

NAVIGATING THE CHALLENGES OF ADOLESCENT HEALTH: A COMPREHENSIVE GUIDE FOR PARENTS AND PROFESSIONALS

Ambika K.^{1*} and Sandhya Rani G. N.²

¹Associate Professor and HOD, Dept. of Pediatric Nursing, JSS College of Nursing.

²Assistant Lecturer, Dept. of Pediatric Nursing, JSS College of Nursing, Mysuru.

Received date: 05 Oct. 2023

Revised date: 25 Oct. 2023

Accepted date: 15 Nov. 2023



*Corresponding Author: Dr. Ambika K.

Associate Professor and HOD, Dept. of Pediatric Nursing, JSS College of Nursing.

ABSTRACT

Adolescence is the time of progress from childhood to adulthood, a period when there are numerous significant social, traditional, financial and biological activities which fixed the platform for later life. Adolescents constitute nearly 22% of the population of India. Nutritional disorders like malnutrition and obesity, drug addiction, high risk sexual activities, tension, widespread emotional disorder and accidents comprising road traffic accidents, suicides and various forms of violence are major health problems among teenagers. Obesity, drug abuse and high-risk sexual activity are growing problem among teenagers. There is increased and underreported burden of sexually transmitted infections and infections of reproductive tract, unplanned pregnancies and in secure abortions. In this scenario, the spectrum of services targeted at young individuals were limited and knowledge on numerous teenage health concerns was inaccessible and attention seeking among youth was optimal for their overall health, reproductive and sexual health.

KEYWORDS: Challenges, Adolescent health, Guide for Parents and Professionals.

INTRODUCTION

The services targeted for the health of the teenagers are limited by the lack of comprehensive interventional research that informs strategies to enhance teenage health. There is lack of services available for maintain the health of the teenagers and there are many disparities. Adolescent who are between the ages of 10-14 years are understudied. There is insufficient evidence on present awareness levels on different health issues like sexual and reproductive health among adolescents. Furthermore, many researches on nutrition concentrates on children aged between 0-6 years and elder teenagers 15-19 years of age and lack data on dietary needs knowledge for 10-14 years. The emphasis on young boys and men should be increased through studies as well as services Present is a lack of data on current awareness levels among adolescent aged 10-14 years on various sexual and reproductive health issues to safeguard equal gender roles, perceptions, behaviors and performance, but also sexual and reproductive health is interdependent among both genders. One more gap in literature is implementation research is behavior change

communication programs to raise education among parents, teenagers and other members of the community about current rules aimed at protecting young people about the availability of adolescent services, the significance of nutrition, the prominence of postponing marriage and child birth and having family.

Common health concerns among adolescents

Depression

Depression is the state of intense unhappiness in which patients with this disorder may develop serious apathy for their environment.

Signs of depression are

1. Deterioration in educational achievements
2. Developmental problems in friendship
3. Avoidance of relationships with family and other people
4. Reduced interest and energy.
5. Difficulty in self-motivation
6. Avoidable violent behavior, irritation and temper
7. Feelings of grief and vulnerability
8. Over response to criticism

9. Feelings of incapability for meeting the expectations of parents
10. Deficiency of self-esteem and feeling of guilty

Mood swings among teenagers

Teens experience major variations and alterations due to bodily change, mental and societal fluctuations. Adolescents always are engaged with companionships, schoolwork, bonds, associations, breakups and numerous other issues. If the adolescent is temperamental and irritable, attention must be given.

Quality of sleep

However, adequate sleep for 8 hours at least at night is needed for adolescents. Teenagers who sleep for minimum hours are risk for getting depression and may have suicidal ideas. Hence teenagers must have good sleep during night which is very important for teenage health.

Changes in Moods and Potential unhappiness

The adolescence period is also stressed as the best years of life. Depression may be encountered by many young people. Parents/guardians must observe for the signs of appetite or changes in sleep pattern, decreased energy levels and irritability. Majority of the adolescents undergo minor changes and do not become unhappy. If adolescents experience major mood swings in their normal actions, then it should be taken seriously and very important to help the adolescent resolve their unhappiness.

Acne

The blackhead occurs with secretion of sebum covering the openings in the skin. It is normal throughout teenage years because of hormonal variations that cause the skin secrete the sebum in larger amount. Since oil secreting organs present in forehead, nose and chin, there is an individual in this region of the T zone where an individual is most vulnerable to pimples.

Deworming

Infections with intestinal worms affect child morbidity not mortality. Worms have detrimental effects on mental and physical growth of children. Sometimes children with worm infestation are underweight and have stunted development.

Major problems in adolescents

Teenage hood is a stage of acquiring good dietary habits which is essential to begin healthy behaviors related to consumption of food that is influencing adult morbidity and mortality. It is crucial period of life and family environment influence their food habits and sometimes influenced by the peer group also. Lack of awareness related to diet and healthy behaviors lead to poor habits and they tend to adopt unhealthy lifestyle. Adolescents may be influenced by their peer and mass media. In addition to this they may get exposure to nutritional education through school health program. Several studies

have enlightened on importance of nutritional education on dietary habits of children.

Adolescent period is important for establishment of healthy lifestyle which may continue for adulthood. Healthy nutrition during teenage influences not only their health also their physical maturation and development. Increased incidence of overweight and diet related disorders emphasis on need for focusing on nutritional education at earlier age. Therefore, educating the children and teenagers regarding intake of balanced diet and good dietary habits is very much essential. Education of overall nutritional behavior is important than education on single foods. Teenagers must be provided with guideline for nutritional intake and nutrient recommendations for different age groups, so that they are aware of food consumption. Nutrition and health are always interrelated factors and there is relationship between intake of food and healthy lifestyle.

Nutrition plays a major role in growth and development of teenagers during which establishment of healthy eating habits must be given utmost importance. There might be double burden of developing under nutrition and over nutrition during this age group. Nutritional needs of adolescents increase as there will be development of various organs, rapid physical growth and sexual maturation. Teenagers are prone for obesity due to inadequate physical exercise, outdoor sports and consumption of fatty junk food are the significant factors for causing obesity among these population. Intake of sugar rich foods, saturated fats, and salt and rich calorie diet can cause obesity and other complications among youth. Some eating behaviors are common among teenagers such as snacking, skipping the meals or breakfast, consumption of irregular meals, intake of fast food or junk food, decreased consumption of fruits and vegetables. Among urban teens in India and many studies assessed the eating habits of teenagers.

There is urgent need to assess the healthy behaviors of teenagers and to give more focus on their lifestyle at earlier age. It is often difficult to change their unhealthy habits which adopted during their young age. Adolescents will have specific health need and that should be addressed during adolescence. Many studies showed correlation between health promoting relationship and quality of life.

Obesity and overweight are emerging public health problems among adolescents which associated with loss of quality of life and social stigma which leads to expression, anxiety, feeling of low self esteem and guilty feeling. Incidence of obesity of obesity is increasing globally and especially in developing countries because of lack of physical activity and intake of foods rich in fat, sugar and less fiber. Nutritional habits are modifiable factors for obesity in childhood and adolescence. Many factors may cause the incidence of obesity and it is multi factorial and related to fast foods and snacking.

Physical problems

In India, teenagers constitute more than twenty percentage of the entire population. Number of associated changes that occurs in mind, body and social relationships involve healthy adolescent growth, allowing the young individuals to get transition from a childhood to more mature adult. Adolescents have to face many difficulties related to intellectual and physical growth, choice of partners, social activities if a time of making decisions particularly concerning the future is encountered and guidance and counseling by school should be done to improve the quality of efforts. Adolescence is duration of accelerated development in which forty five percent of bone development occurs, between 15 to 20% of adult height is reached during teenage years. Thirty seven percent of total skeletal mass will be acquired throughout the development spurt of teenage period.

Obesity can be characterized as excessive adipose tissue growth due to raised fat cells in the body. Adipose tissue growth occurs as a result of intensification in the size of fat cells and elevated number of fat cells or combination of both. Overweight is measured by body mass index. Obesity is typically due to obesity, also it causes due to other factors like irregular muscle growth or fluid retention. In the past decade percentage of obese children was increased in prosperous families of urban India. It is vital to evaluate the obesity among children as it offers an opportunity to diagnose the problem and avoid the progression of the condition into adulthood.

Injuries

The prominent cause of death and infirmity among teenagers is accidental injuries. Over 1.35.000 teenagers died as a result of road traffic collisions in 2016. Several people died due to road traffic accidents were road handlers who were vulnerable comprising foot-travelers, cyclists or users of motorized two wheelers. In various countries, road security legislation required to be executed more complete and implementation of such legislations need to be improved. In addition, youth motorists need instruction on safe driving, while regulations banning driving under the impact of liquor and medications need to be imposed in all groups of people.

Drowning

Of the top 10 causes of death of teenagers, drowning is one of the causes, nearly 50000 teenagers. It is estimated that majority of boys drowned in 2016. To avoid these deaths, teaching children and teens to learn swimming is necessary intervention.

Globally, interpersonal abuse is the third main cause of adolescent mortality although its importance varies considerably by area of world. Universally, approximately one teenage girl among three teenage girls with the age of 15-19 years (84million) are exposed by their husband or partner to emotional, physical and/or

sexual abuse. It is important to foster loving interactions between parents and kids the initial period of lifetime. Physical and psychological issues can be helped by efficient and empathetic treatment for adolescent survivors of abuse by providing continuous support.

HIV/AIDS

In 2016, there were an approximately 2.1 million young people existing by human deficiency virus, the vast number of people in World Health Organization African area. While large number of mortality due to Human Immune Deficiency Virus was declining, subsequently the highest in 2006 and this estimate were not seen among the teenagers. The fact illustrates that majority of teenagers were born before antiretroviral therapy became common in the prevention of mother to child transmission of HIV. A large proportion of HIV positive adolescents, however are unaware of their status and many of those aware of their status are not receiving successful long term antiretroviral therapy.

One of the clear priorities of sustainable Development in Health (SDG3) is that the epidemic of Acquired Immunodeficiency Syndrome, tuberculosis, malaria and neglected tropical diseases, hepatitis, waterborne diseases and other non-infectious illnesses should be brought to an end by 2030. Teenager need to be educated to protect themselves from HIV infection and to avoid spread of the virus by sexual contact by condoms and use of sterile needles and syringes for those who inject drugs. There is also a need for greater accessibility for testing of HIV and counseling that requires stronger subsequent links for Human Immunodeficiency Virus care facilities for people testing HIV positive.

Communicable diseases

Between the ages of 10-19 years, diarrhea and lower respiratory tract infections are significant causes of mortality. Along with those illnesses and meningitis are the top five causes of teenage mortality.

Early Pregnancy and Childbearing

Difficulties due to pregnancy and delivery are the prominent cause of mortality for girls aged 15-19 years worldwide. Girls aged 15-19 years exposed to 11 percent of all births globally and the enormous numbers of childbirths are seen in low- and middle-income countries. In 2018, United Nations Population Division set worldwide teenage birth rate at 44 deliveries per 1000 teenagers, varying from 1 to more than 200 childbirths per 1000 adolescents. That demonstrates a pronounced decline from the time 1990. The decline is shown in a corresponding decrease in the rate of maternal death between the ages of 15-19 years.

The most important objective of the Sustainable Development Goal for Health (SDG3) is that worldwide accessibility to sexual and reproductive health services, including family planning, information and education, and the incorporation of reproductive health into national

policies and programs should be confirmed in the world by 2030.

Better accessibility to contraceptive information and services can decrease the number of girls who are too young to become pregnant and giving birth. Enforced law requires minimum age of 18 years for marriage. Teenagers during pregnancy require accessibility the services for quality care during prenatal period. Teenagers wanted to end the pregnancies must have accessibility to the legal abortion if permitted by law.

Alcohol and Drugs

A major problem in many countries is harmful drinking among teenagers. It decreases self-discipline and enhances hazardous activities like reckless driving or unprotected sex. That is the original root of injuries which consists of road traffic accidents, abuse and early age mortality. This will also contribute to health issues in later life adult hood and decreases life expectation. One of the strategies for decreasing unhealthy drinking among younger individuals is setting fixing a lowest age for purchasing and intake of alcohol and restricting alcoholic beverages for younger ages. Drug abuse in teenager with the age of 15-19 years old is furthermore a significant universal issue. Drug control may emphasis on decreasing drug claim, drug availability and systemic, community and individual level approaches are typically included in effective programs.

Nutrition and Micronutrient deficiencies

The second leading cause of mortality and morbidity among teenagers in 2016 was iron deficiency anemia. Supplements with iron and folic acid are a remedy which contributes to improve wellbeing of the adolescents before they become parents. Regions where bowel helminthes such as hookworm are widespread, routine deworming were suggested to inhibit deficiencies in micronutrients includes iron deficiency.

The basis for good health in adulthood is to establish healthy eating habits in adolescence. It is vital for all, but particularly for children and adolescents, to promotion of foodstuffs rich in saturated fats, transfatty acids, less sugar or salt and to provide accessibility to healthier nutrition.

Under nutrition and obesity

Among developing countries, many boys and girls are undernourished in puberty, rendering them more susceptible to morbidity and mortality. In low-, middle- and high-income countries, total count of teenagers that are overweight is rising. Globally, one in six teenagers with the age of 10-19 years was obese in 2016. Incidence ranged through World Health Organization regions, less than 10% in the South East Asia area of the WHO to more than 30% in the Americas regions of the WHO.

Physical activity

Physical activity offers adolescents with important health profits comprising enhanced cardiorespiratory and muscle health, skeletal health, good body weight maintenance and psychosocial benefits. We suggest that teenagers should involve in minimum 60 minutes of moderate physical activities every day that includes cycling, jogging, walking, aerobic exercise, games, sports, yoga etc. Globally, these recommendations are estimated to be met by just in 5 teenagers. Inactivity prevalence is high throughout all regions of the WHO and higher in female adolescents relative to male adolescents.

Use of Tobacco

During puberty, large number of people began consuming tobacco. It is important to prohibit the trade of tobacco products to minors below the age of 18 years and to raise the expense of tobacco products through increased taxes, to ban tobacco advertisement and to maintain atmosphere that is free from smoke. Tobacco is used globally by at least 1 in 10 adolescents between the ages of 13 and 15, even though some places the number of people consuming tobacco is even greater. Cigarette smoking in some high-income countries appears to be declining among younger teenagers.

Constitutional rights of adolescents

In international legal documents, the rights of child (less than 18 years) to live, nurture and progress are secured. In 2013, the Committee on the Rights of the Child, which regulates convention on moralities of the children, issued guidance on the right of child and teenagers to enjoy highest level of health that can be attained, and a general statement on the realization of rights. It illustrates the duty of the States to consider the special requirements and privileges of teenagers and youth in terms of health and development.

WHO response

Report released by WHO in May 2017, Global Accelerated Action for Adolescent wellbeing. It aims to help policymakers determine what they are supposed do and how they are supposed do it, as they respond to adolescent's health services in their countries. This guide manuscript is intended to assist national policy makers and program managers in the preparation, execution, evaluation and assessment of the adolescent health program. Overall, WHO performs a number of roles to promote young people's health including the development of evidence-based guidance for maintaining health services. It is important to make references to governments on health of adolescent and to provide better quality, age appropriated adolescent health facilities and to raise consciousness among the general community and other concerned stakeholders about health issues for young people.

CONCLUSION

There is urgent need to assess the healthy behaviors of teenagers and to give more focus on their lifestyle at earlier age. It is often difficult to change their unhealthy habits which adopted during their young age. Adolescents will have specific health need and that should be addressed during adolescence. Many studies showed correlation between health promoting relationship and quality of life.

REFERENCES

1. Chasanah AM and Killa G. Adolescents' gadget addiction and family functioning. *Advances in Social science, Education and Humanities Research*, 2017; 139.
2. Chauhan N, Saini SK, Dass K. Lifestyle of adolescent girls living in Dadu Majra Colony, Chandigarh. *Nursing and Midwifery Research Journal*, 2014; 10: 1.
3. Chun J, Guldish J, Chan YF. Smoking among adolescents in substance abuse treatment, a study of programs, policy and prevalence. *Journal of psychoactive Drugs*, 2007; 39(4): 443-449.
4. Damodaran D, Paul V. Stress management among adolescents. *SSRN Electronic Journal*, 3(1): 104-111.