

**Editorial****Adolescent health – Current status, health issues, needs, intervention and evidence gaps****Animesh Gupta<sup>1\*</sup>**<sup>1</sup>Dept. of Community Medicine, NSMCH, Patna, Bihar, India**Received:** 10-04-2025; **Accepted:** 30-05-2025; **Available Online:** 16-08-2025

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Adolescent are those persons who are in the age group of 10 – 19 years, whereas young people are from 10 – 24 years and youth are from 15 – 24 years. Adolescence is a period of transition from childhood to adulthood, a time when many important biological, social, cultural and economic events take place which set the stage for adulthood. It is a period to develop specific expertise and sharpen individual skills to enter the mainstream workforce and contribute to the economic productivity. It is also a period when major changes in health and health-related behaviours like poor eating or unhealthy diet, lack of physical activity, smoking or substance abuse and unsafe sexual practices occur, which may substantially impact health outcomes in later stage of life.

**1. Burden & Key facts**

With an estimated 253 million adolescents in 2024, India has the highest adolescent population in the world. Every fifth person in India is an adolescent, making up almost 21% of the country's population between the ages of 10 and 19. Over 1.5 million adolescents and young adults aged 10–24 years died in 2021, about 4500 every day globally. Approximately 50% of all mental health conditions in adulthood begin before the age of 18, yet the majority remain unnoticed and without treatment. Injuries (including road traffic injuries and drowning), self-harm, interpersonal violence and maternal conditions are the leading causes of death among adolescents and young adults.

**2. Health Issues**

They are susceptible or vulnerable to a range of preventable and treatable health issues, particularly a dual nutritional burden (i.e., malnutrition, anaemia and overweight /obesity), communicable disease (like Hepatitis, HIV, STDs), non-communicable diseases (like obesity, mental disorders/stress/ depression), psychosocial problems (like eating disorders, homelessness, teenage pregnancy, illegal abortions), high risk sexual behaviours, substance abuse, injuries (including road traffic injuries, violence, and suicides) and reproductive and sexual health problems.<sup>1</sup>

**3. Needs & Interventions**

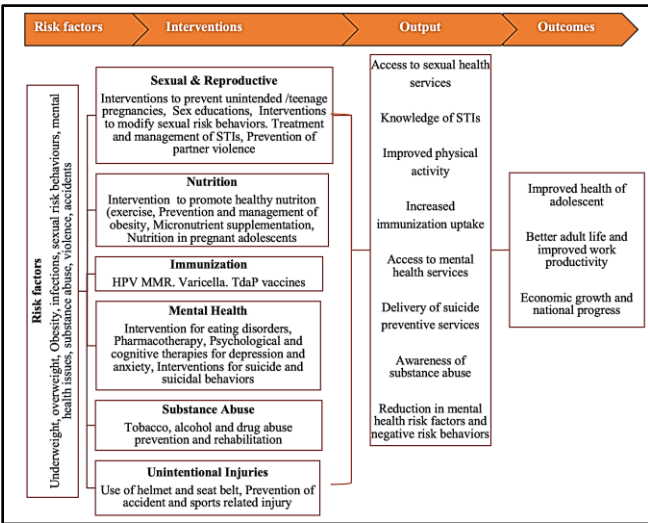
Adolescents are in a transitional stage of life that needs support, education, counselling, and guidance in order to grow up to be healthy adults. Adolescent health care is very challenging compared to that of children and adults, due to their rapidly evolving physical, emotional and intellectual development. Many research studies suggested that interventions for adolescent sexual and reproductive health including education, counselling, and contraceptive provision are effective in increasing sexual knowledge, contraceptive use, and decreasing adolescent pregnancy. Evidence on adolescent nutrition interventions suggests that micronutrient supplementation among adolescents (predominantly females) can significantly decrease anaemia prevalence, while interventions to improve nutritional status among pregnant adolescents significantly improved birth

weight and also decreased the incidence of low birth weight baby and preterm delivery.

Adolescent vaccination coverage also led to significant declines in the prevalence of human papillomavirus, genital warts, varicella deaths, measles incidence, rubella susceptibility, and incidence of pertussis.

Evidence based study suggests that school based prevention programs and family based intensive interventions on substance abuse and alcohol use are effective as well as persistent strategy to reduce substance and alcohol abuse among adolescents.

School based mental health interventions suggest that targeted group-based interventions and cognitive behavioural therapy (CBT) were found to be effective in reducing depressive symptoms and anxiety. Community based creative activities had some positive effect on behavioural changes, self-confidence, self-esteem, levels of knowledge and physical activity.



**Figure 1:** Conceptual framework focusing on adolescent-specific interventions

Investments in adolescent reproductive and sexual health will yield dividends in terms of postponing age at marriage, reducing incidence of teenage pregnancy, reducing STI incidence, reducing HIV prevalence, providing unmet contraceptive needs and reducing the maternal mortality. Additionally, as healthy teenagers are a valuable resource for the economy, it will assist India in realising its demographic dividends.<sup>2</sup>

4. Government Initiatives

Government of India recognizes the need to provide the best possible support and care to adolescents in the country so that they realize their full potential in life. Compulsory education at least up to 14 years of age, opportunities for higher education and learning vocational/ professional skills, access to healthcare and protection from coercion or violence are some ways in which the government is committed to provide

an enabling environment for adolescents. India is the first country to launch the Rashtriya Kishor Swasthya Karyakram (RKSK) in 2014, a dedicated program to reach out to 253 million adolescents with special focus on marginalized and under-served groups. The priorities of RKSK was focused on improve sexual and reproductive health (SRH), enhance mental health, address non-communicable diseases (NCDs), prevent injuries and violence including gender based violence, improve nutrition and prevent substance misuse.<sup>3-5</sup>

The School Health and Wellness Programme under Ayushman Bharat aims to strengthen health promotion and disease prevention interventions for school children using trained teachers.

These initiatives for adolescent encompass a comprehensive approach, focusing on physical and mental health, nutrition, education, protection from violence and exploitation, and providing healthcare services tailored to adolescents' need.

5. Conclusion

Investing in India's roughly 253 million adolescents, or nearly 21% of the country's population, is the best way to capitalize on the country's "demographic dividend," or competitive advantage. It is also essential to achieving the Sustainable Development Goals (SDGs), as each of these goals has some connection to the development of adolescents.

Delaying marriage, enhancing the health and nutritional status of teenage girls, and creating better educational, skill-building, employment, and citizenship possibilities for juvenile girls and boys are all crucial game-changers in maximizing the potential of adolescents in India.

6. Way Forward

There are several gaps in adolescent health research in India. Limited information is available regarding the present knowledge levels of teenagers between the ages of 10 and 14 regarding several sexual and reproductive health-related topics. Furthermore, the majority of nutrition studies concentrate on infants aged 0–6 and older teenagers aged 15–19. As a result, there is a dearth of data regarding the dietary requirements of children aged 10–14. Adolescent boys' comparable needs have been overlooked in research on nutrition and sexual and reproductive health, which has mostly concentrated on girls.

7. Conflict of Interest

None.

8. Source of Interest

None.

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