

## **A Literature Review on Health among School going Adolescents in India**

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### **Abstract**

Adolescence is a period of tremendous biological changes in the human life span. The adolescents need both physical and mental health for better wellbeing and growth. Most adolescents are in the school- going age. Therefore, the present review is focused on health among school going adolescents in India. The review focused on pertinent studies from different online search engines, journals and unpublished thesis from Mizoram University library and articles of the past 10 years. The reviewsshow that the rate of risks to adolescent health is increased in day to day life affecting the physical and mental health of school going adolescents. There was a dearth of studies focusing on prevention, intervention and promotion plans for school going adolescents in India. Therefore, there is a need to provide a comprehensive intervention and monitoring package for enhancing the life of school going adolescents in India.

**Key words:** Health, School going adolescents, India, Review

### **Adolescents in Indian Scenario**

Every fifth person is an adolescent in the age between 10 to 19 years of in India(Census, 2011). Health is one of the most important factors of develop-

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ment in any country. A developing country like India needs much improvement of its health care system especially among the adolescents.

### **A review on the health of school going adolescents in India**

The review is based on the secondary data from Pubmed, Science direct, Google scholar, Cochrane library, & Psychinfo, journals and unpublished thesis from Mizoram University library. There were around more than 70 articles from the last 10 years were reviewed based on health aspects and the terms like “health-risk behaviour”, “dietary behaviour”, “hygiene”, “tobacco”, “alcohol”, “drugs”, “HIV/AIDS”, “mental health”, “unintentional injury”, “Interventional studies” among school going adolescents were used in the search engines. The following are the major findings found from the review.

A number of scales were focused on health assessment of school going adolescents. The Global school-based student health survey (WHO, 2007) and Indian Adolescent Health Questionnaire (Long et al., 2013) covered all aspects under health of adolescents. The Health-risk behaviors are physical health, physical activity, nutrition, hygiene, medical care and medical history, HIV/AIDS, tobacco, alcohol and drugs, violence, domestic violence and unintentional injury and mental health. These factors affect a student’s performance in school.

A review on the adolescent health problems in India during 2001 to 2015 found that poor sexual health knowledge, prevalence of dysmenorrhoea, tobacco, overweight, anaemia, depressive problems, physical fights, worry and loneliness, dental problems are high among adolescents and for solving such issues, there is need for participation from family and community (Bej, 2015). A study conducted by Das, Chattopadhyay, Chakraborty, Dasgupta, & Akbar (2015) on health risk behaviour of school going adolescents in rural-urban area in west Bengal, India found that high risk on dietary behaviors was more in urban areas while both males and females are at risk in other domains also. One study aimed to understand the Health-Risk Behaviors and Protective Factors among school going Adolescents, aged between 13 to 17 years in

Tezpur, Assam, India. The study revealed prevalence of health-risk behaviors like diet, hygiene, physical activity and peer problems in a sizable number of participants. Mental health status in more than one fourth of the participants called for concern (Harikrishan, Sobhana, & Arif, 2016).

The domain wise findings show that dietary behaviour of the adolescents is different from urban and rural prevalence. In urban, there is high consumption of soft drinks and fast foods (Kotecha et al., 2013) but in rural areas, the problem is poor economic status (Pal, Pari, Sinha, & Dhara, 2017). The adolescents need awareness on personal hygiene and adolescent girls in particular need awareness on menstrual hygiene (Priya et al., 2017).

Tobacco use among adolescents is high in India and a substantive review found a high risk of major health-related illness and several forms of cancers such as oropharyngeal cancers associated with the chewing of tobacco and therefore the dire need for creating oral health education programs in schools in India (Sagarkar, Sagarkar, Arabbi, & Shivamallappa, 2013). The studies found high alcohol use among male adolescents as compared to their female counterparts (Jaisoorya et al., 2016). A review article by Priyanka & Ankita (2016) found that the high prevalence in drug abuse and the risk factors for drug abuse by adolescents may be due to such factors as a biological predisposition to drug abuse, personality traits that reflect a lack of social bonding, low socio-economic status of family, family bonding, family relationship and parental guidance and care, a history of being abused or neglected, low emotional or psychiatric problems, stress and inadequate coping skills and social support. Drug use among adolescents is also hugely associated with drug-using peers, rejection by peers due to poor communication skills, poor academic skills, failure in school, a history of anti-social behaviour and delinquency.

A study on mental health status of adolescents found that less than a tenth of the participants have some mental health issues (Harikrishnan, Arif, & Sobhana, 2017). There is a need to provide proper awareness among adolescents in India (Muthuraja & Dhanes, 2015). There were incidences of different types of unintentional injuries among the school children (Mathur, Mehra,

Diwan, & Pathak, 2018).

The above reviews found a high and increasing prevalence of health risks among school going adolescents. Proper interventions and awareness on each health aspect should be implemented in every school in India.

### **Factors influencing the prevalence of Health among school going adolescents**

Each domain of health has separate factors that influence adolescents. The poor dietary behaviors among school going adolescents because of the untimely intake of food, poverty, and poor hygiene will lead to oral and stomach issues and other diseases. The availability of gateway drugs such as tobacco products near the school or acquired from friends have a negative influence on school going adolescents. Bullying, physical and/or sexual abuse by peers, teachers or parents contribute to high risk of emotional and mental trauma among school going adolescents. The effects of abuse lead to sleep disturbance, emotional problems and conduct problems. There is lack of awareness on HIV/AIDS and other sexually transmitted diseases among school going adolescents. All such factors have an impact on the academic, career and future life of the school going adolescent.

### **Need to promote, prevent and evaluate health risk issues among school going adolescents in India**

There were few interventional studies targeted on health among school adolescents in India. The secondary data analysis found that the interventional studies are more effective for school going adolescents (Kotwal, Khan, & Kaul, 2014; Singh, 2015). There is a need for the effective intervention and regular evaluation studies for the development and growth of school going adolescents. A model for adolescent school mental health programme in Kerala was developed by UNARV clinic over a period of 5 years. The study conclude that the school teachers were trained as primary counsellors due to lack of man power and this was made as a district model (Jayaprakash & Sharija,

2017). However, there is a need to develop models, manuals, and workbooks for the promotion, prevention and regular follow up programmes on each health aspect which will definitely enhance the health of school-going adolescents.

### **Conclusion**

School going adolescents need to be provided with proper and systematic programmes on health-related issues. Proper needs-assessment, intervention, monitoring, and evaluation plans, and school health policies need to take place. A joint effort from the school authority, parents, teachers, school social workers, psychologist, medical professionals, and mental health professionals will bring forth a comprehensive model for health, education and all-round development of the school going adolescent in India.

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