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 reviewed high standard journals cat log and opinion page in daily news papers, 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 30 percent of youth people are affected by several diseases like nutritional disorders, diabetes, hypertension, tuberculosis, road traffic accidents, tobacco use and alcoholism, stress, suicide, depression and violence are more in the age group of 10 to 30 years. 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.

Key words: Visible, Invisible, Health Problems, Health Awareness, Youth Health Policy

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 challenges are greater than that of the industrialized countries (UN, 2009). 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.

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.

Review Methods
In India, population based studies were reviewed (with largesample size, being multicentric 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 Medetc. 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.

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 two different types of health
problems; one is 'Visible' and 'Invisible'. Visible health risks
are clearly visible to identify the problems but invisible is
hide 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.

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.

Physical and Physiological Problems

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(5)etalshowed 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.

Overweight and obesity

There is a global increase in the prevalence of obesity in
children and adolescents. SoniaJagadesan(2) 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(3) et al (2013)
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.V.V(4) et al (2011).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.

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. J. S.
Sundar(6) et al(2013) observed that the prevalence of
hypertension was 21.5% at Chennai. Borade(7) et al (2011)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.

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 Chennaiurban Ambady(8)
etal. An integrated national system for early detection and
prevention of Diabetes has to be developed.

Tuberculosis

Tuberculosis is a communicable disease which is caused by
droplet infection and contagious disease.Dharma Rao
Uppada(9) (2012)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 sampleIndian redcross 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.
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) 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) revealed that of the total road accident casualties, 30.3% were in the age group of 15-24 yr. Sharma (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 licence. The results should evoke earnest responses from the Government.

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.

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.

Psycho Social Problems:

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 (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.

Depression

Depression is a disorder that is defined by certain emotional, behavioral, and thought patterns. Rani Mohanraj et al (2010) on 964 adolescents - boys (509) girls(455), 378 adolescents (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.

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. Dabut et al 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 loneliness (17.3% vs 9.8%), worry (17.3% vs 10.7%), suicidal thoughts (19.2% vs 14.1%).

Suicide

World Health Organization (WHO) 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, Soman et al, found an age specific suicide incidence rates among males and females aged 15-24 yr to be 5.1 and 8.1 per 1,000,000 population per year.

**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 (2014). Surami et al conducted survey on 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 (2012) a cross sectional survey on 1897 students in 5 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.

**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 (2013) conducted a house-hold census on 220 age matched pairs of men drinkers and non drinkers. It showed that 46.1% consumed alcohol and 31.4% were hazardous drinkers. Pillai et al (2008) et al 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.

**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 et al (2010) et al, 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 and physical violence, respectively. Sharma et al (2008) et al, 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.

**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.

**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. 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.

**References**


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