

Leading Article

Adolescent Health: An Unmet Demand of Time

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WHO defines adolescents as persons between 10-19 years of age. They are large and growing segment of global population. Many countries in the world are undergoing demographic transition and therefore today's world is facing the largest generation of adolescents ever in history. In Bangladesh, about 23% of the total population is adolescent (Population Census 2001)¹.

Health and wellbeing of adolescents are challenged by several environmental factors, including family, peer group, school, neighbourhood, socioeconomic status, political instability, and sociocultural factors.² They frequently indulge in health related risky behavior with widespread consequences. More than 33 percent of the disease burden and almost 60 percent of premature deaths among adults stem from risky behaviour and conditions adopted during period of adolescence (WHO 2002).³ Many such risk processes that lead to chronic non-communicable diseases in later life, include tobacco, alcohol, and illicit substance misuse, unsafe sex, malnutrition, obesity, and lack of physical activity^{4,5}. Besides health consequence, these issues often bring familial sufferings and disharmony, social unrest and thus disrupt peace in society.

Adolescence-related risk factors are existent across the world although their magnitude varies from country to country. Health need of this young generation is poorly addressed by existing social attitude and current health programmes. The Millennium Development Goals (MDGs) have incorporated only sexual and reproductive health issue⁶. A growing concern of immense public health importance has emerged considering the potential impact of unhealthy behaviours practiced by adolescents. Therefore diseases experienced during adolescence and risk factors with their roots in adolescence should be focused for attention.

Globally, adolescents are the most vulnerable group of acquiring sexually transmitted diseases (STD)

including HIV/ AIDS. Of the reported cases of HIV infection half occur in people under age 25.

(UNAIDS 2003)⁷. This vulnerability is related to lack of knowledge regarding safe reproductive health, safe sexual behaviour⁸ and health seeking behaviour for reproductive health (RH) illnesses⁹. Rapid urbanization, increased sexual behaviour and prostitution involving adolescent girls has began to fuel STD and HIV transmission in some part of the world¹⁰. Unsafe/unprotected sexual behavior also put adolescent girls at risk of unintended teen-age pregnancy, iatrogenic abortion, genital tract hemorrhage and infection, contributing to high Maternal mortality ratio (MMR) and a high infant mortality rate (IMR)¹¹.

Substance abuse among adolescents is a growing concern for the family, society and the nation. Tobacco is widely abused substance among adolescents worldwide. An estimated 15 percent of young men and 7 percent of women age 13 to 15 are currently smokers across the world¹². In Bangladesh, about 29% of the adolescent students in Dhaka city and 68% of the slum dwellers in Dhaka are regular smokers¹³. Death has been predicted in 50% of 300 million current young smokers¹⁴.

Drug addiction is a glooming catastrophe. The number of drug addicts in Bangladesh is rising alarmingly and at present, there are millions of drug addict, adolescents hold a major share and they are from all level of the society¹⁵. Frequently abused drugs are heroin, marijuana, cannabis (ganja), amphetamine, alcohol, opium, phensedyl, cocaine, YABA. In addition to health hazards like physical and psychological dependence, even death, social effect of this abuse is enormous. Approximately 70 percent of crimes including theft, robbery, kidnapping, murder are directly or indirectly related to drugs¹⁶. It also affects family works and schooling.

There is high prevalence unsatisfactory nutrition among adolescents. A large number of adolescents

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in Bangladesh are malnourished; about 36% are stunted, 50% has low body mass index (BMI); 17-25-27% of adolescent girls are anaemic^{18,19}. Large share of school going adolescents are also vitamin A-deficient^{20,21}. Availability of food of sufficient quantity and quality to this generation is affected by level of poverty, cultural traditions, family structure, gender discrimination and the allocation of food etc.²² Contrary to this scenario, 17.9% of affluent adolescents in Dhaka city under 18 years of age are obese and 23.6% are overweight which are attributed to their poor eating habits of taking nutrition-poor snacks and fast food instead of regular home-made food²³.

Adolescents' nutritional disorders exert intergenerational effect by complicating pregnancy in teen-age and giving rise to birth of growth restricted newborns having high morbidity and mortality. Chronic undernutrition also decreases the capacity to learn and to work^{24, 25}. Obesity in adolescents on the other hand predisposes them to cardiovascular diseases^{26,27}, reduced life expectancy²⁸ and in girls, menstrual disorders, hypertension in pregnancy and sub-fertility²⁹.

Mental health problem in adolescence is a growing concern. Half of the lifetime diagnosable mental health disorders start by age 14; this number increases to three fourths by age 24.²⁹ About 14.5% of children and adolescent aged 7-17 years in developed countries suffer from mental health problem with some sort of impairment³⁰. Frequently observed conditions associated with mental health disorder are risky sexual behavior, substance abuse, and violent behavior, suicide, school drop out, delinquent behaviors and all pose a significant financial and social burden on families and societies in terms of distress, cost of treatment and disability^{31,32}. Common disorders include mood disorders such as depression; anxiety disorders; behavioral problems such as oppositional defiant disorder or conduct disorder; eating disorders such as anorexia nervosa and bulimia; addictive disorders.

Media has significant influence on child and adolescent health³³. Children and adolescents spend more time with media than they do in any other activity except for sleeping—an average of 7 hours/day³⁴.

Both old media (television, movies, magazines) and new media (the Internet and social networking sites, video/ computer games, cell phones) can have an

impact on virtually every health concern that practitioners and parents have about young people, including aggressive behavior, risky sexual behavior, substance use, and disordered eating³⁵.

Social network site (SNS) addiction among adolescents is a new concern by adolescent's psychiatrists³⁶. With this illness the adolescents complain of symptoms like separation anxiety to SNS, decreased sleep, reluctance/inability to socialize, inability to stop playing, and obsessive internet browsing to find materials for the purpose of "status updates" or "sharing. Cyber stalking or harassment on the internet is another SNS related issue affecting mental health of adolescent population³⁷.

Adolescent mortality statistics across the world are largely unavailable; available data indicates that traffic injury, suicide, violence and homicide³⁸, drowning are the leading cause of premature death among adolescent males in many countries. A large number of adolescent boys are victims of armed Conflict of war in many countries worldwide³⁹. Teen-age pregnancy and its complication accounts for death of adolescent females. Compared with women in their twenties, adolescent girls are 2-5 times more likely to die from causes related to pregnancy and childbirth.

In Bangladesh, adolescents have been identified as an under-served priority target under existing health programmes. WHO has advocated measurable adolescent health indicators in the national adolescent health programs but the main focus of adolescent health programmes is on sexual and reproductive health, including prevention of HIV infection. Holistic efforts encompassing areas of health, education, legislation are needed to address all important issues such as nutrition, healthy lifestyles, mental health and mental well-being, substance abuse, prevention of violence and injuries as well as sexual and reproductive health. Adolescent Friendly Health Services (AFHS) which provide a broad range of preventive, promotive and curative services under one roof can help to ensure improved availability, accessibility and utilization of health services.

Parents, members of the community, service providers, and social institutions have responsibility to both promote adolescent development and adjustment and to intervene effectively when problems arise.

Adolescents are important family, social and national asset. Health outcomes for adolescents and young

adults are grounded in their social environments and are frequently mediated by their behaviors. This phase of life if nurtured will contribute to prosperity but if neglected will have serious repercussions on the individual's health and well being as well as an adverse effect on the national economy and development. Therefore addressing adolescent health is a an unmet demand of present time.

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