

Editorial

Challenges in Implementing Strategies in Adolescent Health in India

Jugal Kishore

Director Professor, Community Medicine, Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi, India

DOI: <https://doi.org/10.24321/2349.2880.202603>

I N F O

E-mail Id:

jk@drjugalkishore.com

Orcid Id:

<https://orcid.org/0000-0001-6246-5880>

How to cite this article:

Kishore J. Challenges in Implementing Strategies in Adolescent Health in India. *Ind J Youth Adol Health*. 2026;13(1):1-2.

Introduction

Adolescent health in India faces substantial challenges, particularly regarding the evidence based design, implementation, and evaluation of policies and programs. It has a long history of starting first medical examination in schools in 1909 in Baroda. The international convention on the rights of the child in 1992 mandated school health programs. Despite the existence of initiatives such as the Adolescent Reproductive and Sexual Health (ARSH) Strategy 2005, Rashtriya Kishor Swasthya Karyakram (RKSK) 2014, and the School Health & Wellness Program under Ayushman Bharat program, multiple gaps remain in applying evidence-based strategies to optimize adolescent health outcomes (Barua 2020). Key limitations are outlined below:

Weak Evidence Integration

Policies often rely on limited data or extrapolate from global studies without thorough adaptation for Indian socio-cultural contexts. Current programs measure activities (e.g., number of sessions conducted, materials distributed) rather than outcomes or system quality, compromising the ability to evaluate effectiveness. Overall, efficiency or effectiveness evaluation is poor. These evaluation studies are not possible without sufficient and important indicators capturing by the monitoring system. Indicators often emphasize inputs (number of clinics, trained staff) rather than outcome metrics like behavioral change, mental health improvements, or reduction in adolescent pregnancies. Findings from pilot studies or peer-education programs are rarely scaled up or systematically evaluated.

There is insufficient attention to subgroups, such as out-of-school adolescents, boys, socially marginalized communities such as scheduled castes and scheduled tribes, and adolescents with disabilities, for whom evidence is scarce.

Gaps in Mental Health Evidence

Mental health services for adolescents are severely underdeveloped and prioritized far less than physical health interventions. Limited data exists on adolescent-specific mental health needs or on interventions that can effectively reduce early-onset psychiatric disorders, suicide risk, or stress-related vulnerabilities. Stigma, low awareness,

and underreporting lead to further gaps in evidence and implementation.

Inconsistent Training and Quality of Healthcare Providers

Peer Educators (PEs) and health workers frequently receive short or inconsistent training, with uneven quality across regions.

Many providers lack evidence-informed skills to address sensitive issues such as sexual and reproductive health, substance use, and injury prevention, leading to suboptimal service delivery.

Communities often lack knowledge about available services; adolescents are unaware of adolescent-friendly clinics and initiatives (WHO 2026). Engagement strategies are not systematically evaluated, so interventions lack evidence for effectiveness in increasing uptake of programs.

Insufficient longitudinal data exists to assess dietary patterns, obesity trends, anemia causes beyond iron deficiency, or NCD risk factors in adolescents. Evidence for effective, culturally adapted interventions to address overnutrition and early NCD prevention remains sparse.

While ministries address adolescent health (Health, Education, Women & Child Development), there is lack of interdepartmental evidencesharing and joint evaluation, leading to duplication of effort and unclear impact. Integrated Child Development Scheme has been initiated to achieve cross cutting objective but over a period the join monitoring and evaluation is rarely organized.

Existing Demographic Health Surveys (DHS NFHS) provide snapshots but do not capture behavioral or program-impact data at sufficient resolution. Very few studies are available using real-time, AI based geospatial data platform which could be useful evidence for policy making.

Recommendations

We need to develop robust, standardized monitoring and evaluation frameworks focusing on outcome metrics, not just activities. We should scale up research on mental health including addiction, nutrition, NCDs, and sexual/reproductive health tailored to local contexts. Enhance training quality for health workers and peer educators, guided by evidence-based curricula. Increase community engagement based on behavioral science evidence to improve program uptake. Leverage digital health platforms for data collection, program monitoring, and adolescent participation. Foster cross-sectoral coordination and evidence-sharing to optimize policy impact and resource utilization.

These strategic shifts are crucial to move adolescent health programming in India from activity-driven poli-

cy to fully evidence-based interventions that ensure measurable health improvements across 253 million adolescents.

Conclusion

Evidenced-based strategies in India's adolescent health sector are partial, fragmented, and unevenly applied. While structured policies and programs exist, actual implementation lacks rigorous local evidence, real-time monitoring, tailored interventions for marginalized subgroups, and integration of psychosocial and mental health outcomes. Advancing adolescent health in India requires strengthening evidence generation, evaluation frameworks, provider training, and community-informed interventions, ensuring that programs are both data-driven and culturally contextualized.

References

1. Barua A, Watson K, Plesons M, Chandra-Mouli V, Sharma K. Adolescent health programming in India: a rapid review. *Reproductive Health*. 2020 Jun 3;17(1):87. doi: 10.1186/s12978-020-00929-4. [Google Scholar]
2. Jain N, Bahl D, Mehta R, Bassi S, Sharma K, Arora M. Progress and challenges in implementing adolescent and school health programmes in India: a rapid review. *BMJ open*. 2022 May 1;12(5):e047435. doi: 10.1136/bmjopen-2020-047435. [Google Scholar]
3. WHO. <https://www.who.int/health-topics/adolescent-health/> Adolescent-friendly health services: What health workers can do (accessed on 25.5.2026).
4. Kishore J. *National Health Programs of India: National Policies and Legislations related to Health*. 15th Ed. New Delhi: Century Publications 2024.