



Adolescence Health & Stress

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Abstract

Adolescence is a critical time of life. It is a time when people become independent individuals, forge new relationships, develop social skills and learn behaviors that will last the rest of their lives. It can also be one of the most challenging periods. Many difficulties in understanding stress processes in illness result from the confusion between illness and illness behavior. It is argued that the medical record is as much a history of the individual's behavior and social selection processes as it is a reflection of levels of physical health. Various examples are discussed, illustrating how medical records can be misleading in research examining the relationship between stress and illness, and how influences attributed to stress may be the result of illness behavior.

Keywords- Adolescence, Stress, Health, Nutrition

Introduction -

Adolescence is a very importance phase of an individual life, when he has to make the major decisions of life regarding there educational, career vocational and other personnel and social problems and if he understand the nature of the problem and then solve them he will likely have success in his life.

Adolescence is a unique and formative time. Physical, emotional and social changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health problems. Protecting adolescents from adversity, promoting socio emotional learning and psychological well-being, and ensuring access to mental health care are critical for their health and well-being during adolescence and adulthood.

Adolescents with mental health conditions are particularly vulnerable to social exclusion, discrimination, stigma (affecting readiness to seek help), educational difficulties, risk-taking behaviors, physical ill-health and human rights violations

Globally, it is estimated that 1 in 7 (14%) 10–19 year-olds experience mental health conditions (1), yet these remain largely unrecognized and untreated.

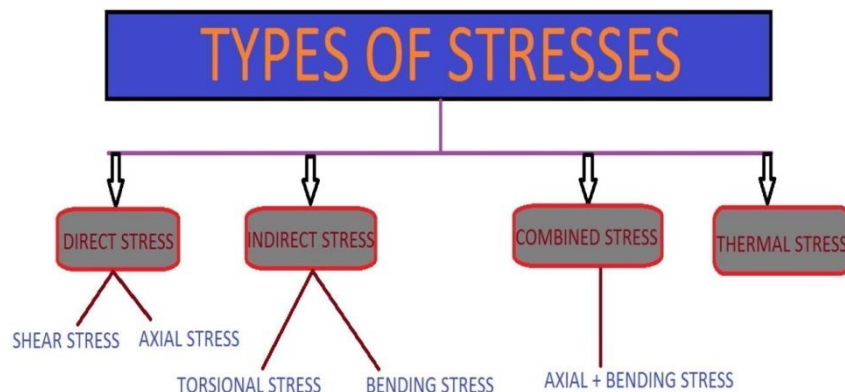
Research Objectives -

1. To study awareness for adolescence health.
2. To study awareness for the Nutrition's during adolescence.
3. To study awareness for adolescence stress.

Stress – Is the reactions of people which have excessive pressures or other types of demand placed on them. Stress generates mental or physical changes which are mostly harmful and sometimes the signs of psychological rise when people experience a negative situation in such a way that they perceive a danger to their prosperity. Women, have a lot of balancing to do between home and workplace, and balancing between social and personal requirements.

What causes stress?

Stress is our body's response to pressure. Many different situations or life events can cause stress. It is often triggered when we experience something new or unexpected that threatens our sense of self or when we feel we have little control over a situation. We all deal with stress differently.



Nutrition -

They have begun to assert the obligation of states to promote the human rights to adequate food, health, and care for the vulnerable—those areas that the nutrition community has established as primary

to ensuring nutritional well-being. They also recognize that a range of other human rights—Civil, Political, Economic, Social and Cultural—must be implemented to allow rights to food, health, and care to be realized on a sustainable basis.

Recommended Dietary Allowance of Nutrients for adolescents in 24 hours						
	MALE			FEMALE		
	10-12 Yr	13-15 Yr	16-18 Yr	10-12 Yr	13-15 Yr	16-18 Yr
Energy (Kcal)	2200	2500	2700	2000	2100	2100
Protein (gms)	54	70	78	57	65	63
Calcium (Mg)	600	600	500	600	600	500
Iron (Mg)	34	41	50	19	28	30

Review Literature -

Adolescents frequently have to cope with various stressors that could be potential threats to their healthy development and well-being. Most important mental health consequences of stress in adolescence, such as depression, anxiety, suicide, substance use, and antisocial behavior are reviewed. Physiological mechanisms through which stress exerts its effects on health, as well as some physical health outcomes, such as somatic symptoms, immune changes, and illnesses (cancer, type 1 diabetes, and dermatological conditions) are described. Furthermore, the effects of cognitive appraisal, coping, and social support as mediating and moderating factors between stress and various health outcomes also are explained.

A study from Goa, among 16 to 24 y old, shows 3.9% of youths reported suicidal behavior's with females four times more prone than males. This suicidal behavior is independently associated with factors like absenteeism, independent decision making, premarital sex, sexual abuse, physical abuse from parents and mental disorders. In India suicide among adolescents is higher than any other age groups that is 40% of suicide deaths in men and 56% of suicide deaths in women occurred in 15–29 y of age.

Nutritional status is another aspect that may provide a better insight into the health situation of adolescents. According to data from NFHS 3, among adolescents in the age group 15-19 years, the mean Body Mass Index (BMI) is 19 for girls and 18 for Boys. More than 50 percent of girls and one third of boys in this age group suffer from anaemia. Several small scale studies also show that the nutritional status of adolescents is highly unsatisfactory.

A study among 540 school going adolescents in Mumbai has shown that the mean

BMI is 17.9 with 69 percent having a BMI below the suggested normal level of 18.5. While 4.4 percent of adolescents have a high BMI of 25 or above suggesting overweight or obesity, about 20 percent of adolescents suffer from at least one nutrition deficiency disease (Anil Kumar et al 2013).

Studies conducted in other parts of Maharashtra also indicate low level of nutritional status among adolescents.

Dambhare et al (2010) found that in Wardha district of Maharashtra 29 percent of boys and 39 percent of girls suffer from anaemia.

An analysis by Katawate and Ghosh (2014) among 3602 adolescents observed that the prevalence of thinness among adolescents is 27 percent whereas severe thinness was prevalent among 23 percent of adolescents in less developed regions of Maharashtra.

A study in Gujarat by Prajapati et al (2011) among 401 adolescents found that 47 percent are stunted and about one fifth are overweight.

A small scale study in South

India (Yerpude et al 2013) found that 47 percent of adolescents are malnourished. A recent study in Meerut among 2785 adolescents (Jain et al 2014) found that the prevalence of overweight and obesity was 20 percent and 5 percent in girls and 18 percent and 11 percent

Maiti et al (2011), in a study in West Bengal observed that prevalence rates of underweight, stunting, and thinness were 28 percent, 33 percent and 20 percent respectively. In short, all these studies indicate a low level of nutritional status among adolescents.

In the above description, we have not focussed on the differences in nutritional status other than sex differences. It has been observed that substantial differences exist if we examine the

status by various social and economic categories. Contrary to one's expectation, studies indicate that the nutritional status of school going adolescents is much lower than non-school going adolescents and also meal skipping and inappropriate eating habits are highly prevalent. Other than this, nutritional intake is low among poorer adolescents due to non-availability of nutrient food items whereas in urban areas and among economically better off sections elevated concerns about one's body image results in adolescents consuming inadequate quantity of food. Their food habits are influenced by media and the consumption of junk food items is high and has been increasing over the year

Stress create disorders-

Mental health determinants

Multiple factors affect mental health. The more risk factors adolescents are exposed to, the greater the potential impact on their mental health. Factors that can contribute to stress during adolescence include exposure to adversity, pressure to conform with peers and exploration of identity.

Violence (especially sexual violence and bullying), harsh parenting and severe and socioeconomic problems are recognized risks to mental health.

Emotional disorders

Emotional disorders are common among adolescents. Anxiety disorders (which may involve panic or excessive worry) are the most prevalent in this age group and are more common among older than among younger adolescents. It is estimated that 3.6% of 10–14-year-olds and 4.6% of 15–19-year-olds experience an anxiety disorder. Depression is estimated to occur among 1.1% of adolescents aged 10–14 years, and 2.8% of 15–19-year-olds. Depression and anxiety share some of the same symptoms, including rapid and unexpected changes in mood.

Anxiety and depressive disorders can profoundly affect school attendance and schoolwork. Social withdrawal can exacerbate isolation and loneliness. Depression can lead to suicide.

Behavioural disorders

Behavioural disorders are more common among younger adolescents than older adolescents. Attention deficit hyperactivity disorder (ADHD), characterized by difficulty paying attention, excessive activity and acting without regard to consequences, occurs among 3.1% of 10–14-year-olds and 2.4% of 15–19-year-olds (1). Conduct disorder (involving symptoms of destructive or challenging behaviour) occurs among 3.6% of 10–14-year-olds and 2.4% of 15–19-year-olds (1). Behavioural disorders can affect adolescents' education and conduct disorder may result in criminal behaviour.

Eating disorders

Eating disorders, such as anorexia nervosa and bulimia nervosa, commonly emerge during adolescence and young adulthood. Eating disorders involve abnormal eating behaviour and preoccupation with food, accompanied in most instances by concerns about body weight and shape. Anorexia nervosa can lead to premature death, often due to medical complications or suicide, and has higher mortality than any other mental disorder.

Psychosis

Conditions that include symptoms of psychosis most commonly emerge in late adolescence or early adulthood. Symptoms can include hallucinations or delusions. These experiences can impair an adolescent's ability to participate in daily life and education and often lead to stigma or human rights violations.

Suicide and self-harm

Suicide is the fourth leading cause of death in older adolescents (15–19 years) (2). Risk factors for suicide are multifaceted, and include harmful use of alcohol, abuse in childhood, stigma against help-seeking, barriers to accessing care and access to means of suicide. Digital media, like any other media, can play a significant role in either enhancing or weakening suicide prevention efforts.

Risk-taking behaviors

Many risk-taking behaviors for health, such as substance use or sexual risk-taking, start during adolescence. Risk-taking behaviors can be an unhelpful strategy to cope with emotional difficulties and can severely impact an adolescent's mental and physical well-being.

Worldwide, the prevalence of heavy episodic drinking among adolescents aged 15–19 years was 13.6% in 2016, with males most at risk.

The use of tobacco and cannabis are additional concerns. Many adult smokers had their first cigarette prior to the age of 18 years. Cannabis is the most widely used drug among young people with about 4.7% of 15–16-year-olds using it at least once in 2018.

Perpetration of violence is a risk-taking behavior that can increase the likelihood of low educational attainment, injury, involvement with crime or death. Interpersonal violence was ranked among the leading causes of death of older adolescent boys in 2019

Promotion and prevention

Mental health promotion and prevention interventions aim to strengthen an individual's capacity to regulate emotions, enhance alternatives to risk-taking behaviours, build resilience for managing difficult situations and adversity, and promote supportive social environments and social networks.

These programmes require a multi-level approach with varied delivery platforms – for

example, digital media, health or social care settings, schools or the community – and varied strategies to reach adolescents, particularly the most vulnerable.

Early detection and treatment

It is crucial to address the needs of adolescents with mental health conditions. Avoiding institutionalization and over-medicalization, prioritizing non-pharmacological approaches, and respecting the rights of children in line with the United Nations Convention on the Rights of the Child and other human rights instruments are key for adolescents' mental health.

WHO response

WHO works on strategies, programmes and tools to assist governments in responding to the health needs of adolescents.

For example, the Helping Adolescents Thrive (HAT) Initiative is a joint WHO-UNICEF effort to strengthen policies and programmes for the mental health of adolescents. More specifically, the efforts made through the initiative are to promote mental health and prevent mental health conditions. They are also intended to help prevent self-harm and other risk behaviours, such as harmful use of alcohol and drugs, that have a negative impact on the mental – and physical – health of young people.

WHO has also developed a module on Child and Adolescent Mental and Behavioural Disorders as part of the mhGAP Intervention Guide 2.0. This Guide provides evidence-based clinical protocols for the assessment and management of a range of mental health conditions in non-specialized care settings.

Furthermore, WHO is developing and testing scalable psychological interventions to address emotional disorders of adolescents, and guidance on mental health services for adolescents.

WHO's Regional Office for the Eastern Mediterranean has developed a mental health training package for educators for improved understanding of the importance of mental health in the school setting and to guide the implementation of strategies to promote, protect and restore mental health among their students. It includes training manuals and materials to help scale up the number of schools promoting mental health.

Conclusion - study investigated physical exercise, health motivation, mental stress events, and stress symptoms in adolescents, confirmed that physical exercise can reduce mental stress events and stress symptoms in adolescents, and revealed that health motivation can strengthen the mental stress buffering effect of physical exercise.

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