

Mission Kishore Uday: Getting IAP Ready to Meet the Challenge of Adolescent Health

CP BANSAL

National President, Indian Academy of Pediatrics, 2013

Correspondence to: Shabd Pratap Hospital, Lashkar, Gwalior, MP. cpbansal@gmail.com

Adolescent age group is defined as 10 -19 years as per United Nations[1], which is sometimes further subdivided into early adolescent (10-13 years), mid adolescent (13-16 years) and late adolescent (17-19 years). This age group, which is neither children nor adults, has totally different health needs. There were an estimated 1.2 billion adolescent globally, making nearly 18% of world population in 2009 [2]. Amongst all adolescents, 350 million are in South East Asia, which makes 22% of the population in this region. India has the largest population of adolescents in the world being home to approximately 243 million individuals aged 10-19 years[2]. This is an important age group, which if provided with proper healthcare and education, will be an invaluable asset for the nation building.

Pediatricians, amongst many parents, are still perceived as doctors who provide care to sick children, resulting in only a few adolescents being brought or attending a consultation. Moreover, the adolescent health is different from child health in at least 2 ways: One, the adolescents can make decision for themselves for seeking healthcare and that their major needs are preventive, and promotive rather than predominant curative-healthcare.

The global and national discourse on adolescent health is often marred by multiplicity of challenges and multi-disciplinary nature of the interventions. The discourse often gets confused where to start with: is it child labor? Is it preventing tobacco and alcohol use? Is it behavioral issues? Is it sexuality and reproductive health issues? Is it school education for adolescent? Is it to prevent early marriage? The overwhelming challenges and the linked cacophony are often seen as major hurdles in identifying a real start point. A pediatrician can play an important role in all of these efforts to prepare adolescent for adulthood. Pediatricians can shape the role of adolescents in active societal participation. They can be good counselor for stressed school going adolescent and exam-facing young adolescent, can play a crucial role in improving mental health and suicide

preventions. There are increasing and now sufficient evidence that a healthy adolescent girl grows up to become a healthy mother; and when married and becomes pregnant in adulthood, bears and delivers a healthy baby. Investment in adolescent is an investment not only in adults but also in future generations [3].

While India is yet to catch up with the situation where adolescents regularly attend health facilities and practitioners for preventive check-ups, it is time that opportunities for recent initiatives for adolescent friendly health services (AFHS) should be used as the right platform for increasing attendance at the clinics and providing quality care. At this point, I would like to commend the Government of India for the inclusion of adolescent health services on forefront as part of RMNCH+A strategy adopted in 2013 [4]. We also need to remember that the adolescent health services have always been part of various National programs including erstwhile Reproductive and Child program and the recently initiated Weekly Iron Folic acid Supplementation (WIFS) for prevention of anemia [5]. Integrated Child Development Services scheme's inclusion of adolescent girls in its ambit of service recipients is another step likely to make a difference[6]. Similarly, the expansion of mid-day meal program up to middle schools will benefit additional number of adolescent girls and boys to keep them healthy[7]. However, it is important from policy need to be translated into actual implementation at the ground to bring changes. IAP is willing to support the national and state governments in these efforts, as and when requested.

A large proportion of Indian population lives in rural area and the nearest specialist or pediatrician is posted at the Community Health Centres, which caters to population of 80,000-120,000. Thus, it may not be possible to provide preventive and promotive healthcare to adolescent, who are one fifth of total population on regular basis. No wonder, so many adolescents in India are either anemic or underweight. The Government of India, therefore, needs to collaborate with professional

bodies such as IAP to support them in reaching the unreached segment of adolescent population in the country. I am sure all my fellow pediatricians would come up to challenge to support both national and state governments in these efforts.

I strongly believe that all the IAP members should care for 0-18 years of age group in their practice. We need to have sustained advocacy and efforts to increase awareness that pediatricians provide adolescent friendly health services, with provision for counseling and in the environment of confidentiality. The 'menu' of services for adolescent need to be definitely increased over a period of time; and also adolescent vaccination (i.e. dTaP, HPV vaccines and varicella vaccine), which is still under-serviced area, can possibly be used for 'piggybacking' of the preventive health advice and counseling. Adolescent vaccination itself needs additional attention in India as it provides the provide opportunity to those children who did not complete immunization in childhood and also compensate for waning immunity. I also foresee that IAP will bring a separate position paper on adolescent vaccination in India, to guide the pediatricians.

Mission Kishore Uday

IAP has already started 'Mission *Kishore Uday*' this year, to address the health needs of the adolescents in India. Some of the approaches proposed and adopted in 'Mission *Kishore Uday*' are: to intervene by counseling on normal body developments, on avoiding or minimizing the risk-taking behavior, on sexuality issues, on positive parenting and on effective communication etc.

I, as part of 'Mission *Kishore Uday*', have continuously promoted that the parents have a major role in prevention as they have the sacred and honorable duty of rearing children with love and righteousness and by becoming role model and countering the negative messages from the media. Through Mission *Kishore Uday*, we have continuously encouraged '3L' of positive parenting: (L)ove for teenager, Set (L)imits, and Provide (L)attitude. From my experience with this approach, I can vouch that these '3L' always makes a lot of difference. I call upon my fellow IAPians to adopt this approach in their office practice.

Adolescents are the future of this nation and we as pediatricians have a responsibility of shaping their future, by providing them the right kind of health and behavioral guidance. I call upon my fellow IAPians that while in our office practice we need to make more active efforts for comprehensive services for adolescents, we at various forums including at monthly IAP meetings, should bring attention on various government schemes/ programs for improving health of the adolescents. We need to identify the possible support to government in these areas and as and where possible should be involved in these efforts. My vision, with your support, is that once a parent comes with a newborn to us, we should develop personal affinity and bonding with that child to see him/her through healthy childhood and then adolescence to become a productive citizen of this country and assist in building of this great nation.

REFERENCES

1. UN on adolescent age group. United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects: The 2008 revision, <www.esa.un.org/unpd/wpp2008/index.htm>. Accessed October 2010; and UNICEF global databases, Accessed October 2010.
2. UNICEF. State of the World Children 2011. Adolescence: An Age of Opportunity. New York: United Nations Children's Fund; 2011.
3. Nair MKC. Adolescent sexual and reproductive health. *Indian Pediatr.* 2004; 41:7-13.
4. Government of India. A strategic approach to Reproductive, maternal, new-born, child and adolescent health (RMNCHA+A) in India. Ministry of Health and Family Welfare. New Delhi: Government of India; February 2013.
5. Government of India. National Rural Health Mission (NRHM). MoHFW, New Delhi: Government of India. Available at: www.nrhm.nic.in. Accessed on 17 August 2013.
6. Government of India. Integrated Child Development Services (ICDS) Scheme. Ministry of Women and Child Development, New Delhi: Government of India. Available at: www.mowcd.nic.in. Accessed on 17 August 2013.
7. Government of India. Mid-day meal scheme. Ministry of Human Resources Development. New Delhi: Government of India. Available at: www.mdm.nic.in. Accessed on 17 August 2013.