# Insights Brief

## Understanding Health Issues Among Urban Adolescents: Insights from the Public Engagement Workshop in Mysuru

> "Adolescents also need opportunities to meaningfully participate in the design and delivery of interventions. Expanding such opportunities is key to responding to adolescents' specific needs and rights.
>
> **- World Health Organisation (WHO)**"

Reflecting WHO's global call to action, KHPT conducted a series of exploratory workshops in the Kumbarkoppalu, Chamundipuram, and Vishweshwaranagar Urban Primary Health Centre (UPHC) areas of Mysuru city, Karnataka, to understand the health challenges faced by adolescents in vulnerable urban geographies. The workshops engaged adolescent girls, boys, parents, teachers, community structure members, including Mahila Arogya Samitis (MAS), Urban Health Sanitation and Nutrition Committees (UHSNC), Self-help Groups (SHG), and health professionals in identifying critical health issues and challenges. The findings were categorised under themes, including substance use, digital literacy and safety, mental wellbeing, communication gaps, nutritional issues, and sexual and reproductive health. These findings underscore the importance of creating adolescent-centred, community-driven solutions. Key recommendations include fostering awareness, improving communication, and promoting healthier lifestyles through gender sensitive community-based interventions.

The initiative focused on creating solutions that catered to the needs of adolescents and involved those directly affected. It pointed out what is missing in current city health programs. These efforts align with global goals, emphasising the importance of investing in adolescent health and supporting them through education, while fostering a supportive environment.

## Introduction and Rationale

India has one of the world's largest adolescent populations, comprising approximately 253 million individuals, accounting for around 20% of the country's total population. According to the WHO, adolescence is a period of rapid physical and mental development that influences how adolescents think, feel, and interact socially. While frequently regarded as a healthy stage of the life course, many adolescents suffer disease, injury, or even death, the majority of which are preventable. According to the Comprehensive National Nutrition Survey (CNNS), More than half of Indian adolescents suffer from malnutrition, showing up as being too short (stunted), too thin (wasted), or overweight/obese. This indicates that about 50% of Indian adolescents (around 144 million girls and boys) have one or more of these issues, highlighting a significant public health challenge. A study showed that youths aged 15-24 years have the highest suicide rates in India, accounting for 35% of all recorded suicides, which are frequently linked to stress, familial problems, and lack of mental health support. Urban adolescents, particularly those from poor backgrounds, face inadequate access to education and healthcare, increased risks of exploitation, violence, and substance abuse, and issues like obesity and technology addiction. The National Institute of Urban Affairs (NIUA) has reported that poor sanitation in slums raises health hazards. According to UNICEF, adolescents in urban slums confront issues such as unsafe environments and limited access to healthcare. Adolescents from low-income families encounter major challenges in receiving healthcare services.

## Progress and Gaps in Urban Adolescent Health Initiatives

The Indian government has implemented numerous projects aimed at improving adolescent health. Among them, the Rashtriya Kishor Swasthya Karyakram (RKSK) addresses issues such as nutrition, mental health, substance use, and reproductive health through clinics, peer educators, and iron supplementation. The School Health Programme, which is part of Ayushman Bharat, offers teachers to promote health awareness. The National Urban Health Mission (NUHM) has established UPHCs to provide basic services. There are also digital technologies and campaigns in place to promote hygiene and prevent use of harmful substances. The key gaps identified are as follows:

▶ Karnataka has also established Sneha Clinics to provide specialised adolescent health care. However, many urban poor adolescents continue to lack access due to limited awareness of the services, resources, poor execution, and inadequate outreach in slum neighbourhoods.

▶ The RKSK is comprehensive, but its urban implementation is lacking.

▶ Adolescent Friendly Health Clinics (AFHCs) within UPHCs are normally absent or under-equipped in urban slums, and peer educator programs face challenges due to poor community engagement in densely populated migratory areas.

▶ The School Health Programme primarily targets in-school adolescents, excluding many out-of-school children.

▶ Adolescent-specific care, protocols, privacy standards, and mental health professionals are frequently lacking in UPHC settings.

▶ Although promising, Karnataka's Sneha Clinics have outreach gaps, limited treatment hours, and low awareness among adolescents.

▶ Stigma in accessing health services and a lack of safe adolescent-friendly environments further limit access because of gendered access to phones and the internet; many adolescents, particularly girls, are still unable to utilise digital health resources.

Adolescent health is an underdeveloped and underexplored area, particularly in urban settings. This stems from a lack of understanding between parents and adolescents, as well as a lack of clarity in addressing their challenges. Hence, there is a need for innovative approaches that go beyond using force and strict discipline to manage adolescent behaviour.

## Major Challenges among Adolescents

Adolescents in urban poor settings face socio-cultural and environmental challenges that significantly impact their well-being. A rebel attitude is becoming increasingly common, fostered by peer pressure and the pervasive influence of social media, which leads many adolescents to resist parental guidance. Gender discrepancies aggravate the situation even more: although females are usually subjected to greater limitations on their social mobility and appearance, boys are disproportionately exposed to hazards such as harmful substance use. The scarcity of safe recreational facilities in urban areas exacerbates the problem, driving adolescents to engage in harmful behaviours owing to boredom and a lack of productive outlets. In the meantime, parents often feel helpless, unable to understand and respond to their children's evolving emotional and social needs, leading to communication breakdowns. These challenges are further exacerbated by systemic resource constraints, such as a scarcity of mental health experts and a paucity of adolescent-focused awareness initiatives in UPHCs. These multifaceted difficulties underscore the critical need for responsive adolescent solutions and are at the heart of the problem this effort aims to address.

## Why this brief?

The purpose of this brief is to outline strategies for empowering adolescents to engage with the ecosystem in urban vulnerable areas through a participatory approach. This involved a) comprehending the needs of adolescents, b) identifying issues related to health and well-being, and c) conceptualizing potential solutions.

This initiative particularly examined the attitudes, perceptions, and experiences of adolescents in urban Mysuru concerning health issues and challenges faced by urban adolescents.
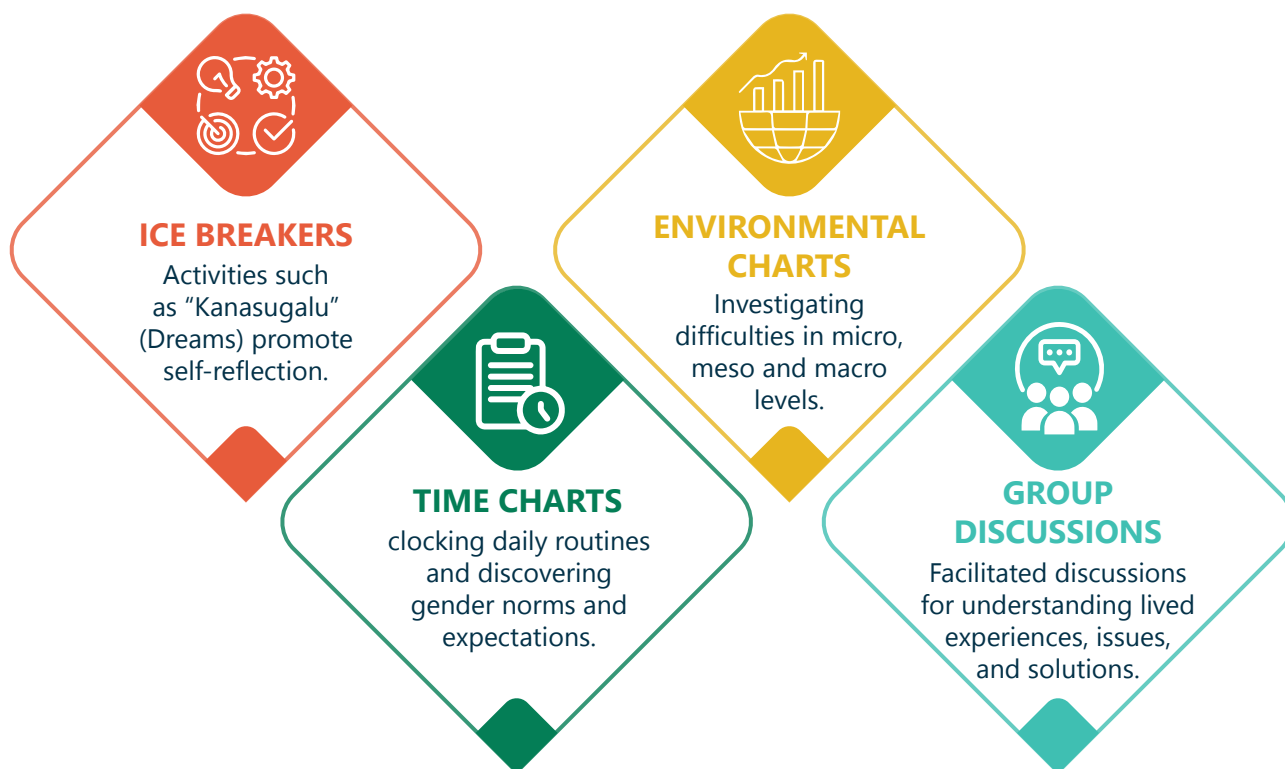
## Methodology

Five workshops were conducted in two phases within vulnerable urban areas in Mysuru, specifically Chamundipuram, Kumbarakoppalu, and Vishweshavara Nagara, engaging a qualitative, human-centric design approach. During the first phase, a public engagement workshop was held with key stakeholders, including adolescent boys and girls ages 10 to 19 years, parents, teachers from both government and private institutions, Primary

Health Care Officers (PHCOs), Accredited Social Health Activists (ASHAs), and representatives from private schools, MAS and USHNC members. The primary objective was to facilitate collaboration within the system, foster dialogue on the challenges and issues faced by adolescents, and create a safe space for adolescents' voices to be heard.

During the second phase, a workshop was organized for targeted groups, including adolescent girls, adolescent boys, parents of adolescents, and community members. This workshop aimed to thoroughly investigate challenges faced by these groups and explore potential opportunities for addressing them. The primary objective was to develop solutions that are culturally and contextually appropriate, acceptable, and sustainable. The activities were designed to explore the aspirations of adolescents, identify the challenges they encounter in various community contexts, examine gender differences and normative patterns within the community, and generate ideas for addressing the prioritized issues. Attitudes, perceptions, and experiences were captured through participatory and reflective activities, which included:

### ICE BREAKERS
Activities such as "Kanasugalu" (Dreams) promote self-reflection.

### ENVIRONMENTAL CHARTS
Investigating difficulties in micro, meso and macro levels.

### TIME CHARTS
clocking daily routines and discovering gender norms and expectations.

### GROUP DISCUSSIONS
Facilitated discussions for understanding lived experiences, issues, and solutions.

The workshops were structured into multiple sessions. These sessions were designed to a) encourage participants to think independently, b) ensure they felt secure to voice their thoughts, and c) allow them to discuss topics they might not otherwise feel comfortable addressing openly. A slow, yet profound, approach was implemented. Each session facilitated a deeper exploration and expression of emotions. The workshops were held in community spaces, providing a secure and non-intimidating setting. Participants were grouped by age, gender, and stakeholder type to foster open dialogue. Confidentiality was maintained to encourage candid responses. Following discussions, the five most pressing issues requiring immediate attention were identified. At the micro-level, the issues were numerous, which meant issues were frequently complex and multifaceted. For easier management, they have been categorised into broader themes, such as substance use, digital literacy and safety, mental health, communication gaps, and nutritional issues.

# Key Findings

The main issues for both girls and boys have been grouped by theme. These issues are divided into home and outside settings in the table below for easier understanding.

| Category/Theme | Girls (Home) | Girls (Outside) |
|---|---|---|
| **Substance Abuse** | • Exposure to alcohol at home<br>• Stealing money to fulfil desires<br>• Vulnerability to abuse due to stress | • Vulnerable to harmful substance use<br>• Peer pressure<br>• Alcohol/drug risks |
| **Digital Literacy & Safety** | • Excessive monitoring of phone/TV<br>• Parent-child conflict (clashes or disagreements that occur between parents and their children) | • Social media trolling<br>• Mobile-based peer pressure |
| **Mental Wellbeing** | • Academic stress<br>• Parental pressure<br>• Resentment over gender bias<br>• Suicidal tendencies | • Eve-teasing, trolling<br>• Lack of menstrual education<br>• Fear and anxiety |
| **Communication Gaps** | • Parenting styles are not evolving<br>• No talent encouragement<br>• Gender-biased upbringing | • Dress code restrictions<br>• Reliance on peers for support |
| **Nutritional Issues** | • Lack of vegetable intake<br>• Menstrual hygiene gaps | • Junk food habits |
| **Sexual & Reproductive Health** | • Child marriage among older girls<br>• Parental pressure to marry early<br>• No sex education and bodily awareness | • Fear of harassment<br>• Sexual Abuse |

| Category/Theme | Boys (Home) | Boys (Outside) |
|---|---|---|
| **Substance Abuse** | • Exposure to domestic violence<br>• Use of whitener, gutkha<br>• Theft to sustain addiction | • Smoking, tobacco, sniffing<br>• Peer pressure<br>• Gambling, drugs, watching porn, bar visits |
| **Digital Literacy & Safety** | • Overuse of TV/phones<br>• Gaming | • Online games (Such as PUBG), watching porn, risky online behavior<br>• Peer influence |
| **Mental Wellbeing** | • Academic pressure<br>• Social comparison or parental favouritism<br>• Exposure to violence<br>• Suicidal thoughts | • Exposure to antisocial elements<br>• Failed relationships<br>• Addictions and escapism |
| **Communication Gaps** | • Lack of trust<br>• Sibling rivalry<br>• Rebellious behavior | • Lack of guidance<br>• Unsafe peer influence |
| **Nutritional Issues** | • Junk food preference<br>• Poor dietary habits due to financial stress | • Unhealthy street food<br>• Poor awareness of health |
| **Sexual & Reproductive Health** | • No sex education<br>• Lack of awareness about bodily changes, consensual sex, and safe sex practices. | • Exposure to sexualised content<br>• Curiosity about sex |

The quotes below highlight the differences across generations, long-standing communication gaps, and trust concerns that exist between adolescents and their parents.

## Adolescents speak out

Our parents tell us what we shouldn't do. But they never explain to us why we shouldn't do something. They never tell us WHY.
**– Adolescent girl**

They keep saying we are grown-ups and need to be more responsible, but continue to try and control us like children.
**- Adolescent boy**

Our parents give us permission to step out of the house, and then don't trust us. They think we are out with boys.
**- College girl**

## Parents reflect

Girls are definitely more at risk than boys. We have to face this. Therefore, we are more protective. We are at a loss to make them understand this.
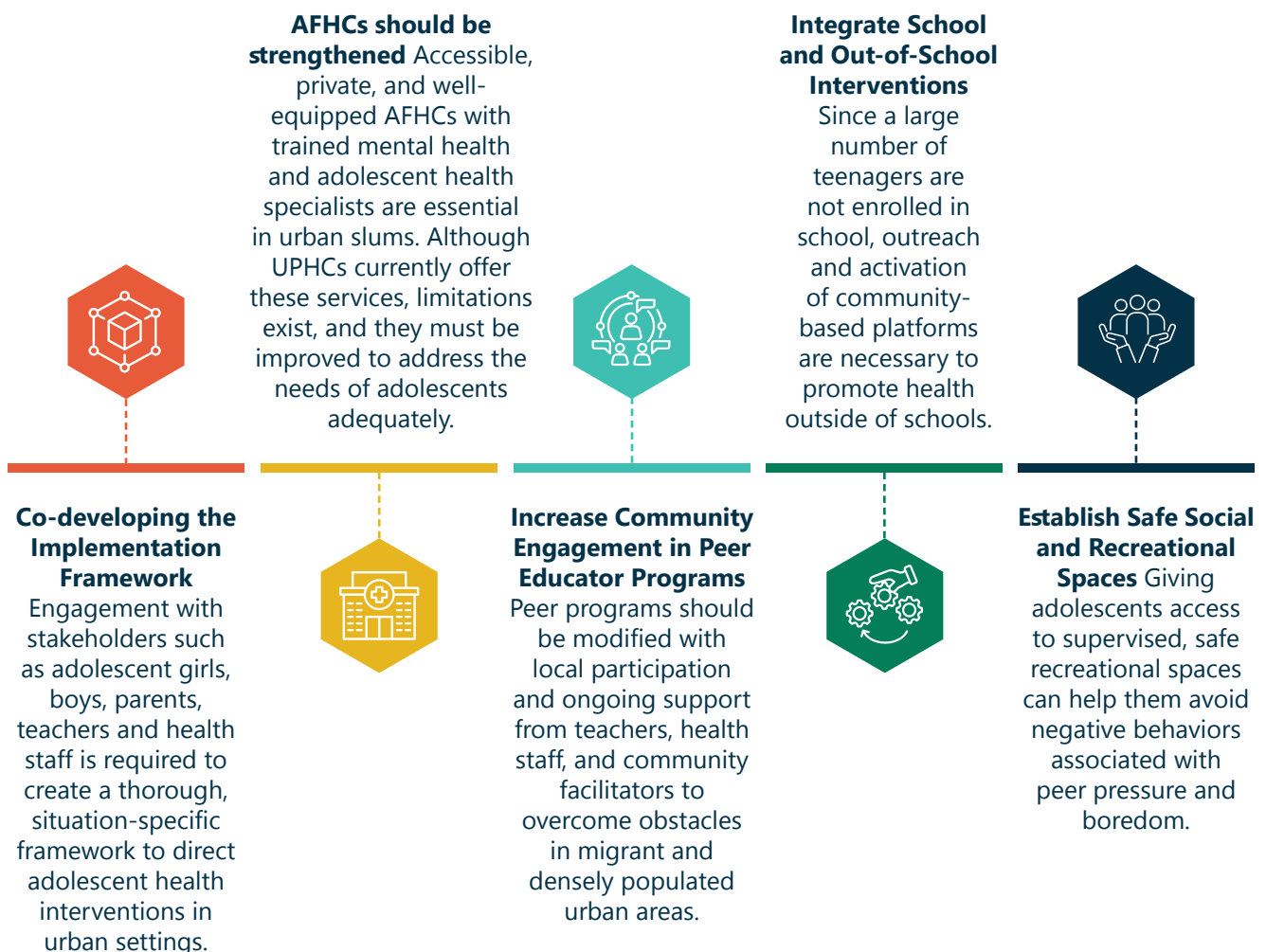**- Mother of a girl**

It is difficult to structure their days. My son spends much of his day watching TV or playing games on a mobile phone. We are left helplessly watching.
**- Mother of a boy**

# Implications for Action

Based on the insights from the workshops on adolescent health in Mysuru, several implications for action emerged to effectively address the challenges faced by adolescents in vulnerable urban geographies.

**AFHCs should be strengthened** Accessible, private, and well-equipped AFHCs with trained mental health and adolescent health specialists are essential in urban slums. Although UPHCs currently offer these services, limitations exist, and they must be improved to address the needs of adolescents adequately.

**Integrate School and Out-of-School Interventions** Since a large number of teenagers are not enrolled in school, outreach and activation of community-based platforms are necessary to promote health outside of schools.

**Co-developing the Implementation Framework** Engagement with stakeholders such as adolescent girls, boys, parents, teachers and health staff is required to create a thorough, situation-specific framework to direct adolescent health interventions in urban settings.

**Increase Community Engagement in Peer Educator Programs** Peer programs should be modified with local participation and ongoing support from teachers, health staff, and community facilitators to overcome obstacles in migrant and densely populated urban areas.

**Establish Safe Social and Recreational Spaces** Giving adolescents access to supervised, safe recreational spaces can help them avoid negative behaviors associated with peer pressure and boredom.

Solutions are presented at the girl/boys' level, parents/family level, and policy/governance level

| Components | Girl/Boys Level | Parents/Family Level | Policy/Governance Level |
|---|---|---|---|
| **Nutrition and Hygiene** | Educate girls/boys on the importance of personal hygiene, balanced nutrition, and healthy eating practices | Sensitise parents on adolescent nutrition needs (e.g., iron-rich foods, meal regularity) and menstrual hygiene needs | Ensure availability of nutritious meals, sanitary products, and hygiene-related health services in UPHCs/AFHCs |
| **Interdepartmental Coordination** | Develop/ Empower adolescents' health ambassadors to link peers to health services | Involve parents in community-based convergence meetings, such as the Urban Health Sanitation and Nutrition Committee (UHNSC), School Management Committees (SMCs), and Mohalla Committees | Institutionalise integrated planning and budgeting between health, education, nutrition, and sanitation departments |
| **Culturally Sensitive Awareness** | Increase awareness among adolescents about harmful substance use, emotional well-being, digital literacy, sexual and reproductive health, and healthy lifestyle practices | Encourage open dialogue in families through culturally relevant communication materials and parental workshops. Providing knowledge or talking about sex, with adolescents, good/bad touch, bodily changes, consensual sex, and safe sex practices | Design and fund localised Information, Education, and Communication (IEC)/Behavioural Change Communication (BCC) campaigns addressing mental health, sex, gender, and substance use |
| **Adolescent-Led Tracking** | Encourage adolescent-led feedback through digital surveys, youth clubs, and peer reflection sessions | Include Family feedback in adolescent health program assessments (joint parent-adolescent reflection spaces) | Mandate adolescent participation in program reviews |

Addressing adolescent health in urban vulnerable settings calls for a comprehensive, gender-sensitive, and participatory approach that closes current service gaps and empowers adolescents as partners in their own well-being. Context-specific interventions need to be developed to address changing realities of adolescents; this will require multisectoral collaboration and research with adolescents at the heart of it.

# References

1. Gupta, S., & Basera, D.S. (2021). Youth Suicide in India: A Critical Review and Implication for the National Suicide Prevention Policy. OMEGA - Journal of Death and Dying, 88, 245 - 273.

2. International Journal of Humanities Social Science and Management. (n.d.). A Study on the Implications of Addiction on the Youth of India. https://ijhssm.org/issue_dcp/A%20Study%20on%20the%20Implications%20of%20Addiction%20on%20the%20Youth%20of%20India.pdf

3. De-Sola Gutiérrez, J., Rodríguez de Fonseca, F., & Rubio, G. (2016). Cell-Phone Addiction: A Review. Frontiers in Psychiatry, 7, 175. https://doi.org/10.3389/fpsyt.2016.00175

4. The Lancet. (n.d.). Mental health is multi-factorially determined. https://www.thelancet.com

5. Arogyakeralam. (n.d.). Adolescent health. National Health Mission, Kerala. https://arogyakeralam.gov.in/adolescent-health/

6. Barua, A., Watson, K., Plesons, M., Chandra-Mouli, V., & Sharma, K. (2020). Adolescent health: Present status and its related programmes in India. Are we in the right direction? Journal of Clinical and Diagnostic Research, 14(3), LE01–LE06. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7094487/

7. Family Welfare Department, Manipur. (n.d.). Adolescent health: Rashtriya Kishor Swasthya Karyakram. http://familywelfare.mn.gov.in/rksk.html

8. Kumar, P., Gupta, R. K., & Minhas, S. (2023). How to make services adolescent friendly? A cross-sectional study on awareness of adolescent friendly health clinics in Central India. Indian Journal of Community Medicine, 48(2), 263–268. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10336074/

9. National Health Mission. (n.d.). Adolescent health: Rashtriya Kishor Swasthya Karyakram (RKSK). Ministry of Health and Family Welfare, Government of India. https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=818&lid=221

10. Santhya, K. G., & Jeejeebhoy, S. J. (2024). Review of the India adolescent health strategy in the context of disease burden among adolescents. The Lancet Regional Health – Southeast Asia, 22, 100346. https://www.thelancet.com/journals/lansea/article/PIIS2772-3682(24)00002-0/fulltext

11. Sharma, S., & Gupta, S. (2023). Lessons learned from conceptualising and operationalising the National Adolescent Health Programme or Rashtriya Kishor Swasthya Karyakram (RKSK) in India: Perspectives from the government. Journal of Family Welfare, 69(1), 1–12. https://www.tandfonline.com/doi/full/10.1080/2321188X.2023.2220540

12. The Challenge Initiative. (n.d.). Establishing urban primary facilities as adolescent-friendly health clinics. https://tciurbanhealth.org/establishing-urban-primary-facilities-as-adolescent-friendly-health-clinics/

13. Verma, A., & Gupta, S. (2024). Adolescent Friendly Health Clinics (AFHCs) in India and their compliance with government benchmarks: A scoping review. Indian Journal of Public Health, 68(2), 291–298. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11176601/

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