldom discussed. Institutional deliveries are a norm now but still risk factors for complications are not systematically assessed during pregnancy. Postnatal period, when the mother and newborn are at highest risk, is the most neglected area of care after childbirth.

Family planning services for the adolescent girls are almost non-existent and preparation of adolescent girls and boys in understanding reproduction and contraception is a taboo, for both parents and schools. Those unfortunate teenagers becoming pregnant are blamed and morally judged.

Educationists consider their primary concern in education is to address that children are literate and numerate, with little attention to the health, especially reproductive health. Moreover, one of the fundamental flaws in society is the perception that information on reproductive health is only meant for the girls. It is equally, if not more, important that boys/males understand the seriousness and the responsibilities of sexual experimentation and often its unpleasant consequences.

Funding is made available for vertical programs and research to add to more of the same. PHC needs support and funding from the governments. We have the knowhow and the infrastructure but the system lacks comprehensive approach, missing out on the vital issues affecting adolescent health and the future of the tomorrow's adults.

The *first* step forward is to address the needs of adolescents at PHC level through the provision of comprehensive maternal and child health care and services. *Secondly*, schools must consider the adolescent needs and provide essential health education advice, particularly on reproductive health. *Finally*, parents and communities need to participate in this process to cooperate, understand the needs of the adolescent and make it possible for the adolescents to obtain optimal scope of adulthood.

Adolescence is big subject and It is not possible to address it here adequately but readers may wish to refer to a number of related issues discussed earlier:

This Website: Under Old Items:

October 6, 2018 [Primary Health Care, the answer to Sustainable Health](#)

May 4, 2019 [Consequences of Stunting](#)

May 25, 2019 [Family Planning](#)

June 1, 2019 [Preventing Teenage Pregnancy](#)

July 14, 2019 [Preconception Health](#)

November 3, 2019 [Continuum of Care](#)

Under My Public Health > School Health Education

References:

- [1] Liang, M et al. The State of Adolescent Sexual and Reproductive health. Journal of Adolescent Health 65. 2019.
- [2] International Institute for Population Sciences, ICF. National Family Health Survey (NFHS-4) 2015-16. Mumbai 2017.
- [3] Nandita Bhan. Preventing teenage pregnancy in India to end the cycle of undernutrition. Lancet May 15,2019.
- [4] Nguyen PH et al. Social, biological, and programmatic factors link adolescent pregnancy to early childhood undernutrition: a path analysis of India's 2016 National Family Health Survey. Lancet Child Adolescent Health 2019.
- [5] Elgar FJ et al. Socioeconomic inequalities in adolescent health 2002-2010. Lancet 2015; 385: 2088-95.