



AN OBSERVATIONAL STUDY ON HEALTH-RELATED ISSUES AND PROBLEMS IN TEENAGE AND ADOLESCENTS GIRLS

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ABSTRACT

Teenagers and young adults' odds of survival vary drastically throughout the world. In 2020, sub-Saharan Africa, Oceania (apart from Australia and New Zealand), northern Africa, and southern Asia had the highest mortality rates among those aged 10 to 24. (1). In sub-Saharan Africa, the likelihood of a 10-year-old dying before age 24 was on average six times greater than it was in North America and Europe. Adolescence is a time of fast growth and development, as well as changes in the body's physiology and behavior. They make up around 21% of the population in India and number more than 1.2 billion worldwide. The majority of the causes of morbidity and death in this age range are avoidable. Children who are still young and developing have little knowledge of the physiological and psychological changes that take place during puberty, as well as the illnesses that impact them. Adolescent health programs now in place place a strong emphasis on providing services including vaccination, sexual and reproductive health education, nutritional education and supplements, anemia management measures, and counseling. There is currently no comprehensive program addressing all of the requirements of teenagers, and adolescent health programs are fragmented.

KEYWORDS- Health problems, Health programmes, Teenage girls etc.

INTRODUCTION

In 2020, almost 5000 children, teenagers, and young adults (10 to 24 years old) perished each day, totaling over 1.5 million. Of all the age categories, young teenagers (10 to 14 years old) had the lowest mortality rate. The top causes of mortality for teenagers and young adults include injuries, violence, self-harm, maternal conditions, and accidents (particularly drowning and traffic accidents). Half of adult mental health illnesses begin by the age of 14, however the majority of instances go undiagnosed and untreated. Persons of younger ages are disproportionately impacted by substance use as compared to people of older ages, and

early initiation of substance use is related with higher chances of acquiring dependency and other difficulties during adult life. In 2020, there were 41 births per 1000 females between the ages of 15 and 19 worldwide.¹

The availability and accessibility of healthcare services are severely constrained. The main obstacles include a lack of correct information, improper advice, parents' ignorance, a lack of skills, and a lack of assistance from the health care delivery system. Interventions should concentrate on offering psychological and mental health services and behavior modification communication toward leading a healthy lifestyle, restricting advertising related to junk food products, creating awareness about reproductive and sexual health, educating parents to prevent early marriage and teenage pregnancy, and counselling their children on nutrition and reproductive health. Adolescent-friendly clinics should be widely covered, experts say. All health treatments geared toward adolescents should fall under a single program in order to be cost-effective. The purpose of this review is to raise awareness among the interested parties of the significance of fostering adolescent²

NEED OF STUDY

Teenagers are a group of people who seem to be in good health. An adolescent's current health state predicts how they will feel as adults. Adolescence is the starting point for many major illnesses that affect adults. Additionally, many teenagers do pass away too soon for a variety of causes that may be prevented or treated, and many more have persistent illness and impairment. The physical, psychological, and social health requirements of teenagers can be generally divided into three areas. Teenagers primarily struggle with the following health conditions: mental health concerns, preterm labor and delivery, HIV/STIs and other infectious illnesses, violence, accidental accidents, malnutrition, and substance addiction.

We seek to explore the scope of adolescent health issues, current adolescent health programs, their services, and the difficulties in reaching universal coverage of wholesome teenage health in India at this time in this review paper. Based on comprehensive searches of published national and international literature utilizing a variety of sources, our review was conducted. The goal of this is to make the stakeholders aware of the significance of enhancing adolescent health care and to address their perceived requirements.

AIM & OBJECTIVES

To evaluate the health related issues in teenage girls

METHODOLOGY

Data Collection – the material of health related issues in teenage girls collated from different Articles, Authentic health related books like Medicine book Harrisons, and Preventive and social Medicine Books etc, and Authentic websites like PubMed, Scopus, etc.

Place of Study – Central Library of Devbhoomi Nursing College.

PRINCIPAL AILMENTS

INJURIES

Teenagers are most frequently killed and disabled by unintentional accidents. In 2019, road traffic incidents claimed the lives of over 100 000 teenagers (10 to 19 years old). Numerous fatalities included pedestrians, bikers, or riders of motorized two-wheelers, all of whom were considered vulnerable road users. It is necessary to increase their enforcement and broaden the scope of many nations' laws governing road safety. Young drivers also require guidance on safe driving practices, and regulations that forbid driving while intoxicated or under the influence of drugs must be strictly enforced for all age groups. Young drivers' blood alcohol levels need to be lower than those for experienced drivers. It is advised that new drivers have graduated licenses with zero-tolerance for drunk driving.³

Among the leading causes of mortality for teenagers is drowning; in 2019, it is anticipated that more than 40 000 teenagers—more than 75 percent of them were boys—died by drowning. One of the most important interventions to stop these deaths is swimming instruction for kids and teenagers.⁴

VIOLENCE

One of the top causes of mortality in teenagers and young people across the world is interpersonal violence. Its importance varies greatly between global regions. It accounts for over a third of the mortality of male adolescents in the WHO Region of the Americas' low- and middle-income nations. In the worldwide school-based student health survey, bullying was reported by 42% of teenage boys and 37% of adolescent girls. Youth are also disproportionately affected by sexual violence: 1 in 8 adolescents report experiencing sexual abuse.⁵

The chances of injury, HIV and other sexually transmitted infections, mental health issues, poor academic performance and dropout, early pregnancy, issues with reproductive health, and communicable and non-communicable illnesses are all increased by violence throughout adolescence.⁶

Promoting parenting and young children's development, tackling bullying in schools, developing life and social skills through programs, and using community-based tactics to restrict access to alcohol and weapons are all examples of effective preventative and response measures. The physical and psychological effects of teenage survivors of abuse can be mitigated with effective and compassionate care, which includes continuing support.⁷

BEHAVIORAL HEALTH

Suicide is the second-leading cause of mortality for those between the ages of 15 and 19 years, and depression is one of the major illnesses and disabilities that affect teenagers. 16% of the worldwide burden of disease and damage among persons ages 10 to 19 is attributable to mental health problems. Half of adult mental health illnesses begin by the age of 14, however the majority of instances go undiagnosed and untreated.⁸

Adolescents' happiness and mental health are influenced by a variety of circumstances. Living in humanitarian and unstable environments, poverty, stigma, marginalization, and violence can all raise the likelihood of mental health issues. When teenage mental health issues are not treated, the effects can be felt well into adulthood, affecting physical and mental health and reducing prospects for satisfying lives.⁹

It is possible to encourage excellent mental health in children and adolescents by developing their socio-emotional abilities and offering them psychosocial assistance in educational and other community settings. Programs that work to enhance the conditions at home and the bonds between young people and their families are also crucial. If issues do emerge, they should be quickly identified and handled by skilled and compassionate healthcare professionals.¹⁰

DRUG AND ALCOHOL ABUSE

In many nations, teen alcohol use is a serious problem. It can weaken self-control and encourage harmful behaviors like unsafe sex or reckless driving. It is a root cause of injuries, violence, and early deaths, especially those brought on by auto accidents. It may also shorten life expectancy and cause health issues in later years. A total of 155 million teenagers, or more than a quarter of the world's population between the ages of 15 and 19, are current drinkers. Males were particularly at risk for excessive episodic drinking, which was prevalent among teenagers aged 15 to 19 in 2016.¹¹

With 4.7% of those between the ages of 15 and 16 reporting using it at least once in 2018, cannabis is the psychoactive substance that young people use the most frequently. Drug and alcohol use in children and adolescents is linked to neurocognitive changes that might subsequently result in behavioural, emotional, social, and academic issues.¹²

Public health initiatives should focus on preventing alcohol and drug use, which may be accomplished through population-based methods, family, community, and individual-level initiatives. One of the most effective ways to reduce teen drinking is to set a minimum age for purchasing and consuming alcohol and to stop marketing to children.¹³

NICOTINE USAGE

The great majority of tobacco users now started smoking when they were young. It is essential to prohibit the sale of tobacco products to people who are under the age of 18, raise the price of tobacco goods through increased taxes, outlaw tobacco advertising, and provide smoke-free settings. Around the world, at least 1 in 10 teenagers between the ages of 13 and 15 smoke, while there are places where this number is far higher.¹⁴

HIV/AIDS

In 2019, 1.7 million teenagers (aged 10 to 19) were anticipated to be HIV-positive, with the WHO African Region accounting for 90% of those cases. Teenagers still make up around 10% of new adult HIV infections, with teenage girls accounting for 75% of those infections, despite significant decreases since a high in 1994. Additionally, even while the number of new infections may have declined in many of the nations with the

worst epidemics, current testing rates are still low, suggesting that many teenagers and young adults with HIV may not be aware of their status.¹⁵

The availability of antiretroviral therapy, adherence to therapy, retention in care, and viral suppression for adolescents with HIV are all poorer. The lack of adolescent-friendly services, such as support and psychological therapies, is a major contributor to this. Teenagers and young adults must understand how to prevent HIV infection and must have the resources necessary to do so. This involves having improved access to HIV testing, counselling, and pre-exposure prophylaxis, as well as stronger connections to HIV treatment facilities for people who test HIV positive. HIV preventive strategies include voluntary medical male circumcision, condoms, and pre-exposure prophylaxis.¹⁶

OTHER CONTAGIOUS ILLNESSES

Adolescent mortality and disabilities from measles have significantly decreased as a result of increased childhood immunization. For instance, the African Region had a 90% reduction in adolescent measles death between 2000 and 2012. According to estimates, the top 10 causes of mortality for teenagers between the ages of 10 and 14 include pneumonia and lower respiratory tract infections (diarrhoea). Meningitis and these two illnesses are among the top five causes of teenage fatalities in low- and middle-income African nations.¹⁷

Infectious conditions, such as the human papilloma virus, which often appear after the commencement of sexual activity, can result in both a short-term condition (genital warts during adolescence) and a longer-term condition (cervical and other malignancies decades later). The best period to protect against HPV infection is during early adolescence (9–14 years), and if 90% of girls worldwide receive the HPV vaccine, more than 40 million lives might be spared over the course of the next century. However, just 15% of girls worldwide are thought to have gotten the vaccination in 2019.¹⁸

BIRTH IN THE EARLY STAGES OF PREGNANCY

Each year, at least 777 000 girls under the age of 15 and around 12 million girls between the ages of 15 and 19 give birth in developing nations. Pregnancy and delivery complications are among the major causes of mortality for females between the ages of 15 and 19 worldwide. According to the UN Population Division, nation rates range from 1 to over 200 births per 1000 girls this age, with the global teenage birth rate in 2020 estimated to be at 41. This shows a notable decline since 1990. This trend is reflected in a corresponding drop in maternal death rates among females between the ages of 15 and 19.¹⁹

By 2030, the world should guarantee universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programs. This is one of the specific goals of the health Sustainable Development Goal (SDG).²⁰

Comprehensive sexuality education, which is a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social elements of sexuality, is something that adolescents need and are

entitled to. A decrease in the number of girls getting pregnant and giving birth at too early an age can be achieved through improving access to contraceptive information and services. Enforced laws that set the marriage age at 18 can be beneficial. Access to high-quality prenatal care is necessary for girls who do get pregnant. Adolescents who want to end their pregnancies should have access to safe abortions where allowed by law.²¹

DEFICITS IN NUTRITION AND MICRONUTRIENTS

The second most common reason for teenage years lost to death and disability in 2019 was iron deficiency anemia. Supplements including iron and folic acid are an additional method for promoting health prior to adolescent parenthood. To avoid micronutrient (including iron) deficits, regular deworming is advised in regions where intestinal helminths like hookworm are prevalent.²²

The cornerstone for excellent health in adulthood is the development of appropriate eating habits in adolescence. Access to nutritious meals and a reduction in the promotion of foods rich in saturated fats, Trans fats, free sugars, or salt are crucial for everyone, but especially for kids and teenagers.²³

OVERWEIGHT AND UNDERNUTRITION

Many boys and girls in underdeveloped nations are malnourished when they reach adolescence, which increases their risk of illness and early mortality. On the opposite end of the spectrum, nations with low, moderate, and high incomes are seeing an increase in the proportion of teenagers who are overweight or obese.²⁴

PHYSICAL EXERCISE

Adolescents who engage in regular physical exercise benefit from a variety of fundamental health advantages, such as increased cardiorespiratory and muscular fitness, bone health, maintenance of a healthy body weight, and psychological advantages. The World Health Organization (WHO) advises teenagers to engage in at least 60 minutes of physical activity every day, on average, throughout the course of the week. This can include play, games, and sports, as well as activities for transportation (such cycling and walking) or physical education.²⁵

Only one in five teenagers worldwide are thought to satisfy these standards. All WHO areas have a high prevalence of inactivity, and female adolescents are more likely to be inactive than male adolescents. Countries, nations, and communities must offer conditions and opportunities for physical exercise for all adolescents in order to boost activity levels.²⁶

YOUTH'S LEGAL RIGHTS

In international legal texts, children's (those under the age of 18) rights to life, growth, and development are established. Guidelines on the right of children and adolescents to the enjoyment of the highest standard of health were published by the Committee on the Rights of the Child (CRC), which oversees the child rights convention, in 2013. A General Comment on realizing the rights of children during adolescence was

published in 2016. It emphasizes that nations have a duty to acknowledge the unique rights and needs of adolescents and young people in terms of their health and development. The rights of women and girls to good health and proper medical treatment are also outlined in the Convention on the Elimination of Discrimination against Women (CEDAW).²⁷

DISCUSSION

Despite the abundance of programs, the target population has not been sufficiently served since there aren't enough materials, funds, or human resources available. For the target audience, there is no direct access, private space, and optimal timing (day- and time-restrictions). The wrong training is offered to service providers. Because no specific manpower has been allocated for adolescent health services, it is typically an additional strain for the healthcare practitioners. Adolescents are generally unaware of the importance of health care. They are apprehensive about discussing private matters with others and having an opposite sex health provider check them. Therefore, they themselves pose a significant barrier in the way of the services.²⁸

Although adolescent clinics based on Adolescent Friendly Health Services (AFHS) claim to serve all of the health requirements of adolescents, the delivery of services mostly focuses on reproductive and sexual health and does not sufficiently address all other concerns. Despite the intense attention on ARSH, adolescent pregnancy has not decreased significantly, according to NFHS data. In reality, there is a rising tendency in teenage first pregnancies, and the birthrate for females between the ages of 15 and 19 is still 31.5 per thousand, which is high given the health system's efforts and contributions.²⁹

There are several programs that address adolescent health needs, but they are not all equal. Some of these programs offer the same services as others, which might lead to unneeded duplication. A comprehensive program (Rashtriya Kishor Swasthya Karyakram) was introduced by the Ministry of Health and Family Welfare (MoHFW) in 2014, however other ministries will continue to offer comparable services. All services for teens should be covered under a single program to prevent these misunderstandings and to be economical. The creation of a screening tool specifically for teenage Indians is also crucial. National Adolescent and Young Adult Health Information Centre, University of California, has already put this into practice in the United States.³⁰

It might be quite beneficial to develop such tools depending on our needs in order to diagnose illnesses and find and remove any risk factors as soon as feasible. After examining the issues and services for teenagers seriously, two concerns come to mind: Are we headed in the right direction? Is it sufficient to address the target demographic on its own? We should think about changing our strategy in order to address the present situation; the target population should involve seniors as well, such as parents and teachers, in the definition, planning, implementation, and evaluation of specialized programs for teenagers.³¹

RECOMMENDATION

The services should be driven by demand, and it is crucial to assess the teenagers' perceived requirements during planning. Equally crucial are raising the teenagers' understanding of the value and necessity of the services, as well as inspiring them to use them. The following suggestions for enhancing adolescent health care will be taken into account.

- To close the knowledge gap in adolescents, age-appropriate sex education with abuse prevention skills should be introduced in schools, universities, and the community. With this strategy, the use of contraceptives can be raised while sexual abuse, early sex debuts, and risky sexual behaviour can be decreased. In turn, this stops unintended pregnancies, AIDS/STIs, and their sequelae.³²
- Take action to postpone the marriageable age by promoting, advising, and strictly enforcing the legislation. Adults should get education on how to avoid teen pregnancy, early marriage, and its problems.³³
- Inform parents and teenagers about the importance of eating a diet that is appropriate for their age.³⁴
- By giving mental health services high priority and implementing them effectively at all levels, psychological problems and social misbehaviour may be significantly decreased. Improve the quality of relationships with children through educating parents and educators to provide a secure, acceptable environment for kids.³⁵
- All PHCs must be equipped to provide AFHS outside of the current days and hours of operation. It is possible to set up a sophisticated wing for the treatment of adolescents who require secondary and tertiary care.³⁶
- Specialized training in dealing with teenagers should be provided to medical officials and health professionals at all levels. The issue with boys and girls should be addressed individually by health professionals of the same gender.³⁷

CONCLUSION

We need a multifaceted strategy to address all adolescent health issues, with a focus on mental health, behaviour change communication toward a healthy lifestyle, and a supportive social environment to help young people develop life skills. Adolescent-friendly clinics should be extensively distributed across India and have complete coverage. Regular teenage screening might be a useful strategy for managing current illnesses and monitoring the emergence of any new ones. Teenagers should be given agency, included in important choices, and given every chance to grow into effective adults. Giving growing kids these chances provides them an opportunity to create a future where their country is secure, joyful, healthy, and productive. When compared to wealthy nations, India does not have exclusive data on concerns related to adolescent health. The urgent need is for comprehensive investigations and reporting on adolescent health concerns at the national and state levels. By consolidating adolescent health care under a single organization, this will enable stakeholders become more aware of the significance of doing so in order to better satisfy their perceived requirements.

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