

7. ADOLESCENT HEALTH POLICY

By : Committee on Adolescent Health

Introduction

Adolescence, the transition between childhood and adult life, is accompanied by dramatic physical, cognitive, social, and emotional changes that present both opportunities and challenges for adolescents, families, health professionals, teachers, and communities. While prior life experiences form the foundation of adolescence, current experiences continuously contribute to the maturation and differentiation of the young person. Adolescence is generally a period characterized by good health.

The increasing adolescent morbidity and mortality during the past several decades has raised concern for adolescent health. Unwanted pregnancy, abandoned babies, school dropouts, sexually transmitted diseases, tobacco, alcohol and drug abuse, over-nutrition are important causes of emotional, physical and social morbidity while road traffic accidents, unintentional injuries, homicides and suicides could result in mortality. These are some of the health problems faced by an increasing number of adolescents from all sectors of society.

Adolescents form 21% of the Malaysian population and this phase of life has been described as a time of experimentation and risk taking behaviours. Some of the concerns highlighted from the National Health and Morbidity Survey carried out by the Ministry of Health in 1996 shows that :

- The prevalence of school children involvement in sexual practice was 1.8%.
- Among the school children that have had sexual experience, 63.2% were heterosexual and 19.9% were homosexual.
- 42% of infected cases of HIV/AIDS were adolescents.
- Data collected by the Ministry of Health during the period of 1996 to September 1998 shows that there were 503 cases of HIV among adolescents of 13 – 19 years old.
- Data amongst adolescent and young adult (13-24 years), showed that the commonest illnesses and injuries leading to admission to Ministry of Health hospitals in 1995 were complications of pregnancy (11.7% of all admissions), MVA (10.1%), abortions (2.6%), appendicitis (2.0%), intestinal infectious diseases (1.3%) and viral diseases (1.1%).

In comparison to the National Health and Morbidity Survey, a National Survey on Reproductive Health and Sexuality of Adolescents as carried out by the LPPKN indicated that:

- 23% of 13-19 year old had engaged in sexual intercourse (Media Survey)
- More than 66% of 13-19 year olds had been exposed to pornographic materials.

On knowledge and attitude, the LPPKN study showed that adolescents lacked knowledge on reproductive health, puberty and STDs and HIV/AIDS.

The adolescent years provide unique opportunities for investment in health and well being. Firstly, good mental and physical health enables young people to make the most of these precious years, which provide the foundation for adult life. Secondly, the lifestyle pattern adopted in youth often continues into adulthood and thereby influences long-term prospects for health and the risk of chronic diseases. Finally, even though death rates amongst adolescent are not very significant, most of these deaths are potentially preventable.

Adolescence is a time when childhood health disorders either resolve or persist into adulthood, new issues may emerge, and risks for some long-term adult problems become detectable. Thus, this period offers special opportunities for preventive and health-promoting services. Providing adolescents with a sense of self-assurance, knowledge of what to do, and the belief that they can do it, and encouraging and reinforcing healthy choices, helps them develop the social competence and self-responsibility needed for their future development.

Definition

Adolescents refer to the group of population aged between 10-19 years of age. This group of individual can be further subdivided into:

- Early adolescence (10-14 years)
- Middle adolescence (15-17 years), and
- Late adolescence (18-19 years)

Adolescent Health is state of complete physical, social and mental well being of adolescents that enables them to live a healthy and harmonious life within a supportive environment in preparation for optimum health in adulthood.

Policy Statement

As children grow older, they take on more responsibility socially and in decision making on themselves and for their own health care. We need for them to know that our primary concern and responsibility for them is their needs. Therefore, our aim is to encourage the development of adolescents toward realizing their sense of responsibilities for health in order to enable them to function effectively as the next generation parents, leaders and workers. In view of this it is timely that an Adolescent Health Policy be formulated, which is oriented towards maximizing the potential for health and development among all Malaysian adolescents. It must adapt to the needs of adolescents and their needs reside as much in preventive medicine as they do in curative medicine.

General Objectives

To provide a strategy to organise a comprehensive approach to address the health issues of adolescents so as to reduce the frequency of preventable mortality and morbidity amongst adolescents.

Specific Objectives

- Provide relevant and innovative health care for adolescents with developmental concerns and physical problems at outpatient, inpatient and community levels;
- Initiate and develop an interface between adolescents, the community, youth and health workers and relevant institutions;
- Provide advocacy on health issues affecting young people and looking into their needs;
- Provide an environment for those health professionals and workers with adolescents in training that promotes the development of their skills and knowledge in adolescents' health;
- Prevent the use of tobacco products, abuse of alcohol and drugs;
- Prevent physical, sexual and psychological abuse;
- Prevent infectious diseases;

- Promote safety and injury prevention;
- Promoting healthy psychosexual adjustment;
- Promote healthy nutrition practices;

Strategies

Equipping the Adolescents

Adolescence is a time of experimentation and risk taking. Some of the behaviours will threaten current health, while other behaviour may have long-term health consequences. The changes in cognitive abilities which leads to risk taking behaviour may also offer adolescents an opportunity to develop attitudes and lifestyles that enhances health and well being. Integration of individual and societal efforts to enable adolescents to equip themselves to make wise choices, develop risk management skills, to adopt responsible healthy lifestyles and support creation of health supportive environment should be offered.

The adolescents themselves should be equipped to handle the onslaught of negative behaviour that they encounter in everyday lives. School curriculum should incorporate healthy lifestyle practices such as advocating a healthy diet to combat the ever increasing trend of diet related diseases. The benefits of regular exercise cannot be over emphasized. Social skills in saying 'NO' to unhealthy practices should be taught. Sex education should be introduced as a preventive measure against sexually transmitted diseases and unwanted pregnancy lectures on the impact of substance abuse and formation of anti smoking clubs and anti-dadah clubs should be encouraged. Road safety clubs can inculcate and create awareness regarding the need to behave responsibly on the roads in order to reduce the incidence of road traffic accidents amongst adolescents.

School counselors play a major role in counseling problem youths. These counselors should have appropriate and adequate training in handling the fragile emotions of adolescents. They should be able to identify and have avenues to channel cases that are beyond their scope.

Health Supportive Environment

The manner in which health care services are delivered to adolescents will be an important determinant of the effectiveness of the services. Provision of a comprehensive range of health care with emphasis on preventive and promotive care services for adolescents which are user friendly, gender sensitive and adjusted to adolescent health needs. The health centers may even have to make changes in their service structure (e.g. change in opening hours to enable school going adolescents to attend the clinics) to make them more adolescent friendly.

Realizing the need to attain quality care services for adolescents, continuous training on health related aspects of adolescents shall be offered to all categories of personnel involved in promotion of adolescents health care. Special emphasis should be placed on personnel knowledge, skill development and counseling in various fields related to adolescent health and development. Non-government agencies can contribute through smart partnership and shared responsibility.

Research and Development – priority areas encouraged

Adolescents form about one fifth of our population and good baseline data is lacking. Recognizing the potential and need for research in areas of adolescent health, relevant and appropriate research in identified priority areas should be encouraged.

Co-ordination and Collaboration

Adolescent Health Programs are most likely to succeed when they involve a joint participation and shared responsibility of the adolescents, parents, relatives, health professionals, NGOs, etc. Building a strong alliance and networking among government, Non Government Organization (NGO's), and peer leaders should be encouraged to influence individual behaviour and this may help to stimulate community action to achieve the full potential of the program.

Adolescents Health Information System and Monitoring

An information system should be established to assist national, state and district decision making and planning. The information system is aimed to provide early warning of risk behaviours, health hazard, and articulate shortcomings in planning and performance of Adolescents Health Programmes. This is to enable a paradigm shift towards evidence-based planning and decision making.

Adolescent Health indicators shall be developed as basic assessment tools in measuring and monitoring the effectiveness of interventions.

Legislation

The existing laws and regulations are implemented in a sporadic and half hearted manner, as and when there is media highlight on certain issues. The inconsistencies of such implementation has made it ineffective. The MMA would like to see a more meaningful and serious handling of adolescent issues by the authorities. More enforcement of existing laws is advocated.

There should be a ban on all forms of tobacco and tobacco brand promotions including promoting of non tobacco products related with tobacco brands, including advertising and promotions especially in sporting events. Tobacco taxes should be increased to prohibitive levels. Packaging of tobacco products should have a prominent health warning.

Punishment to traffic offenders should include community service on top of the existing punishment e.g. working in Orthopaedic Wards to create awareness of consequence of road traffic accidents.

Conclusion

In conclusion adolescent health should be a shared responsibility of the adolescents themselves, the Government and the NGO. Existing health centers should be more adolescent friendly with well trained personnel. Adolescence is the prime time for inculcating healthy lifestyles to prevent crippling illnesses of adulthood. Thus, school curriculum should incorporate lifestyle changes as well as develop skills to empower adolescents to combat negative influences. Sex education should be part of the school curriculum as a means of preventing sexually transmitted

diseases and unwanted pregnancies. Adequate data collection and research, would enable authorities to make evidence based planning and implementation of adolescent health programs more meaningful. Above all enforcement of existing laws and formation of new ones will help curb adolescent social problems.