Humanities and Social Sciences Letters
2015 Vol. 3, No. 4, 157-166.
ISSN(e): 2312-4318
ISSN(p): 2312-5659
DOI: 10.18488/journal.73/2015.3.4/73.4.157.166

VISIBLE AND INVISIBLE HEALTH PROBLEMS OF YOUTH IN INDIA

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ABSTRACT

Youth is form of precious human resources in every country. Interestingly, this people nick names are more like in youth, young, adolescents, young adults and adults. The present study searched based on reviewing high standard journals cat log and opinion page in daily newspapers, but its available only public related studies and general health problems. It's not covered health for youth in any areas. Today, adults are faced several internal and external health problems. Nearly 10 to 30percent of youth people are affected by several diseases like nutritional disorders, diabetes, hypertension, tuberculosis, road traffic accidents, tobacco use and alcoholism, stress, suicide, depression, violence, and sexually transmitted diseases are more in the age group of 10 to30years. The analysis part used in this study is meta-analysis of availability of different studies, reports in different areas of youth. After reviewing so many studies, there is no concrete action for youth health in both sides. In India, many health programmes are introduced on general public, for example, health insurance scheme, maternal benefits schemes, immunization for children etc, but it is not covered for youth health specifically. No separate health programmes and policies for them and need to take care of future pillar of our nation. The present reviewed study strongly recommends few health programmes and policies to alleviate the visible and invisible health problems of young.

Keywords: Visible, Invisible, Health problems, Awareness, Issues, Youth health policy.

Received: 16 March 2015/ **Revised:** 30 November 2015/ **Accepted:** 5 December 2015/ **Published:** 10 December 2015

Contribution/ Originality

This study uses new methodology of health, social sciences reviews and purpose of needed health policy of young in India.

1. INTRODUCTION

Adolescence is the period, in each individual's life, begins at the end of childhood. It is thus a period of transition from childhood to maturity-a 'between age'. An adolescent is no longer a child and yet not a man. Young is a period of rapid physical, intellectual, emotional and social growth-a period of growing up. More than 1.5 billion people of the world's population of 6.7 billion are between the ages of 10 and 24 years. About 70 percent of the young live in developing countries where social, economic and health challengers are greater than that of the industrialized countries. Today's generation of young people is approaching adulthood in a world vastly different from previous generations-a world where AIDS, globalization, increasing urbanization, electronic communication, migration, economic challenges, among other external forces, radically transformed, what it means to be young.

1.1. Adolescents and Their Family

Achieving independence within the family is an important goal of adolescence. There is a predictable shift from family to peer orientation, but most adolescents still identify strongly with their families. The ongoing relationship between adolescents and family often develops into an interdependent relationship. "Adolescents need parental interest and help; they don't need their parents to act like their peers". The greatest need of adolescents within the family is to have their point of view listened to. Mutual respect, trust, and compromise are essential qualities in the adolescents-parent relationship. Parents should make time for discussions with their adolescents, to share their concerns and expectations. Available evidence indicates that young people are prone to a number of health impacting conditions due to personal choices, environmental influences and lifestyles changes including both visible and invisible problems and injuries. **Aim** and **objective** of the present study is to identify the visible and invisible health problems of youth in India and suggest few programmes and policies to prevent those health issues.

2. REVIEW METHODS

In India, population based studies were reviewed (with large sample size, being multi centric in nature, covering urban and rural areas).Searches were conducted using more standard journals like in Medline, PMC,ELSEVIER,SRINGERLINK,BIO-MED CENTRAL,GET FREE TEXT,BMJ, Science Direct and Pub Med etc. Various search terms and key words were used, including young, youth, adolescent, young adult and outcomes of interest namely under nutrition, obesity, overweight, common mental health problems, stress, depression, suicide, alcohol, tobacco use, substance use, violence and road traffic injury, but only availability of general public health problems but it was not consider in young people particular in health aspect. This present review merging with this gap to identify adolescent's health problems and some prevention.

3. METHODOLOGY

The present study was followed based on 'Meta-Analysis' and it is depend on 'quality of the systematic reviews' and findings of independent studies, statistical information from various reports and effectiveness of health care interventions were used.

In India, young people are faced with two different types of health problems; one is 'Visible' and 'Invisible'. Visible health risks are clearly visible to identify the problems, but invisible is unseen within the people and not able to make out unless have keen observation on them. Both should give attention at right time to prevent unexpected complications.

3.1. Visible Health Problems of Youth

Visible problems are brings the noticeable changes physically like under and over nutrition, and their associated diseases like Hypertension, Diabetes, tuberculosis and Road traffic accidents. Government is taking many efforts to control these problems even though it increasing day by day.

3.2. Physical and Physiological Problems

3.2.1. Under Nutrition

A school based study showed that 38.8% of boys and 36.9% of girls were stunted, while a community based study showed that 51.7 per cent adolescents were stunted. Choudhary *et al.* (2003) showed that the prevalence of micronutrient deficiencies in rural area was as high as 25 per cent and also with high prevalence of anemia, more among girls, ranging from 30 to 82% in the age group of 17 to 21. Anemic adolescent mothers are at a high risk of miscarriage, maternal mortality and still births; also, low birth weight babies with low iron reserves. Poor nutritional status of adolescents is an outcome of socio-cultural, economic and public policies relating to household food security compounded by behavioral dimensions. It also increases the morbidity and mortality rate on mal nutrition in India.

3.3. Overweight and Obesity

There is a global increase in the prevalence of obesity in children and adolescents. Sonya *et al.* (2014) showed that Overweight and obesity was higher among girls than boys (18%, 16.2%) and higher among adolescents than children (18.1%, 15.5%) at Chennai. Gulati *et al.* (2011) cross sectional study conducted on 1800 school students aged 9-18 years. Overall prevalence of obesity was 19.2% in males 18.1% in females. A multi centric study on 20243 children and the overall prevalence of overweight and obesity was 18.2% by IOTF and was higher in boys than the girls as observed by Khadilkar *et al.* (2014). The literature indicates that a lengthy time interval occurs between exposure to high risk factors and the development of disease, and that many such high risk exposures begin in young adolescence.

3.4. Hypertension

Hypertension is an increasing health problem in childhood and adolescence. The adolescent should have a complete physical examination, including height and weight measurements, since increased weight is a risk factor. Jasmine (2013) observed that the prevalence of hypertension was 21.5% at Chennai. Borade *et al.* (2014) a prospective case control study was conducted on 1000 students who were in 10-19 years for screening. It shows that the difference in Blood pressure between cases and controls was found to be statistically significant. The adolescents seem to have many risks to develop hypertension and it must be taken in to account.

3.5. Juvenile Diabetes Mellitus

International Diabetes Federation showed that number of adults affected by the disease in 2011 was 366 million, which was projected to increase to 552 million by 2030. Prevalence of diabetes in persons below 44 years of age had increased from 25% to 34.7% in 2006 in Chennai in urban (Ambady *et al.*, 2013). An integrated national system for early detection and prevention of Diabetes has to be developed.

3.6. Tuberculosis

Tuberculosis is a communicable disease which is caused by droplet infection and contagious disease. Dharma *et al.* (2014) during the 2 years follow-up of 6643 participants, 609 participants attended the diagnostic ward (DGW) for Tuberculosis testing. Among all these participants, 310 (50.9%) were males and 299 (49.1%) participants were females. 443 (72.9%) participants were referred to DGW based on TST positivity (greater than or equal to 10 mm).

A total number of 7 (1.15 %) participants were diagnosed as definite TB, 3 (0.50 %) participants were diagnosed as probable TB. The proportion of 19.05% participants had NTM positive sputum samples. Participants having cough for equal to greater than 2 weeks were, 19 times more likely to become positive for Mat growth of sputum sample Indian red cross society Tuberculosis programme showed that TB takes a disproportionately larger toll among young females, with more than 50 per cent of female cases occurring in women aged under 34 years old.

3.7. Road Traffic Injuries (RTIs)

Road traffic injuries (1, 85,000 deaths; 29 per cent of all unintentional injury deaths) are the leading cause of unintentional injury mortality in India. National Crime Records Bureau (NCRB) (Road Accidents in India, 2011) report of 2011 of India showed that 31.3 % of the road traffic deaths were seen among 15 to 29 years individuals. Transport Research Wing of the Ministry of Road Transport & Highways (MORTH) (RAI, 2011) revealed that of the total road accident casualties, 30.3 % were in the age group of 15-24 yr.

Sharma *et al.* (2008) a co- relational study on health risk-behavior related to road safety amongst adolescents in Delhi, it reported that 52.4% are 'not always' wearing seat belt.70.1% of two wheelers reported that not always and 23.3%reported 'never wearing helmet'. 205 students rode with a driver who had alcohol before driving and 37.3% drivers are driving without driving license. The results should evoke earnest responses from the Government.

3.8. Programmes and Policies of Visible Health Problems

In above the studies are only suggest that problems of youth, but no any strong concrete action about visible problems.

This research paper suggests some interesting ideas about the adolescent health.

- Research work is needed in community rather than clinical area.
- Cheaper and widely accessible methods of communication are needed to motivate the people.
- National primary prevention programs should be implemented in all areas to improve nutrition and enhance physical activity.
- Use of information technology and telecommunication via cell phones may prove to be cost-effective communication strategies.
- School authorities should organize screening programmes in rural and urban areas.
- Parents should be educated to practice traditional and healthy dietary habits in their home.
- Periodic surveys should be done in schools on adolescents, which will help us in identifying the "at risk" group of children.
- Road traffic rules should be strictly followed and instructed to adolescents.

3.9. Invisible Health Problems of Youth

Today, young people's vision and mission was different the way unable to be seen youth health particular in India. The recent lancet report was suggested, these kinds of problems are gradually increasing in developing country particular in India. Some of the important issues are discussed here which are not noticed apparently and have strong influences of society and environment on young.

4. PSYCHO SOCIAL PROBLEMS

4.1. Adolescent Schizophrenia

Nearly, 40.5% of countries have no policies for mental health and 30.3%no programs for mental health. Even the countries drawn up policies like in India, Nepal, etc., But implementation have been far from satisfactory (Thara, 2005). For disabling conditions like schizophrenia, a network of services in the government, NGO, and private sectors need to be in place and

adequately linked. Need basic training programs for doctors and nurses working in PHCs, adequate medications.

4.2. Depression

Depression is a disorder that is defined by certain emotional, behavioral, and thought patterns. Rani (2010) on 964 adolescents-boys (509) girls (455),378adolescents (39.2%) were found to be non-depressed,358(37.1%) were mildly depressed, 187 (19.4%) were moderately depressed and 41 (4.3%) severely depressed.

4.3. Stress

Stress is a consequence of or a general response to an action or situation arising from an interaction of the person with his environment and places special physical or psychological demands, or both, on a person. Dubat *et al.* (2007) using life stress scale found that among adolescent girls studying in 12th standard from Hisar and Hyderabad, 47.5 and 72.5 per cent, were in the moderate category of family stress; A cross sectional study on 199 (104 urban,95 rural)male students of west Bengal was conducted by Samanta *et al.* (2012) and explored that the prevalence of mental health issues like lonliness (17.3% vs 9.8%), worry (17.3% vs 10.7%),suicidal thoughts (19.2%vs 14.1%).

4.3. Suicide

World Health Organization (1998) estimated that one million people commit suicide each year. The official report indicates that age specific suicide rate among 15-29 year is on the rise increasing from 3.73 to 3.96 per 1,00,000 population per year from 2002 to 2011. In India, nearly 1,36,000 persons voluntarily ended their lives in a suicidal act as per official reports in 2011.About 40 per cent of suicides in India are committed by persons below the age of 30 year. The suicide rates among young females were high (152 per 1,00,000) compared to young men as reported by Aaron *et al.* (2004). Soman *et al.* (2009) found an age specific suicide incidence rates among males and females aged 15-24 year to be 5.1 and 8.1 per 1,00,000 population per year.

4.4. Tobacco Use

Population based cross sectional study on middle and high school students (n=24350).The results were intention to smoke (OR=2.41;95% CL=2.22,2.61) experimental smoking (OR=1.93;95%, CL=1.72,2.17) as observed by Mistry *et al.* (2013). Surani and Shroff (2012) survey conducted that the 534 secondary school students at Mumbai. Overall ever use of Tobacco was quite low (5.1%) and ever use tobacco was significantly higher in private school than Municipal school. Arora *et al.* (2014) a cross sectional survey on 1897 students in5 states in

India.56% of males and 54% of females were participated and they expressed that pictorial warnings are inadequate to convey the health impacts of tobacco. Tobacco prevention program must be initiated to target teens with the aims to increase anti-smoking behavior.

4.5. Alcohol Use

Drinking among young people is an increasing concern in many countries and is linked to nearly 60 health conditions. It increases risky behaviors and is linked to injuries and violence resulting in premature deaths. The World Health Survey - India reported that among individuals aged 18 to 24 yr, 3.9 per cent were infrequent heavy drinkers and 0.6 per cent were frequent heavy drinkers 83. Kim *et al.* (2012) conducted a house-hold census on 220 age matched pairs of men drinkers and non drinkers. It showed that46.1%consumed alcohol and 31.4% were hazardous drinkers. Pillai *et al.* (2008) studied a population based survey on 1899 at Goa. It was associated with psychological distress (OR=2.52%; 95% CL=5.63), Alcohol dependence (OR=2.56;95% CL=1.16 to 8.14).These findings are high light need for policies and programmes to delay drinking onset in India.

4.6. Violence

The WHO defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal development or deprivation". Deb and Modak (2010) a sample of students aged 14 to 19 yr showed that 20.9, 21.9 and 18.1 per cent of the children experienced psychological, physical and sexual violence, respectively. Sharma *et al.* (2008) showed that 13.5 per cent adolescents aged 14 to 19 yr had threatened or injured someone with a weapon in the past 12 months; 49.1 per cent boys and 39.6 per cent girls reported being involved in a physical fight in the past 12 months.

5. PSYCHO SEXUAL PROBLEMS

5.1. Sexually Transmitted Diseases

It is a known risk factor that puts individuals at risk for contracting HIV/AIDS and a range of other sexually transmitted diseases. The National Family Health Survey (2005-06) shows that 4% of young women and 15% of young men had ever experienced sex before marriage and only 14.1% (14.7% urban vs 13.9% rural) of unmarried sexually active adolescent females used a contraceptive. Young people aged 15 to 24 year commonly engage in premarital sex more in men (15-22%) as compared to women (1-6%) 39-43 . other survey of 2,475 never married boys and girls noticed that only 22.3% males and 6.3 % females reported consistent condom use for premarital sex in the last 6 months was observed by Kumar *et al.* (2012). Prevalence of high risk

sexual behavior among the young people is not only high but vary widely across studies and needs immediate attention to reduce the occurrence of HIV and related diseases.

5.2. Programmes and Policies for Invisible Problems of Youth

- The presence and use of alternative healing system (Yoga, Meditation etc.) should be introduced into the school and insist the importance of this to students in order to save the young lives.
- Consumers of mental health services should also be involved in the planning and implementation of policies and programs.
- Mental health unit should be developed separately in Health ministry.
- Parental education and their role must be insisted to understand the importance and educate those regarding handling youth and also generation gap.
- Psycho social rehabilitation and community participation must be initiated.
- Education to students about sex organs and reproductive tract infection and also contraceptive devices.

6. CONCLUSION

The present reviewed study highlights the significant problems of youth and their behaviors and conditions that affect their growth and development. These problems are increasing gradually and many are interlinked and coexist, and likely to increase in the coming years. Some of the major health impacting behaviors' and problems among the young people include under nutrition and over nutrition, NCDs, psycho social problems including stress, suicide, tobacco, alcohol usage and high risk sexual behaviors' including STDs and RTIs, violence. There is a strong need of community participation to identify, plan, integrate and implement activities that help to promote health and healthy lifestyles of young people. Need to establish the mechanisms of delivery on population-based interventions and take measures to assess its effectiveness. Strategic investments in health, nutrition, education, employment and welfare are needed for healthy growth of young people and these programmes need to be monitored and evaluated for their efficacy and effectiveness using public health approaches.

Funding: This study received no specific financial support.

Competing Interests: The author declares that there are no conflicts of interests regarding the publication of this paper.

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