



Review Article

Social Determinants of Adolescent Health: A Review of Inequalities, Gender Discrimination, and Policy Implications

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A B S T R A C T

Adolescent health is influenced by a complex interplay of biological, behavioral, and social factors, with social determinants playing a critical role in shaping health trajectories and sustaining inequalities. Socioeconomic disadvantage, gender-based discrimination, educational inequities, and social exclusion significantly affect adolescents' physical, mental, and sexual and reproductive health outcomes. These social determinants not only limit access to essential health services but also shape health-related knowledge, behaviors, and opportunities, leading to disparities across population groups.

This review synthesizes evidence from both global and Indian contexts to examine how social determinants influence adolescent health, with a particular emphasis on gender-based disparities and the mechanisms through which inequalities are perpetuated. It explores the ways in which poverty, caste, rural-urban disparities, and social marginalization intersect with gender to exacerbate vulnerabilities among adolescents. Additionally, the review evaluates policy responses in India and internationally, highlighting achievements, limitations, and gaps in current strategies aimed at addressing social determinants of health.

Keywords: Adolescents, social determinants of health, inequality, gender discrimination, health policy

Introduction

Adolescence represents a sensitive and formative developmental window during which social environments exert profound and lasting influences on health trajectories across the life course.¹ During this period, young people undergo rapid physical, cognitive, and emotional changes, and their interactions with families, schools, communities, and broader societal structures can significantly shape behaviors, opportunities, and overall well-being. Recognizing the importance of these influences, the World Health Organization (WHO) defines social determinants of health

(SDH) as the conditions in which individuals are born, grow, live, learn, and work, which are shaped by the distribution of power, money, and resources.²

For adolescents, SDH encompass a wide range of factors, including household socioeconomic status, educational access and quality, prevailing gender norms, community safety, peer networks, and the availability of supportive services. These determinants operate at multiple levels—individual, household, community, and structural—and often intersect in ways that amplify vulnerability for certain groups, such as girls, marginalized castes, rural populations,



and economically disadvantaged youth. Failure to address these determinants not only exacerbates immediate health risks, including poor nutrition, mental health challenges, and limited sexual and reproductive health knowledge, but also perpetuates intergenerational cycles of inequality and long-term adverse health outcomes.³

Understanding the social determinants of adolescent health is therefore essential for the development of interventions and policies that are both equitable and sustainable. By identifying the structural, social, and economic factors that influence adolescent well-being, stakeholders can implement strategies that go beyond individual-level behavior change to address the root causes of health disparities. This review examines global and Indian evidence on the social determinants of adolescent health, with a particular focus on inequalities, gender-based discrimination, and the effectiveness of current policy responses, highlighting areas where interventions can be strengthened to promote equity and holistic adolescent development.

Conceptual Framework: Social Determinants and Adolescent Health

The socio-ecological model offers a comprehensive framework for understanding the multiple and interacting layers of influence on adolescent health and health inequalities.^{1,4} This model recognizes that adolescent behaviors, choices, and health outcomes are not determined solely by individual factors, but are shaped by complex interactions across multiple levels, including individual, family, community, and broader structural or societal factors.

At the individual level, biological development, psychological traits, knowledge, and attitudes influence health behaviors, risk perception, and decision-making. The family environment provides both material and emotional resources, with parental education, household income, family functioning, and parenting practices playing a pivotal role in shaping adolescent well-being. Community-level factors—including peer networks, school quality, neighborhood safety, social cohesion, and access to recreational and health facilities—further influence opportunities for healthy development. At the structural level, broader social determinants such as poverty, gender norms, caste and ethnic inequalities, policy frameworks, and distribution of resources create systemic constraints or enablers that affect adolescent health outcomes.

Adolescents often experience overlapping vulnerabilities when disadvantages at multiple levels intersect. For instance, a girl from a low-income household in a rural area may face restricted educational opportunities, limited

access to health services, and heightened exposure to restrictive gender norms, amplifying risks for poor sexual and reproductive health, mental health challenges, and nutritional deficiencies. Material conditions, psychosocial stressors, and structural inequities interact in ways that reinforce disadvantage and perpetuate health disparities across generations.

Applying this socio-ecological perspective highlights the need for multi-level, integrated interventions that address not only individual knowledge and behaviors but also family support, community environments, and structural inequalities. Policies and programmes that are informed by this framework can more effectively target the root causes of adolescent health disparities, promote equity, and foster holistic well-being during this critical stage of development.

Socioeconomic Inequalities and Adolescent Health

Poverty and Material Deprivation

Socioeconomic disadvantage is strongly associated with poor nutritional status, delayed healthcare seeking, and increased exposure to environmental risks among adolescents. Adolescents living in poverty experience higher rates of anemia, undernutrition, and infectious diseases, as well as limited access to preventive and promotive health services.

Education as a Social Determinant

Education influences health literacy, employment prospects, and empowerment. School dropout, particularly among girls and marginalized groups, is linked to early marriage, adolescent pregnancy, and poor mental health outcomes.^{7,8} Educational inequities also affect adolescents' ability to navigate health systems and adopt healthy behaviors.

Gender Discrimination and Health Inequalities

Structural Gender Inequality

Gender discrimination remains a pervasive determinant of adolescent health, operating through unequal access to education, nutrition, healthcare, and decision-making power.⁹ Structural factors such as early marriage, child labor, and gender-based violence disproportionately affect girls and young women, increasing risks of maternal morbidity, mental health disorders, and school discontinuation.¹⁰

Gender Norms and Health Behaviors

Socially constructed gender norms influence health behaviors differently for boys and girls. Masculinity norms may encourage risk-taking behaviors among boys, including substance use and violence, while restrictive norms limit girls' autonomy and healthcare access.¹¹

Intersectionality and Marginalized Adolescents

Adolescents facing intersecting forms of disadvantage—such as caste, ethnicity, disability, or sexual and gender minority status—experience compounded health inequities.¹² Transgender and gender-diverse adolescents report higher levels of stigma, bullying, and mental health challenges due to systemic exclusion.

Psychosocial Pathways Linking Social Determinants to Health

Chronic exposure to adverse social determinants—such as poverty, discrimination, marginalization, and social exclusion—creates sustained psychosocial stress that profoundly influences adolescent health and development.¹⁴ Prolonged stress affects emotional regulation, cognitive functioning, and neurobiological development, shaping how adolescents perceive and respond to challenges, form relationships, and make decisions about their health. Stressors arising from household economic insecurity, gender-based discrimination, caste or ethnic marginalization, or unsafe community environments can interact and compound, producing cumulative adverse effects over time.

Adolescents experiencing sustained psychosocial stress are at increased risk of mental health difficulties, including depression, anxiety, and emotional dysregulation, as well as higher likelihood of engaging in self-harm or risk-taking behaviors such as substance use.¹⁵ These stressors can also interfere with academic performance, social interactions, and the development of coping skills, thereby limiting opportunities for future education, employment, and social mobility. Importantly, psychosocial stress does not affect all adolescents equally—vulnerable groups, such as girls, lower socioeconomic status youth, and marginalized communities, often experience higher exposure and lower access to protective resources.

Protective factors, including supportive family relationships, peer networks, mentoring, and access to mental health services, can buffer the negative effects of psychosocial stress. Interventions that promote resilience, coping strategies, and social support are therefore critical in mitigating the health impacts of adverse social determinants. By addressing the psychosocial pathways through which social disadvantage translates into poor health outcomes, policymakers and practitioners can design more effective, equity-oriented strategies that foster adolescent well-being and reduce long-term health inequalities.

Community and Environmental Determinants

Community and environmental factors play a crucial role in shaping adolescent health and well-being. Neighborhood safety, availability of recreational spaces,

quality of local schools, and the level of social cohesion within communities significantly influence opportunities for healthy development. Safe, supportive environments allow adolescents to engage in physical activity, social interaction, and learning experiences, while unsafe or resource-poor neighborhoods can restrict mobility, limit social participation, and increase exposure to violence, accidents, or substance use.

Adolescents living in deprived or marginalized communities often face compounded disadvantages. Limited access to youth-friendly health services, recreational facilities, and educational resources can reinforce existing health disparities, while higher exposure to environmental hazards, unsafe public spaces, or community-level violence contributes to chronic stress and adverse mental health outcomes.¹⁶ Social cohesion and community support networks, such as peer groups, neighborhood organizations, and mentorship opportunities, can buffer some of these risks by fostering a sense of belonging, resilience, and collective efficacy.

Environmental factors also intersect with household and structural determinants. For example, adolescents from low-income families residing in unsafe urban slums may experience restrictions on mobility, reduced access to extracurricular activities, and limited opportunities to engage in community programs, exacerbating inequalities in physical, mental, and sexual and reproductive health. Interventions that improve community infrastructure, enhance safety, expand access to recreational and educational resources, and strengthen social networks are therefore critical for promoting equitable adolescent health outcomes. By addressing these community and environmental determinants, stakeholders can create supportive contexts that foster holistic development, reduce risk exposure, and promote long-term well-being.

Policy Responses and Global Commitments

Global Frameworks

International frameworks such as the Sustainable Development Goals (SDGs) explicitly address social determinants, emphasizing poverty reduction, gender equality, quality education, and reduced inequalities.¹⁷ These frameworks recognize adolescence as a critical period for intervention.

National Policy Responses

Many national adolescent health policies acknowledge social determinants; however, they often remain gender-sensitive rather than gender-transformative, failing to challenge power structures that perpetuate inequality.¹⁸ Weak intersectoral coordination and limited monitoring further reduce policy effectiveness.

Policy Implications and Recommendations

Adopt Intersectoral Approaches

Effective adolescent health policy requires integration across multiple sectors, including health, education, social protection, and gender equity. Health outcomes are closely linked with access to quality education, economic support, and social services, making siloed interventions insufficient. Coordinated strategies that align objectives, share resources, and foster collaboration across ministries and community organizations can address the broader social determinants of health and reduce inequities among adolescents.

Promote Gender-Transformative Interventions

Policies must actively address harmful gender norms and power imbalances that limit opportunities for adolescents, particularly girls. Gender-transformative approaches focus on challenging societal expectations, promoting equality, and empowering young people to make informed decisions about their health, education, and life choices. Programs that engage both boys and girls in discussions around consent, reproductive rights, and healthy relationships are essential for fostering equitable outcomes.

Strengthen Data Systems

Robust data collection and monitoring are critical for designing evidence-based policies and programs. Disaggregated data by age, gender, caste, socioeconomic status, and geographic location allow policymakers to identify disparities, track progress, and target interventions to the most vulnerable groups. Regular evaluation and feedback mechanisms can improve program effectiveness, ensure accountability, and support adaptive policymaking in response to changing needs.

Invest in Community-Based Programs

Community-based initiatives play a vital role in promoting adolescent well-being. Supporting safe spaces, youth leadership programs, and peer networks can foster social cohesion, resilience, and active participation in community life. Localized interventions are particularly effective in addressing context-specific challenges, encouraging trust between adolescents and service providers, and facilitating access to education, health services, and recreational opportunities.

Prioritize Marginalized Groups

Inclusive policies must focus on adolescents who face compounded vulnerabilities, including tribal populations, migrants, gender-diverse youth, and those living in poverty or rural areas. Targeted strategies that reduce barriers to education, healthcare, and social support can help close gaps in access and outcomes. Ensuring meaningful

participation of marginalized adolescents in program design and implementation further enhances relevance, acceptability, and impact.

By adopting intersectoral, gender-transformative, data-driven, community-focused, and inclusive approaches, policymakers can address structural inequalities, promote equity, and create enabling environments that support the holistic health and development of all adolescents.

Conclusion

Social determinants of health are fundamental drivers of adolescent health inequalities, influencing not only immediate well-being but also long-term life trajectories. Socioeconomic disadvantage, gender discrimination, limited educational opportunities, and social exclusion interact to shape adolescents' physical, mental, and sexual and reproductive health outcomes, often reinforcing intergenerational cycles of disadvantage. These structural and social inequities underscore that adolescent health cannot be fully addressed through healthcare services alone; rather, it requires comprehensive strategies that target the root causes of disparities.

Addressing social determinants calls for multi-level, structural interventions and policy frameworks that are equity-oriented, gender-transformative, and socially inclusive. Policies must integrate health, education, social protection, and community development, while ensuring meaningful engagement of adolescents themselves in program design and implementation. Strengthening community-based initiatives, improving access to safe and supportive environments, and prioritizing marginalized populations are essential components of effective interventions.

By adopting a holistic, intersectoral approach, stakeholders can create environments that empower adolescents, promote equitable access to resources, and mitigate the psychosocial and structural risks associated with disadvantage. Such strategies not only improve individual health outcomes but also contribute to broader population health, social development, and sustainable development goals. Investing in the social determinants of adolescent health is therefore not only a moral imperative but also a strategic approach to building healthier, more equitable societies.

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