

Nutrition in Indian Adolescents

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Introduction

During the transition from childhood to adulthood, adolescents establish patterns of behavior and make lifestyle choices that affect both their current and future health. Serious health and safety issues such as motor vehicle crashes, violence, substance use, and risky sexual behaviors can adversely affect adolescent and young adults. Some adolescents also struggle to adopt behaviors that could decrease their risk of developing chronic diseases in adulthood, such as eating nutritiously, engaging in physical activity, and choosing not to use tobacco.¹

The phenomenal growth that occurs in adolescence, second only to that in the first year of life, creates increased demands for energy and nutrients. Total nutrient needs are higher during adolescence than any other time in the lifecycle. Nutrition and physical growth are integrally related; optimal nutrition is a requisite for achieving full growth potential. Failure to consume an adequate diet at this time can result in delayed sexual maturation and can arrest or slow linear growth.²

Adolescents in South-east Asia region

The adolescent population constitutes about 18-25% of the total population in eight countries of the region. Almost half of the adolescents of both sexes were not getting even 70% of their daily

requirements of energy and a quarter of them were getting less than 70% of RDA of proteins. More than 80% of adolescents are getting less than 50% of their daily dietary requirements of vitamin A. Similarly, more than 70% had their iron-deficient diet by more than 50% of RDA and more than 50% of boys and girls get less than 50% of required calcium.³

Adolescents in India

Based on the NFHS data of 2005-06 it is estimated that the adolescents between 13-19 years account for about 20 percent of the total population in different parts of India. In rural India it is more likely that adolescents are undernourished with associated social maladies like early marriage, sex discrimination and high rates of maternal mortality. Studies indicate that in many developing countries more than one-third of adolescents are anemic. It was observed that as many as 47 percent of currently married adolescent girls aged 15-19 were chronic energy deficient and 56 percent were anemic. In a study conducted among adolescent girls in South Delhi, just one-fourth had normal body mass index and all others were undernourished. The prevalence of under-nourished adolescents was more among younger adolescents than those in their higher ages.⁴

The way ahead

To have the most positive impact on adolescent health, government agencies, community organizations, schools, and other community members must work together in a comprehensive approach.¹ It appears that improvements in economic status of households and changes in food habits of adolescents are required for bringing about improvements in the nutritional status of adolescents.⁴

The major actions required from the health sector are³:

- a) Developing a database regarding health and nutrition status of adolescents
- b) Designing advocacy material for stronger political commitment and social mobilization and formulating policy guidelines and strategies to improve adolescent nutrition
- c) School-based, community based and health facility based interventions
- d) Equipping health service providers with knowledge and skills, particularly in counseling and communication, to implement adolescent nutrition as a part of provision of Adolescent Friendly Health Services.
- e) Sensitization of media persons
- f) Targeting adolescents for prevention of obesity in urban areas where changing lifestyles and eating patterns contribute to obesity
- g) Introducing measures to control micronutrient deficiencies
- h) Giving emphasis to conducting operational research and behavioral studies for finding new and innovative ways with which to approach the nutrition problems during adolescence.

All these aspects are already being taken care of by the government in the form of various schemes like providing nutrition through Integrated Child Development Services Scheme, improving life skills in girls through Kishori Shakti Yojna and improving health amongst adolescents of both sexes through Adolescent Friendly Health Services. These schemes are working for quite some time but their evaluation, monitoring and improvement is of utmost importance.

Conflict of interest: None

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