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Nutrition Education for Adolescents

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Adolescence is a transition period between childhood and adulthood. It lasts from about 11 or 12 years until the late teens or early twenties and it entail major, interrelated changes in all the realms of development. Adolescent period of child's life is of great importance. The term adolescence comes from the Latin verb "*adolescere"*, which simply means to grow, or to grow to maturity. **NCERT (1999**) defined adolescence as a period of physical, psychological, emotional and social maturity from childhood to adulthood. As children mature into adults, they must acquire a range of interrelated knowledge and skills that will allow them to lead fulfilled and constructive lives. These skills are critical to helping young people stay healthy, learn, acquire a job or livelihood, and participate fully in society. A new task of adolescence is preparation for adulthood. Indeed the future of any culture hinges on the effectiveness of preparation. Adolescence is a key time from a nutritional standpoint. For many adolescents both boys and girls the lack of adequate quality and quantity of food is a prime cause of nutrition problems. Good nutrition is critical during the teenage years to ensure healthy growth and development. A healthy diet must meet the changing nutritional needs of a growing teenager. Adolescents are an in between group, with some nutrition problem commonalities with children and some with adults. This stage represents the period of time during which a person is biologically adult but emotionally not at full maturity. Healthy diets and regular and adequate physical activity are major factors in the promotion and maintenance of good health throughout the entire life course. If adolescents are well nourished, they can make optimal use of their skills, talents and energies today, and be healthy and responsible citizens and parents of healthy babies tomorrow. Good nutrition is important at every stage of life for maintaining good health and personal productivity. A balanced nutritional outlook is important for good health and healthy routine. Nutritional education and continuous studying of adolescents' food habits and nutritional status should be continued in order to improve the food habits and nutritional status of adolescents.

India has the largest population of adolescents in the world constituting 20 per cent of the world's 1.2 billion adolescents. Investing in this group can yield demographic dividends in terms of social wellbeing, economic growth and political stability. Over a 20 year period, diet and nutritional status of adolescent girls, have shown improvements (NNMB). While this is true, there are inter and intra state variations. In states with a larger segment of population below poverty line, there are more persons with Body Mass Index (BMI) below normal; and in states with larger population above the poverty line, the trend is towards overweight and obesity. Increases in body weight have shown to be greater among women of all age groups mainly due to fat deposition, as seen by increased fat fold thickness. Recent studies from developing countries have shown that probability of obesity among persons from low socioeconomic status is greater than those from higher economic status. These epidemiological transitions – of moving from a burden of disease and mortality due to infectious diseases, to degenerative chronic diseases, is faster in developing countries and bear the major burden of Non-communicable Diseases. Globally, low and middle income countries now account for 80 percent of Cardio vascular Diseases related deaths and 83 percent of CVD related disabilities, mainly in working-age adults. With regard to micronutrient deficiencies, the trend is similar among all socioeconomic groups. Almost all micronutrient deficiencies are prevalent among the high economic groups. These circumstances indicate the need for class specific strategies. Since more and more adolescents are in schools and colleges, there should be greater emphasis for establishing sound nutrition and health foundation through the education system.

For all adolescents

Follow a life cycle approach. Poor fetal growth in the first 2 years of life results in reduced adult height, tendency to put on weight rapidly in later childhood and adolescence and increase risk of chronic diseases. Early life factors are also responsible for puberty timing. Nutrition during childhood and adolescence is an important determinant of adult health.

1) Infant feeding: Breastfeeding is associated with lower rates of infection in infancy; it is associated with reductions in blood pressure and total blood cholesterol, and lower risks of obesity and diabetes in adult life. There is a potential adverse role of commercial weaning foods.
2) Build nutrition awareness for adolescents and parents on the right choice of foods.
3) Ensure adolescents are eating healthier food by promoting healthy eating in schools and colleges; restricting marketing of junk food and sugary beverages to children and adolescents. Nutritious snacks to be popularized both in school and college canteens. Work with street food vendors to make healthy snacks keeping preference of adolescents in mind.
4) Encourage food industry to prepare foods with less sodium, trans-fat, and saturated fat. Adolescents should learn to understand food labels; to see if products they consume contain harmful food additives.
5) Improve micronutrient consumption through dietary changes, fortification or supplementation.
6) Regular deworming.
7) Infectious disease control through sanitation facilities including bath room facilities with water and sanitary napkins.
8) Increase educational attainment among girls.
9) Provision of safe drinking water.

10) Adequate sleep: The average total hours of sleep have decreased to less than seven hours per person per night. Concomitantly, global figures relating to obesity and diabetes mellitus have increased in an alarming fashion in adults and children, and it has been hypothesized that neuro-hormonal changes accompanying this behavioral sleep deprivation may lead to insulin resistance and, subsequently, to diabetes mellitus.
11) Promote physical activity in schools and colleges.
12) Increase age at marriage; delay first pregnancy.