

Programmatic perspective of adolescent health in India

¹ Dr. Sushilendra Kumar Chouhan, ² Dr. Rita Chouhan, ³ Dr. Matin Ahmad Khan, ⁴ Dr. Shweta Chouhan

¹ MBBS. MS (Anatomy) Associate Professor & HOD, Dept. of Anatomy MGM Medical College, Jamshedpur, Jharkhand, India

² MBBS, MSc (Microbiology) Associate Professor & HOD, Department of Microbiology MGM Medical College, Jamshedpur, Jharkhand, India

³ MBBS MSc (Biochemistry) MMSc (HIV Med) MPH, Ph.D (Public Health), PhD (HIV Medicine) Fellowship in HIV Medicine, American Academy of HIV Medicine Specialist (AAHIVS –USA) Associate Professor, Dept. of Biochemistry, Patliputra Medical College, Dhanbad, Jharkhand, India

⁴ BDS, MDS, Assistant Professor, Department of Oral Pathology, RKDF Dental College & Research Centre, Bhopal, Madhya Pradesh, India

Abstract

Adolescence is a period in which all the habits and behaviour like high risk behaviour, substance abuse and eating habits develop that have lifelong impact.

According to the World Health Organisation adolescents are those persons in the age group of 10 to 19 years. India has 243 million adolescent people constituting about 21.4% of the country's total population It is an important phase in life as it gives a second chance to improve the health and well-being of a child in their second decade as well as an opportunity to mitigate emergence of risk factors that may lead to diseases in adulthood. The health status of adolescents even reflects on the health and well being of the next generation.

Health education and counselling to adolescents are necessary in India to improve adolescence health. Primary care practitioners may act as a bridge between the family and adolescents to solve the problems. Simultaneously awareness to the programmes related to adolescent health should be generated among family members so that they can also advise and guide the adolescents

In India, programmes have been launched to address all the problems faced during adolescent period, still then adolescents are facing problems. Improving Adolescent Health is an emerging area for India to invest in. A review of adolescent health status and healthcare delivery system will help in understanding and strengthening the activities.

Keywords: Programmatic perspective, health, India

Introduction

Background

The term adolescence is derived from the Latin word "adolescere" meaning to grow, to mature. Adolescence is a journey from the world of the child to the world of the adult. It is a time of physical and emotional change as the body matures and the mind becomes more questioning and independent. This period is most crucial since these are the formative years of life of an individual when major physical, psychological & behavioural changes takes place. This is also the period of preparation for undertaking greater responsibilities including healthy responsible parenthood. Future of the society depends on adolescents and they form a great human resource for the society.

Demographic profile of adolescents in India

The World Health Organization (WHO) defines "adolescent" as an individual between 10 to 19 years of age. (1) According to census 2011 report, 20.9% of population in India comprise of adolescents. The trend is static or small decreasing trend compared to 21.9% in 2001 census. But the number of adolescents is increasing to approximately 253.2 millions. The rural and urban population constituted 22% and 19% adolescents respectively. According to sample registration system statistical report 2010, 21% of the total Indian

population is comprised of adolescent. Out of them 11% is contributed by male and 10% contributed by female. The World Population Day in the year 2003 had been declared as the year of one billion adolescents in the world.

Adolescents (10-19 years) constitute about one fourth of India's population and young people (10-24 years) about one third of the population. This huge section of population represents a great 'demographic dividend' and offers a dependable potential to drive and sustain economic growth that India has experienced in last few years.

In order to fulfill this potential the nation must be able to invest in their education, health and development adequately. In order to ensure that they grow healthy they require information and skills, health services and counselling as well as a safe and supportive environment. Adolescents are generally considered healthy by themselves, their families, even health care providers and society at large. Yet they are known to suffer significant morbidity caused by risk taking behaviour and inadequate access to health care. In addition, programmes and services must recognize their special needs and address these in a supporting and nonjudgmental manner. This requires a better understanding of their existing status within the prevailing socio-cultural settings and their vulnerabilities.

This phase of life cycle is marked by special characters

- Rapid physical growth and development
- Physical, social & psychological maturity
- Sexual maturity and onset of sexual activity
- Beginning of menstrual cycle in girls and onset of reproduction cycle
- Development of adult mental processes & adult identity
- Transition from total socioeconomic dependence to relative independence

Definitions

- Adolescence: 10 – 19 years
- Early Adolescence: 10 – 13 years
- Middle adolescence: 14 – 16 years
- Late adolescence: 17 – 19 years
- Youth: 15 – 24 years
- Young people: 10 - 24 years

Main satges

Early adolescence (10-13): is characterised by a spurt of growth, and the begininigs of sexual maturation. Young people start to think abstractly

In mid-adolescence (14-15): the main physical changes are completed, while the individual develops a stronger sense of identity, and relates more strongly to his or her peer group, although families usually remain important. Thinking becomes more reflective.

In later adolescence (16-19): the body fills out and takes its adult form, while the individual now has a distinct identity and more settled ideas and opinions.

Characteristics of Adolescence can be attributed with the following mnemonic

A – Aggressive, Anaemic, Abortion
D – Dynamic, Developing, Depressed
O – Overconfident, Overindulging, Obese
L – Loud but lonely & Lack information
E – Enthusiastic, Explorative & Experimenting
S – Social, Sexual, & Spiritual
C – Courageous, Cheerful, & Concern
E – Emotional, Eager & Emulating
N - Nervous, Never say no to peers
T – Temperamental, Teenage pregnancy

Rationale of paying attention to Adolescence population

To reduce death and disease in adolescents: An estimated 1.7 million young people aged from 10 to 19 die each year — mainly from accidents, violence, pregnancy related problems or illnesses that are either preventable or treatable. Many more develop chronic illness that damage their life.

To reduce the burden of disease in later life: Malnutrition in childhood and in adolescence can cause lifelong health problems, while failure to care for the health needs of young pregnant women can damage their own health and that of their babies. This is the age when sexual habits and decisions about risk and protection are formed. Some of the highest infection rates for sexually transmitted infections are in adolescents. The HIV/AIDS pandemic alone is sufficient reason to look a new at how health services address the needs of adolescents. Many

diseases of late middle age, such as lung cancer, bronchitis and heart disease, are strongly associated with a smoking habit that begins in adolescence.

To invest in health - today and tomorrow: Healthy and unhealthy practices adopted today may last a lifetime. Today's adolescents are tomorrow's parents, teachers and community leaders. What they learn they will teach to their own children. Adolescence is a period of curiosity, when young people are receptive to information about themselves and their bodies, and when they begin to take an active part in decision making.

To protect human capital: In some societies two out of three adolescents are involved in productive work, while many young women below the age of 20 are already mothers. If they are no longer able to fulfill these roles because of injury, illness or psychological damage, the cost is primarily a human one, but there is also a cost to society.

Major Health problems of adolescents

General health problems: Adolescents are subject to most of the same illnesses as other age groups within the population. However, they are much less likely to recognise symptoms, and much more likely to underestimate their importance. In addition, they usually do not know where to go for help. As a result adolescents are the least likely section of the population to go for early treatment. They may leave diseases untreated because they are afraid of the outcome, worried about the stigma or do not believe that they will be treated well at a clinic

Malnutrition: When there is a shortage of food, most families know that they must make special efforts to ensure that babies are well nourished. It is less well understood that adolescent girls and boys have a need for extra nutrition as they grow rapidly and develop and that an inadequate diet can delay or impair healthy development. Stunting can occur in childhood or during adolescence. In some cultures girls are fed last and fed least. In girls, poor nutrition can delay puberty and lead to the development of a small pelvis. Malnourished adolescent girls who have babies at a young age are more likely to experience, and will be less able to withstand, complications because the body has not yet reached maturity. Maternal mortality is higher in anaemic women. Even when they survive, poorly nourished adolescent mothers are more likely to give birth to low birth-weight babies, perpetuating a cycle of health problems which pass from one generation to the next.

- Anemia is also one of the most important problem among adolescents
- In a growing number of developing countries, obesity and eating disorders exist along side malnutrition. In extreme cases eating disorders such as bulimia and anorexia can permanently damage physical and mental health. Obesity itself is a major problem in some societies. A failure to deal with this at a young age, can lead to a lifetime poor health and unhappiness and an early death

Mental health problems: Mental health problems may first become apparent during adolescence. A young person experiencing depression or another mental health problem has no frame of reference for his or her condition and may not recognise this as an illness or seek treatment. Mental health problems frequently start to make themselves felt in this age

group. Depression is common, especially for young people who have low self-esteem. They may feel that they have no future or are useless. Depression reduces the quality of a young person's life at a time when he or she should be full of optimism and hope. A young person who sees no future is more likely to take risks with his or her health. Depression can also lead to the ultimate tragedy — almost 90,000 young people commit suicide each year across the world

Early & unprotected sex: Many young people become sexually active without planning the sexual relationship or thinking about the consequences. This results into the high number of unwanted pregnancies and unsafe abortions and the steep rise in HIV infection. Adolescents live in increasingly sexualised societies, exposed to mass media that challenge cultural values. The rapid growth of cities and the breakdown of traditional family structures erode a protective cultural layer. Conflict and forced migration put many young people at risk.

Discussion

Strategies for promotion of adolescent health can also be attributed through the same Mnemonic.

A = Adoption of healthy life style

D = Develop appropriate i.e. strategy discourage early marriage and teenage pregnancy

O = Organize adolescent/ youth friendly clinic

L = Life skill training, legal support, liaison with peers, parents

E = Educate about sexuality, safe sex, spirituality, responsible parenthood

S = Safe, secure and supportive environment to be provided

C = Counselling / curriculum in school inclusive of family life education

E = Enable & empower for responsible citizenship

N = Networking for experience sharing

T = Training for income generation, teen clubs

Adolescent Health Programs in India

1. Kishori Shakti Yojana : To improve the health and nutritional status of girls
2. Balika Samridhi Yojana: To Delay the age of marriage
3. National AIDS Control Programme
4. Reproductive and Child Health Programme

Kishori Shakti Yojana

This scheme is a redesign of the already existing Adolescent Girls (AG) Scheme being implemented as a component under the centrally sponsored Integrated Child Development Services (ICDS) Scheme.

Kishori Shakti Yojna (KSY) - a key component of ICDS scheme which aims at empowerment of adolescent girls. Kishori Shakti Yojana (KSY) seeks to empower adolescent girls, so as to enable them to take charge of their lives. The programme through its interventions aims at bringing about a difference in the lives of the adolescent girls. It seeks to provide them with an opportunity to realize their full potential.

Under the Scheme, the adolescent girls who are unmarried and belong to families below the poverty line and school drop-outs are selected and attached to the local Anganwadi Centres for six-monthly stints of learning and training activities. This includes two sub-schemes,

Scheme- I (Girl to Girl Approach): The Scheme-I has been designed for adolescent girls in the age group of 11-15 years

belonging to families whose income level is below Rs. 6400/- per annum

Scheme-II (Balika Mandal): The Scheme-II is intended to reach to all adolescent girls in the age group of 11-18 years irrespective of income levels of the family. It may however, be mentioned that even under Scheme-II, younger girls in the age group of 11-15 years and belonging to poor families are also included.

Objective

- To improve the nutritional and health status of girls in the age group of 11-18 years;
- To provide the required literacy and numeracy skills through the non-formal stream of education, to stimulate a desire for more social exposure and knowledge and to help them improve their decision making capabilities
- To train and equip the adolescent girls to improve/ upgrade home-based and vocational skills
- To promote awareness of health, hygiene, nutrition and family welfare, home management and child care, and to take all measure as to facilitate their marrying only after attaining the age of 18 years and if possible, even later
- To gain a better understanding of their environment related social issues and the impact on their lives
- To encourage adolescent girls to initiate various activities to be productive and useful members of the society

Other options of the programme

- IFA supplementation along with deworming
- Education for school dropouts and functional literacy among illiterate adolescent girls
- Non-formal education to adolescent girls. Emphasis on life education aspects including physical, developmental and sex education is given.
- Vocational training activities may be undertaken for adolescent girls for their economic empowerment. At Anganwadi Centres, a group of 20-25 girls may be identified by the Supervisor (Mukhya Sevika). Of these, nomination of 2 selected girls from each Anganwadi Centre may be sent to the Office of District Programme Officer. District Programme Officer in consultation with CDPO, officer's in-charge of these sectors and NGOs will organize vocational training courses, non-formal education course, life education courses, health and nutrition education, legal literacy etc. Following completion of the training, the group leaders (2 adolescent girls from each Anganwadi Centre) will provide training to the remaining adolescent girls at Anganwadi Centre.

Balika Samridhi Yojana

The scheme of Balika Samridhi Yojana was launched by Govt. of India in 1997 with the following objectives

1. To change negative family and community attitudes towards the girl child at birth and towards her mother.
2. To improve enrollment and retention of girl children in schools
3. To increase the age of marriage of girls.
4. To assist the girl to undertake income generation activities.

Components of Balika Samridhi Yojana

From the start of the scheme, the mothers of newborn girl children were given a post delivery grant of Rs. 500/- each in cash as a gift from the Government. There was also provision for Annual Scholarships to the girl child for attending school. (But the details /guidelines for scholarships were not received). During 1999-2000, Govt. of India recast the scheme and the benefits and means of delivery have been redesigned to ensure that financial benefits accrue to the girl child. Now the girl children eligible under BSY are entitled to the following benefits:-

1. A post birth grant amount of Rs. 500/-
2. When the girl child born on or after 15-08-1997 and covered under BSY starts attending the school, she will become entitled to annual scholarship as under for each successfully completed year of schooling:-

Table 1

| Class | Amount of Annual Scholarship |
|--------|-------------------------------------|
| I-III | Rs. 300/- per annum for each class |
| IV | Rs. 500/- per annum |
| V | Rs. 600/- per annum |
| VI-VII | Rs. 700/- per annum for each class |
| VIII | Rs. 800/- per annum |
| IX-X | Rs. 1000/- per annum for each class |

Coverage

Balika Samridhi Yojna is being implemented in both rural and urban areas.

Target group

Under Balika Samridhi Yojana girl children belonging to families below the poverty line are given benefit, who are born on or after 15th August, 1997. The benefits are restricted to two girl children in a household irrespective of number of children in the household.

Procedure for obtaining the benefit

This scheme is being implemented through ICDS infrastructure in rural areas and through functionaries of Health Department in urban areas. The application forms are available with Anganwadi Workers in the villages and with Health functionaries in urban areas. The beneficiaries are required to submit the filled in applications to these functionaries.

Facility of withdrawal

A portion of the Post Birth Grant of Rs.500/- or the amount of the annual scholarship can be applied toward the sole purpose of paying the premium on an insurance policy in the name of the girl child under the Bhagyashri Balika Kalyan Bima Yojna. The amounts of annual scholarships can also be permitted to be utilised toward purchase of textbook or uniform for the girl child. The amount left after payment shall be deposited in the account

Payment at maturity

On the girl child attaining 18 years of age and on production of a certificate from the Gram Panchayat /Municipality that she is unmarried on her eighteenth birthday, the implementing agency would authorise the bank or the post office authorities concerned to allow her to withdraw the amount standing in her name in the interest bearing account.

Withdrawal of the benefit

In the event of the girl getting married before attaining the age of 18 years, she shall go for the benefit of the amount of the annual scholarships and the interest accrued there on and shall stand entitled only to the Post Birth Grant amount of Rs 500/- and the interest accrued there on. In the eventuality of the death of the girl child before attaining the age of 18 years, the accumulated amount in her account would be withdrawn

Funds

Prior to 1999-2000, funds were being released to the Additional Deputy Commissioners by the Govt of India. However, there after the funds were being released to the State Govt.

Table 2: The year wise expenditure and beneficiaries is as under

| S. No. | Year | Amount released by GOI (Rs. in lacs) | Beneficiaries covered |
|--------|-----------|---------------------------------------|-----------------------|
| 1. | 1997-98 | 86.49 | 2738 |
| 2. | 1998-99 | 59.29 | 7765 |
| 3. | 1999-2000 | 57.66 | 6673 |
| 4. | 2000-01 | 25.00 | 2889 |
| 5. | 2001-02 | - | 9166 |
| 6. | 2002-03 | - | 6696 |
| 7. | 2003-04 | - | 7441 |
| 8. | 2004-05 | 63.29 | 2337 |

National AIDS Control Programme (NACP)

Reaching youngsters at an impressionable age before they become sexually active can lay the foundation for a responsible lifestyle, including healthy relationships and safe sex habits. Under NACO Adolescent Education Programme developed which focuses primarily on prevention through awareness building

The Adolescent Education Programme is one of the key policy initiatives of NACP II. NACO collaborated to develop this school-based programme which is implemented across 144,409 secondary and senior secondary schools with the objective of reaching out to about 33 million students within two years. AEP is implemented by the Department of Education in collaboration with the State AIDS Prevention and Control Societies.

The Adolescence Education Programme (AEP)

- Co-curricular adolescence education in classes IX-XI
- Curricular adolescence education in classes IX-XI and life skills education in classes I- VIII
- Inclusion of HIV prevention education in pre-service and in-service teacher training and teacher education programmes.
- Inclusion of HIV prevention education in the programmes for out-of-school adolescents and young persons, and
- Incorporating measures to prevent stigma and discrimination against learners/students and educators and life skills education into education policy for HIV prevention.

Under the programme, teachers and peer educators are trained who in turn conduct the programme amongst the student community. The programme covered 112,000 schools and trained 2,88,000 teachers. They have been provided reference material, which has been developed by NACO.

Relevant messages on safe sex, sexuality and relationships are developed and disseminated for youth via posters, booklets, panels and printed material.

YUVA - Youth Unite for Victory on AIDS

A youth network, Yuva comprising seven youth organisations, Nehru Yuva Kendra Sangathan, National Service Scheme, Indian Red Cross Society, National Cadet Corps, Bharat Scouts and Guides, Youth Hostels Association of India and the Association of Indian Universities, working for the young people with prevention, education and life skills for promoting healthy and safe behaviour and practices amongst them. The ultimate goal is to have an "AIDS prepared Campus, AIDS prepared Community and AIDS prepared Country".

Red Ribbon Club (RRC)

Red Ribbon Club is a voluntary on-campus intervention programme for students in educational institutions. It is initiated and supported by the SACS and implemented through multi-sectoral collaboration, particularly using the services of cadre officers of the State's NSS. The club is proposed to be established in every school and college to provide youth with access to information on HIV/AIDS and voluntary blood donation. The club also works towards promotion of life skills to bring about behavioural change among the youth. Already RRCs are established in more than 16,000 schools and colleges

Reproductive and Child Health Programme (RCH)

The adolescent health initiative in RCH II

Adolescent Reproductive and Sexual Health (ARSH)

Services provided to all adolescent married and unmarried girls and boys

Package of services

Promotive services

- Focused care during antenatal period
- Counselling & provision of emergency contraceptives
- Counselling & provision of reversible contraceptives
- Information/advice on SRH services

Preventive services

- Services for TT and prophylaxis against nutritional anemia
- Nutritional counselling
- Services for early and safe termination of pregnancy and management of post abortion complications

Curative services

- Treatment for common RTI/STIs
- Treatment & counselling of menstrual disorders sexual concerns of males and female adolescents
- Management of sexual among girls

Referral services

- Voluntary Counselling and Testing Centre
- Prevention of Parent to Child Transmission

Outreach services

- Periodic health checkups and community camps
- Periodic health education activities
- Co-curricular activities

Adolescent Friendly Health Services

AFHS provides a broad range of preventive, promotive & curative services under one roof & which helps to ensure improved availability, accessibility & utilization of health services. It is being initiated by government, private & NGO's. The significant feature of AFHS is provision of reproductive health services, nutritional counselling, sex education & life skill education. It is kind of one-stop shopping approach which means that different needs of adolescent can be met under one roof by professional who understand their needs & are trained to address them effectively.

AFHS in India is first taken by Safdarjung Hospital in New Delhi that is providing a wide range of services such as clinical, mental health services, nutritional & reproductive counselling, growth monitoring & development & immunization

The National Institute of Research in Reproductive Health, Mumbai in collaboration with Municipal cooperation of Mumbai started AHFS under the name "Jagruti" for providing specialized sexual & reproductive services for adolescent boys & girls

MAMTA an NGO started AFHS in some villages. This model comprises community based Youth Information Centres (YIC's) supported by peer educators, health facility based youth clinics at primary health centres & youth friendly centres at first referral unit.

In four districts of Madhya Pradesh a pilot project of AFHS launched as name "Jigyasa" by The Family Planning Association of India (FPAI)

The RCH-II has a strategy to provide services for adolescent health at public health facilities & at primary health care level during routine hours and on dedicated days & times. Public health personnel such as medical officers as well as ANM's & lady health visitors will receive training on the provision of sexual & reproductive health services exclusively for adolescents. Haryana is the first state in the country to launch a distinct Adolescent Reproductive & Sexual Health (ARSH) program providing AFHS at govt health facilities.

Package of health services at AFHS

- Monitoring of growth & development
- Monitoring of behaviour problems
- Offer information & counselling on developmental changes, personal care & ways of seeking help
- Reproductive health including contraceptives, STI treatment, pregnancy care & post abortion management
- Voluntary counselling & testing for HIV
- Management of sexual violence
- Mental health services including management of substance abuse

Benefits of adolescent from HPV vaccine

HPV is estimated to cause about half a million cases of cervical cancer every year, and is the leading cause of death from cancer for women in the developing world. This particular effort focuses on:

- 1) Developing an appropriate, evidence-based set of complementary adolescents specific interventions to be delivered as an "HPV Plus" package
- 2) Developing field research to assess the feasibility, acceptability, cost and means of delivering the package of interventions with the HPV vaccine.

Adolescents typically have insufficient contact with health services but the new vaccine against the human papillomavirus (HPV) is targeted adolescent girls & this provide an opportunity for adolescents to engage more with health services.[WHO and UNFPA are working together to link cervical cancer prevention with immunization, adolescent

health and education. Within WHO, this work is being led jointly by the Departments of Child and Adolescent Health and Development (CAH), Reproductive Health and Research (RHR), Immunizations, Vaccines and Biologicals (IVB), and Chronic Diseases and Health Promotion (CHP)]

| WHO "Adolescent Plus Package" for delivery with HPV vaccines | | |
|--|---|--|
| Intervention Category | Definition | Menu of Complementary Interventions |
| Screening | Testing or screening for illnesses, diseases, or disabilities | <ul style="list-style-type: none"> • Vision screening • Schistosomiasis (in appropriate contexts) |
| Provision of Information | Providing education interventions, demonstrations, information sessions, skills delivery, pamphlets, video, skits | <ul style="list-style-type: none"> • HPV information • Reproductive and Sexual Health Information • Nutrition Information • Condom use |
| Services | Providing referrals, counselling, treatments | <ul style="list-style-type: none"> • Voucher referral for Reproductive Health Services • Referral for Vision |
| Commodity Delivery | Supplementation, direct provision of commodities or increasing access to commodities | <ul style="list-style-type: none"> • Anti-helminthic • Vitamin A • Bednets |

Fig 1

Other Adolescent Health programs

- **Life-skills and health and sexuality education in schools:** Well designed, well-implemented sexuality and reproductive health education can provide young people with a solid foundation of knowledge and skills to enable them to engage in safe and responsible sexual behavior.
- **Peer education:** Peer education programs are especially appropriate for young people who are not in school and for hard-to-reach, at-risk subsets of the youth population, including sex workers and street children.
- **Mass media and community mobilization.** Mass media and community mobilization efforts that engage influential adults such as parents, teachers, community and religious leaders and music and sports stars, can help normalize positive adolescent behaviors and gender roles as well as direct young people to appropriate health services.
- **Youth development programs:** Youth development programs typically address a range of key adolescent needs, including life skills, education, jobs, and psychosocial needs.
- **Clinical health services:** Although some young people seek care through the formal health system, many others don't seek health care because of attitudes of health workers, particularly when seeking care and advice on matters related to sexuality.
- **Social marketing:** This approach involves the use of public health messages to promote healthy behaviors and the use of condoms and other health products and services.
- **Workplace and private sector programs:** Programs that reach young people do so at their places of work and through private channels, such as pharmacies and for-

profit medical services, where many young people prefer to seek care.

Other Useful Medical Interventions

- **Mass Deworming:** In the Busia district of western Kenya mass deworming of adolescents done. After two years, observed effects of deworming treatment included fewer absences and lower dropout rates. The treatment also resulted in health and school participation benefits among untreated children in the same schools, as well as in neighboring schools, suggesting that the deworming had positive results.
- **Tobacco:** Price increases are the most effective tool for reducing the use of tobacco products by young people. Studies in the United States have shown that price increases have a greater effect on tobacco use by young people than on use by older age groups (University of Illinois at Chicago Health Research and Policy Centers 2001). Comprehensive bans on all advertising, including bans on the promotion of tobacco products and trademarks also reduces tobacco use. Programs that give young people the skills to resist peer pressure and other social pressures to smoke have demonstrated consistent and significant reductions or delays in adolescent smoking. School-based programs are also more effective when combined with community wide supportive efforts. Information campaigns that help young people see how the tobacco industry tries to manipulate their behavior through advertising have been highly effective in changing behavior and attitudes toward smoking among young

people in the United States(American Legacy Foundation 2002).

Conclusions

The 11 to 19 year old age is called adolescence. This is the period of rapid change and maturation when the child grows into the adult. This is one of the most enjoyable stages of one's life and it has to be experienced with joy and friendship paving the way for building a healthy society with good social relationships. The National Population Policy 2000 identified adolescents as an underserved group for which health needs and within this reproductive and sexual health interventions are to be designed. The National Youth Policy 2003 recognizes 13 to 19 years as a distinct age group which had to be covered by special programmes in all sectors including health. The National Curriculum Framework 2005 for school education highlights the need for integrating adolescent reproductive and sexual health messages into school curriculum Based on this the National Adolescence Education Programme of NACO along with the Ministry of Human Resources Development has been developed

Young people between the ages of 10 and 19 years (Adolescents) are often thought of as a healthy group. Nevertheless, many adolescents do die prematurely due to accidents, suicide, violence, pregnancy related complications and other illnesses that are either preventable or treatable. Many more suffer chronic ill-health and disability. In addition, many serious diseases in adulthood have their roots in adolescence. For example, tobacco use, sexually transmitted infections including HIV, poor eating and exercise habits, lead to illness or premature death later in life and hence improving Adolescent Health is an emerging area for India to invest in. and Government of India has been sensitive enough of these facts and has formulated various policies and programmes for the benefit of this age group population

Health education and counselling to adolescents are necessary in India to improve adolescence health. Primary care practitioners may act as a bridge between the family and adolescents to solve the problems. Simultaneously awareness to the programmes related to adolescent health should be generated among family members so that they can also advise and guide the adolescents. The health education programme can be held by primary care practitioner doctors in their locality with involving family members and adolescents.

Current situation demands a single comprehensive programme under one ministry which will cover outreach activities as well as clinic based services. Community based approach should focus on behaviour change communication, improving the knowledge, awareness and attitude of adolescents in health, regular screening and health survey whereas adolescent friendly clinics should be a 'one-stop' shop which will provide professional based preventive and promotive care for sexual and reproductive, psychiatric, nutritional and substance abuse problems. These clinics should be organised at primary, secondary and tertiary levels of healthcare in a holistic concept and ensuring continuum of care and support. With the broad objective each state can organise the services suitable to their needs and situation analysis. Evaluation should be undertaken on a regular basis, which is a key to the success of these programmes. The programme should target parents, teachers, and community leaders as intermediaries in defining, planning and implementing adolescent services. As we progress with

motivation and adopting best practices, India will soon transmute from 'health for adolescents' to 'health with the adolescent

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