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Thematic Analysis of Quality of Life Among Young Adolescents in India

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Abstract---Quality of life (QOL) is a common notion that conveys an overall sense of well-being and encompasses numerous characteristics of happiness and general contentment with life. Young adolescents are the most significant segment of the population because they are energetic, vibrant, innovative, and dynamic by nature. They have a strong sense of purpose, motivation, and determination, making them the most precious human resource for developing a nation's economic, cultural, and political development. The number of a country's young population determines its ability and potential for growth. Their importance in enhancing a country's defence strength is undeniable. If the youth's energy and passion are properly channelled, they can make a significant difference in society and propel the country forward. They are the digital innovators in their communities, and they take part as active citizens who wish to contribute to long-term development, particularly in the face of the current COVID pandemic. This segment of the population must be effectively harnessed, motivated, skilled, and streamlined in order for a country to make rapid progress. Thematic Analysis of Quality of Life among Young Adolescents in India is explored in depth in this article.

Keywords---educational policy, health policy, quality life, thematic analysis, young adolescents.

Introduction

Young adolescents in the twenty-first century have vastly different life experiences and viewpoints. Limited and uneven access to resources, healthcare, education, training, and work, as well as economic, social, and political opportunities, face around 87 percent of young girls and boys in developing nations (Dyson, 2020). Poverty, starvation, educational impediments, diverse and intersecting types of

prejudice, violence, and restricted options for growth and employment prospects confront children in many regions of the world. Young adolescents are frequently excluded from decision-making processes and, as a result, look for non-traditional ways to participate in civic life. Environmental, social, and economic dangers and opportunities are becoming more difficult to forecast. Overall, the dynamic terrain is getting significantly more complex. A greater range of sources and providers are available for development thinking, expertise, and experience. While the complexity of today's social, economic, political, and environmental concerns is a big challenge, it also presents tremendous opportunity for youngsters to demonstrate their skills as a powerful self-organizing force capable of innovation and change acceptance (Basu& Kumar, 2020).

Finding solutions to combat poverty, injustice, and prejudice, expand inclusion, and reduce conflict while not jeopardising human rights or causing lasting damage to environmental systems will be critical to solving today's various development issues facing children. India made up a sizable portion of the global population. India has 17.8% of the world's population in 2010, up 2.7 percent from 1970. This trend is expected to continue, with Indians making up 17.97 percent of the global population by 2030. India's share of the decennial addition to the global population climbed from 18.13 in 1970-1980 to 22.87 in 1990-2000, before falling to 18.69 in 2020-2030 (Dyson, 2020).

Females have a higher longevity than males, hence their proportion of youth is often lower. In the industrialised world, the gender gap is larger. Gender disparities are less pronounced in India than they are in other countries. In India, the proximity of male and female youth shares is indicative of the overall population's healthy fertility levels and net population addition (Mahendra Dev, 2012). With a population of 253 million adolescents, India has the world's biggest adolescent population, with one in every five people aged 10 to 19 (Dyson, 2020). If this vast number of teenagers are safe, healthy, educated, and equipped with information and life skills to support the country's future development, India will benefit socially, politically, and economically.

Major issues concerning young adolescents and unicef measures

The major issues concerning young adolescents are:

- **Education:** Education is a critical component of global development and the betterment of young people's lives, and it has been designated as a priority area in internationally accepted development goals and the World Programme of Action for Young adolescents. Education is critical for reducing poverty and hunger, as well as for supporting long-term, inclusive, and equitable economic growth and development. Global development efforts must prioritise efforts to improve education accessibility, quality, and affordability (Dimitrova et al, 2021). Both adolescent girls and boys have limited access to information about topics that influence their lives, as well as restricted opportunities to develop skills necessary for active engagement.
- **Difficulties affecting adolescent females:** Adolescent girls, in particular, are vulnerable to several levels of vulnerability as a result of pernicious social

norms that affect girls' value, limiting their capacity to move freely and make decisions that affect their career, education, marriage, and social interactions. Due to domestic duties, marriage, child labour, limited relevance of education for job and employability, distance to school, and/or lack of sanitation facilities at the school, over 43% of girls drop out before completing secondary education. In many places, menstruation causes girls' lives to be disrupted in inconceivable ways. In India, at least 42% of females prefer to use cloth sanitary napkins over disposable sanitary napkins. Child marriage is a strongly ingrained societal custom that demonstrates pervasive gender inequality and prejudice. According to estimates, at least 1.5 million girls under the age of 18 marry each year in India, making it the country with the most child brides in the world, accounting for a third of the global total (Chopra et. al, 2018).

Adolescent girls who become pregnant have an increased risk of maternal and infant illness, as well as death. In rural areas, about 9% of adolescent girls aged 15-19 years old have started childbearing, compared to 5% in metropolitan areas. Babies born to an adolescent mother are more likely to be stunted in their early years. This causes cognitive and physical deficiencies in young children, as well as a decrease in adult productivity. Postponing marriage, increasing the health and nutritional status of teenage girls, and providing improved education, skill development, work, and citizenship opportunities for adolescent girls and boys are all critical game changers in maximising the potential of adolescents in India (Jena, 2020).

- UNICEF measures: UNICEF, in conjunction with the Indian government, aims to make India's 253 million adolescents active participants in their empowerment rather than passive recipients. They are today's leaders, not tomorrow's. The goal is to improve their skills and raise their voices in the public eye so that they can have a say in policies and programmes that affect them now and in the future. The aim is to institutionalise adolescent participation through both formal and informal platforms, such as youth-led networks, at the block, district, state, and national levels. An equal number of girls and boys must engage in order to increase teenage participation. Peer support leaders are essential for teenage participation and skill development. In addition, ensuring that adolescents have opportunity to develop employable skills both in and out of school is a priority (Kalleberg & Vallas, 2018).

UNICEF is assisting the Ministry of Human Resource Development in developing an action plan for out-of-school children and girls' education. From the age of three to the age of nineteen, this will be incorporated into the education curriculum and pedagogy in all states. They also assist state governments with the implementation of action plans for girls' education and out-of-school children, as well as the development of skill frameworks (Mathiyazhagan, 2020). The goal is to create social policy that best supports the teenage transition to adulthood, such as merging technical and non-cognitive abilities competencies for a smoother transfer to work, giving market information, and connecting training programmes to real-world job prospects. Adolescents would also be protected from child marriage, child labour, civil strife, and other negative influences if such rules were in place.

Through reference groups and the creation of adolescent-centric, experience-based learning tools, UNICEF works with a variety of youth-led networks and is improving the capacity of district administrations and community organisations to promote awareness about adolescents' rights. They collaborate with key influencers and constituencies such as parliamentarians, faith-based organisations, the media, the private sector, and community structures to build the capacity and skills necessary to engage adolescent girls and boys, parents, and community influencers to improve the well-being of adolescent girls and boys worldwide (Schuetz & Venkatesh, 2020).

Policy initiatives for youth in india

Policy is a tangible representation and declaration of a country's priorities and orientations for the development of its young boys and girls. A national youth policy is a gender-inclusive statement that encapsulates the aspects of vision, framework, and practical criteria from which plans and activities to promote meaningful youth engagement and development within a country can be formed. This is equally true for adolescent boys and girls. A national strategy improves the prominence and knowledge of young people and serves as a template for defining their place in society, including their status, role, rights, and duties (Chandra, 2019). Education, training, and employment, health and family welfare, environmental preservation, ecology, and wild life, recreation and sports, arts and culture, science and technology, civics and good citizenship are among the top concerns of India's youth and adolescents.

- **Educational Policies:** In 1968, the National Policy on Education was first introduced. The following are the major components of the National Education Policy: (a) Conformity with the Constitution's values; (b) All-round development of the child; (c) Building up the child's knowledge, potentiality, and talent; (d) Full development of physical and mental abilities; (e) Learning through activities, discovery, and exploration in a child-friendly and child-centered manner; (f) Medium of instruction shall, as far as practicable, be in the child's mother tongue. According to the Act, no child shall be required to pass any Board examination until he or she has completed elementary school, and every child who has completed elementary school shall be issued a certificate in such form (Schuetz & Venkatesh, 2020).
The SarvaShikshaAbhiyan (SSA) is the Government of India's flagship programme for achieving Universalization of Elementary Education (UEE) in a time-bound manner, as required by the 86th amendment to the Indian Constitution, which makes free and compulsory education for children aged 6 to 14 years a Fundamental Right. The programmes are: (a) National programme for girls' elementary education (NPEGEL), (b) Nutritional programme for adolescent girls (NPAG), (c) Kishori Shakti Yojana (KSY), (d) Scheme for prevention of trafficking & rescue, rehabilitation, and reintegration of victims of trafficking for commercial sexual exploitation-Ujjawala, (e) BalikaSamriddhiYojana (BSY), and (f) Mahil (MSP) (Mehrotra, 2017).
- **Health policies:** The following are the National Adolescent Health Strategies: On April 1, 2005, the Reproductive and Child Health Programme (RCH) commenced phase II for a five-year term. RCH II's main goals are to

minimise IMR, under-five MR, MMR, TFR, and RTI/STI burdens while also promoting adolescent health. The RCH II Adolescent Reproductive and Sexual Health (ARSH) Strategy aims to satisfy the health and psychosocial needs of adolescents through activities such as communication and service provider capacity building. The overall objectives of the proposed National ARSH Strategy under RCH II are to: change the mindset of service providers and the environment of the health facility to make health services adolescent friendly; reduce nutritional anaemia and improve nutritional status; meet unmet contraceptive needs; reduce adolescent pregnancies; provide special care for adolescent pregnancies and unwed adolescent pregnant mothers; and reduce the number of adolescent maternal deaths (Schuetz&Venkatesh. 2020).

- Other Policies: The Ministry of Youth Affairs and Sports, the Ministry of Women and Child Development, the Ministry of Human Resource Development, and the Ministry of Health and Family Welfare are all significant departments that conduct adolescent development initiatives. The Ministry of Social Justice and Empowerment also offers a number of programmes aimed at the country's adolescents (Dimitrova & Wiium, 2020).

World health organization quality of life (whoqol) assessment

Because there is no globally accepted definition of quality of life, the first step in developing the WHOQOL was to define the notion. The WHO defines quality of life as "individuals' assessments of their place in life in relation to their goals, aspirations, standards, and concerns in the context of the culture and value systems in which they live." It is a wide notion that encompasses a person's physical health, psychological condition, level of independence, social interactions, personal views, and relationships to key environmental factors in a complicated way. This concept is based on the idea that quality of life is a subjective assessment that is influenced by cultural, social, and environmental factors. (As a result, the terms "health status," "living style," "life satisfaction," "mental state," and "well-being" are insufficient to describe quality of life.) Because the WHOQOL focuses on respondents' "perceived" quality of life, it is not meant to offer a thorough measure of symptoms, diseases, or conditions, nor objectively measured disability, but rather the perceived effects of disease and health interventions on an individual's quality of life. As a result, the WHOQOL is a multi-dimensional construct that includes an individual's impression of health, psychosocial status, and other areas of life.

The WHOQOL-100 measures people's opinions of their place in life in relation to their objectives, expectations, standards, and worries, as well as the culture and value systems in which they live. Over the course of several years, it was created jointly in 15 cultural settings and has already been field tested in 37 field centres. It is a 100-question test that is available in 29 language variations that are directly similar. It produces a multi-dimensional profile of scores across quality of life domains and sub-domains (facets). The WHOQOL-BREF, an abridged 26-item assessment, was developed more recently. The WHOQOL-100 and WHOQOL-BREF can be used in a variety of settings, including medical practise, research, audit, policymaking, and evaluating the efficacy and relative merits of various treatments. They can also be used to compare subgroups within the same

culture, as well as to track change through time in response to changes in life circumstances.

Conclusion

To summarise, adolescence is a transitional period characterised by physical, psychological, and cognitive changes influenced by biological factors. The largest generation of young people in history is reaching maturity in a society that is substantially different from prior generations; globalisation, urbanisation, electronic communication, migration, and economic challenges have all changed the landscape dramatically. The societal backdrop, including gender and the socialisation process, influences the transition to productive and healthy adults. With evidence that young people are not as healthy as they appear, tackling young people's health and development challenges requires a concerted and holistic approach now more than ever. Such an approach must consider the young person's complete lifetime as well as the social surroundings. This is especially important in developing nations, where three primary elements collide: a disproportionately high proportion of young people in the population, a disproportionately high burden of youth-related health problems, and increased resource constraints.

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