

Impact of COVID-19 pandemic on adolescent health in India

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ABSTRACT

SARS CoV2 is an emerging infectious pandemic. The preemptive measures taken to curtail the spread has its effects far and wide across different sectors and all age groups. The most unspoken sufferers are adolescents. In this article, we have reflected on how adolescent issues addressed by the government's dynamism, have had collateral damage due to the COVID initiatives. Globally, around 89% are currently not in school because of COVID-19. They will pave a way to unforeseen collateral effects on the physical, social, psychological health, and future of the young minds. From an increase in school drop-outs, interrupted learning, worsening of the gender gap in education to technology dependence and addictions, this pandemic is going to unravel the uninvited social evils. The regular benefits of adolescents from the government have not been paid heed to. Supply of IFA tablets, sanitary napkins, provision of supplementary nutrition, health education, and implementation of immunization activities are a few of the services to mention which are being hampered. We have recommended a few strategies like establishing the peer educator system in disseminating COVID-related awareness, engaging them in a smooth public distribution system, and act as a potential linkage for the families in distress. We have proposed a few modus operandi like direct cash transfer or food supplements as take-home rations will be able to sustain the nutrition of the adolescents to keep the flow of uninterrupted amenities to adolescents in education, nutrition, mental health, personal hygiene, and other such sectors.

Keywords: Adolescent, COVID, health, health problems, national programs

Background

Adolescents are the backbone of any society, as the future of the nation depends on them. The World Health Organization (WHO) defines the age group spanning 10–19 years as adolescents; the one bridging two vulnerable populations, children, and mothers.^[1,2] Adolescents constitute 16% of world's population.^[3] Though the proportion of adolescents is on the decline since 1980, the absolute number is on the rise. More than half of all

adolescents live in Asia, especially South Asia.^[4] Of the 350 million adolescents from South Asia, about 243 million are from India; 21% of the Indian population.^[5] They represent the potential influencers of future economic growth and development and this period between 10 to 19 years of life is the ground for investment and provides a window of opportunity for laying a strong foundation to a brighter and healthier future.

Most of the adolescents do not face any health issue, but there are still problems of early death, disease, and trauma among them. It becomes a hindrance to utilize their full potential. The global adolescent death rate was 101.37 per 100 000, mostly from preventable causes.^[6] Africa and southeast Asia have almost 19% and 30% of the world's adolescent population, respectively. In 2015, nearly two-thirds of the global adolescent

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deaths and disability-adjusted life year (DALYs) lost are from these regions.^[7]

The leading cause of mortality in 2016, was due to road accidents. Other major causes/high-risk behavior of adolescent deaths include suicide, unprotected sex and/or exposure to violence, sexually transmitted infections, diarrheal diseases, lower respiratory tract infections, mental health disorders, early pregnancy and childbirth, use of alcohol and drugs, nutrition, and micronutrient deficiencies, malnutrition, physical inactivity, and tobacco use.^[8] All these can endanger not only their current health but have an intergenerational effect. Promoting healthy behaviors during adolescence, and taking preventive steps against high-risk behavior is critical for individuals and countries' future health.

In India, the adolescent death rate stands at 89.7 per 100 000.^[9] In 2017, out of 173,340 adolescent deaths, 39% were 10–14 years while 61% 15–19 years. The leading causes of deaths were due to communicable diseases, teenage pregnancy, neonatal and nutritional causes (52.3 percent), followed by injuries (28.0%), and noncommunicable diseases (NCDs) (19.6 percent).^[10] The number of deaths due to injuries and NCDs amongst adolescents is rising whereas deaths due to communicable, maternal, neonatal, and nutritional diseases are declining. The Government of India (GoI) has been continuously striving to improve the services delivered to this target age group by initiating many target-oriented schemes. They are mainly implemented through government schools, Anganwadi centers (AWCs), Panchayat unions, and Village Health Nutrition and Sanitation Day (VHSND) activities.^[11] The list of adolescent national policies and programs in India are summarized in Table 1.

Health system factors that affect the delivery of health amenities

The coverage of health services depends on the provision of health services and utilization of them by the people. The provision of health services, in turn, depends on the availability of human resources and availability of logistics whereas, the utilization of health services depends on the demand and accessibility to them.^[30] However, with the advent of coronavirus disease (COVID-19) the health system in India as a whole is diverted towards pandemic preparedness and management. Besides, with other preventive measures taken towards pandemic management the delivery, utilization, and coverage of other health services is hampered as shown in Figure 1.^[31]

COVID-19 and adolescent health

The evolution of severe acute respiratory syndrome coronavirus 2 (SARS CoV2) as a pandemic has disrupted the lives and daily routine variably. Though all age groups are affected, one of the worst-hit groups is adolescents. The community health workers, accredited social health activists (ASHA)/auxiliary nurse-midwifery (ANM)/anganwadi workers (AWWs) are currently involved in COVID-19-related activities based on "Micro Plan for Containing Local Transmission of Coronavirus Disease."^[32-34]

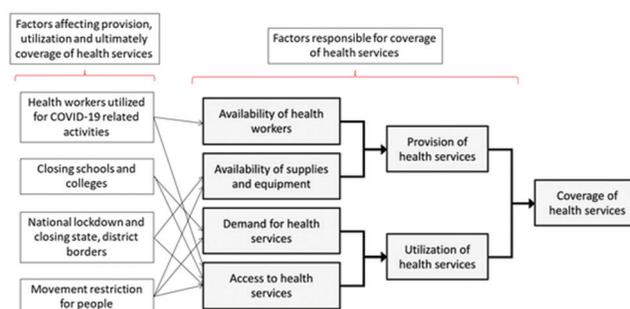


Figure 1: Showing effect of health system factors on coverage of health services

Hence, the regular benefits of the adolescents have not been paid heed to. Supply of iron-folic acid (IFA) tablets, sanitary napkins, provision of supplementary nutrition, and implementation of immunization activities at the AWCs are hampered.^[35,36]

Besides, schools are closed for more than 2 months; with no chance of reopening any time soon. The current pandemic has put 89% adolescents out of schools, which equates to around 1.54 billion students of which, 0.74 billion are girls.^[37] Since the closure of schools as a part of a prevention strategy, adolescents are stranded at homes resulting in social isolation. Schools had been let out for children to vent all their emotions and stress as they get along with their peers.

All these consequences of the COVID-19 pandemic will put adolescents at an increased risk of,

1. Increased school drop-outs^[38]
2. Increase gender gaps in education^[37,39]
3. Stress and other mental health disorders^[40]
4. Smartphone dependence or addiction^[41]
5. Early age of initiating smoking, alcohol, or drugs^[42]
6. Interrupted learning depriving opportunities for growth and development^[42]
7. Parents unprepared for distance and homeschooling, particularly those in lower socioeconomic status and illiterate parents^[42]
8. Poor menstrual hygiene^[35]
9. Increase in child labor^[43]
10. Early and forced marriage^[44]
11. Early pregnancy (teenage pregnancy)^[44]
12. Nutritional problems (due to stoppage of weekly IFA Supplementation [WIFS] and mid-day meal scheme/program)^[45]
13. Increase in exposure to violence, exploitation (including sexual), abuse/maltreatment, and neglect^[46]

It is the need of the hour to tackle the COVID-19 pandemic. But not at the cost of hampering basic health services that were available earlier.^[47] The government should come up with a balanced strategy and be vigilant to ensure basic health services through ASHAs/AWWs/ANMs without increasing their burden as well. Also, primary care physicians have an important role in catching up with all the backlog services. When allocating

Table 1: List of Indian National Programs/Policies on adolescents in India

Name of the Program/Policy	Core functions
Programs/Policies by Ministry of Health and Family Welfare	
Rashtriya Kishor Swasthya Karyakram ^[12]	Community-based interventions through peer educators to improve nutrition, sexual and reproductive health, enhance mental health, prevent injuries and violence, prevent substance misuse
Rashtriya Bal Swasthya Karyakram ^[13]	Targeted at early management of 4 'D's viz. defects at birth, deficiencies, diseases, development delays including disability
Weekly Iron and Folic Acid Supplementation ^[14]	Administration of supervised weekly IFA Supplementation (WIFS) in a fixed day for 52 weeks in a year, biannual deworming, IEC activities, screening target groups
Menstrual Hygiene Scheme ^[15]	To promote menstrual hygiene awareness, to increase access to and use sanitary napkins, and to ensure safe disposal of the same
National AIDS Prevention and Control Policy ^[16]	Reinforces traditions and morals and ensures effective control of HIV/AIDS
National Program on Control and Prevention of Cancer, Diabetes, Cardiovascular Diseases and Stroke ^[17]	Prevention and control of rheumatic fever and rheumatic heart disease is under the pilot phase
National Tobacco Control Program ^[18]	To increase awareness through school programs on the destructive effects of tobacco and tobacco control law.
Programs/Policies by the Ministry of Human Resource Development	
National Policy on Education ^[19]	To ensure access, complete enrolment, and retention of students until 14 years
Adolescent Education Program ^[20]	To create a responsible community by approaching. Imparting knowledge to learners about Adolescent Reproductive and Sexual Health (ARSH) concerns, developing appropriate life skills for responsible behavior
Mid-day meal scheme ^[21]	To increase the retention of students in primary schools and to improve their nutritional status, all the government and government-aided schools provide meals
Right of Children to Free and Compulsory Education (RTE) Act ^[22]	Children between 6-14 years of age are eligible
Programs/Policies by the Ministry of Women and Child Development	
Integrated Child Development Services (ICDS) ^[23]	Concentrating on adolescent girls' nutrition to break the inter-generational continuum
Rajiv Gandhi Scheme for Empowerment of Adolescent Girls, "SABLA" ^[24]	Focuses on the health and nutritional status of 11 to 18-year girls
Kishori Shakti Yojana ^[25]	Addresses 11 to the 18-year-old overall development
Balika Samridhi Yojana ^[26]	Adolescent girls are encouraged to attend schools, delay child marriage, and are enabled to undertake income-generating jobs
Programs/Policies by the Ministry of Youth Affairs and Sports	
The National Youth Policy ^[27]	To place India's status at top position among the other countries by enabling the youth
National Programme for Youth and Adolescent Development ^[28]	To develop leadership qualities and personality of youth and to channelize their energy towards socioeconomic development and growth of the nation
Ministry of Education	
Mid-day meal program ^[29]	To attract more children for admission to schools and retain them so that literacy improvement of children could be brought out

resources, training, and capacity building of front-line workers, involving adolescent-specific organizations, and integrating with all the needed sectors for adolescent health, a primary care physician has to keep in mind the vast demands of adolescents' health before planning and implementing.^[48]

Measures to mitigate the impact of the break in adolescent health programs/services

1. The **peer educator system** of Rashtriya Kishor Swasthya Karyakram (RKSK) can be continued and should be used as a part of the dissemination of COVID-related information in the community. These meetings can serve to inculcate the importance of social distancing, general, and hand hygiene along with the other infection control measures vital in the prevention of transmission of the virus.
2. There have been several studies showing the rise of domestic violence during the period of isolation and lockdown.^[49]

These peer educators can serve as a potential community feedback mechanism for social perils like domestic or gender-based violence, alcoholism, and drug addiction during the period of pandemic lockdown.

3. The adolescents can be trained as COVID warriors and can be utilized for community health education, smooth functioning of the Public Distribution System (PDS), providing psychological first aid, and serving as a potential linkage for the families in distress due to various mishaps during the lockdown.
4. The provision for the mid-day meal program is one of the most important parts of adolescent nutrition. This holds even greater significance during the pandemic period due to potential wage loss of the parents and hence should be vigorously pursued within the range of all preventive precautions. Several states have also started doing the same, for instance, the Government of Chhattisgarh under the

mid-day meal scheme provisioned 4 kg and 6 kg of rice at primary and upper primary level for school children despite the closure of schools. Further, all the Anganwadi are to provide ready to eat take-home rations for malnourished children (3 to 6 years of age).^[50] The government of Bihar has arranged for cash transfer in place of food, at Anganwadi centers and the release of pending scholarships to all students.^[51] Similarly, the Government of West Bengal has ensured the ration of potatoes and rice.^[52]

5. **A single window system for benefit transfer** for adolescents through various programs can be done through convergence benefits of Integrated Child Development Services (ICDS), Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA), and mid-day meal programs.
6. The opportunity of **vocational training** of Kishori Shakti Yojana and Balika Samridhi Yojana can be used for the improvement of community self-reliance through adopting appropriate technology for making facemasks, hand sanitizers, no-touch hand washing machine, etc.
7. Mental and physical problems of adolescents should be addressed on a priority basis and the platform of Adolescent Reproductive and Sexual Health (ARSH) clinics should be the use. For instance, the Government of Kerala opened **new adolescent clinics, to provide service for 2 h a day**.^[53]
8. Keeping students in touch with subjects and teachers will do wonders. Certain state governments have addressed this through online platforms like “Project SMILE” in Rajasthan and “**Padhai Tuhar Dwar**” in Chhattisgarh. The education department is uploading study materials through special groups for students.^[50,54]
9. The community involvement through the involvement of adolescents with proper preventive precaution in the community during the pandemic will not only improve the short-term isolation-induced stress among the adolescents and community self-reliance but also long-term benefit of improved hygienic practices among the very population, which will make the future adults healthier.

Conclusion

With restrictions in learning, socializing, and physical activity the substantial risks to the most vulnerable adolescents will raise. Break-in basic health services, resulting in health deterioration and behavioral changes will not only affect present health but will also have an impact on their adulthood. This will soon evolve as a major public health challenge. Each state has adapted to the pandemic and has released a modified delivery of routine health services to adolescents.

Public health officials and primary care physicians must prioritize the adolescent needs and demands and implement national plans/policies accordingly in the future for catching-up with the surfeit.

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Conflicts of interest

There are no conflicts of interest.

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