

# The Malaysian Medical Association's Position Paper on Adolescent Health Policy

By MMA Adolescent Health Committee

## Abstract

Adolescents are people aged 10-19 years of age making up 1 in 6 of the world population or 20% of Malaysian population.

The 2020 Malaysian National Health and Morbidity Survey of secondary school students (13-17 year) revealed internet addiction (2/7); ever used drugs (1/25); smoking (1/10); ever tried alcohol (1/5). 1/6 was a recent victim of bullying. 7.3% admitted having had sexual intercourse, of these only 12% used condoms. In 2020 there were 18,000 teenage pregnancies, 14 /1000 teenage girls.

Adolescent health indicators should be developed so that the efficacy of interventions can be evaluated.

Existing health services and providers to be more adolescent friendly with clearer transition from paediatrics to adolescents.

Adolescents empowered to take responsibility for their own health through school curriculum, counsellors and parental guidance especially with regards to risky behaviours.

Legislations affecting adolescents e.g. bullying (virtual or in person), online grooming, teenage pregnancy & suicidal attempts need to be reviewed or rewritten.

## Introduction

Adolescence is a transitional period bridging childhood and adulthood, marked by dramatic growth in physical, psychological, social, cognitive, and moral development. The World Health Organization defines those aged between 10-19 years as adolescents. This period can be further subdivided into: Early adolescence (10-14 years), Middle adolescence (15-17 years) and Late adolescence (18-19 years).

Approximately 1 in 6 persons (1.2 billion) in the world is an adolescent.

Most adolescents are healthy, but there are still significant mortality, illness, and diseases among them. Illnesses can hinder their ability to grow and develop to their full potential. Not addressing their health and developmental needs can lead to problems, both immediate and in the future.

Alcohol or tobacco use, lack of physical activity, unprotected sex, teenage pregnancy, road traffic injuries, obesity, undernutrition, mental health issues and exposure to violence can jeopardize not only their current health, but often their health for years to come and that of their future children.

Promoting healthy practices during adolescence and taking steps to better protect young people from health risks are critical for the prevention of health problems in adulthood and for countries' future health and social infrastructure.

Countries like Australia, New Zealand, Canada, United States of America and many European countries are very advanced in the developing and implementing of adolescent health policies. While Malaysia may have just begun to embrace the concept of adolescent health, we are probably the first in Southeast Asia to invest in adolescent health.

Adolescent health is now firmly on the health agenda, as evidenced by the prominence given to it in recent years and the launching of our National Adolescent Health Policy in 2001. This policy aims to encourage and ensure that adolescents realize their responsibilities for their own health. Through their active participation, it also targets to empower adolescents with the appropriate knowledge and assertive skills to enable them to practice health-promoting behaviours.

Adolescents are about 20% of the Malaysian population. This phase of life has been described as a time of experimentation and risk-taking behaviours. The National Health and Morbidity Survey carried out by the Ministry of Health in 2017 highlighted the following concerns:

- 2 in 7 secondary school adolescents were addicted to the internet in Malaysia
- 1 in 25 secondary school students in Malaysia claimed to have ever used drugs
- 1 in 6 adolescents was a recent victim of bullying
- 1 in 10 secondary school students smoke
- 1 in 5 students ever consumed alcohol
- Among the surveyed 13-17-year-olds, 7.3% admitted to having had sex.
- Safe sex: Only 12% of those who had sex said they used condoms

In 2020, the Malaysian Welfare Department reported an annual teenage pregnancy rate of 14 per 1,000 underaged Malaysian girls (18,000 overall).

The adolescent years provide unique opportunities for investment in health and wellbeing. Firstly, good mental and physical health enable 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 low, 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. Risks for some long-term adult problems may become entrenched. Thus, this period offers special opportunities for preventive and health-promoting services. Providing adolescents with a sense of self-assurance, the 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 skills needed for their future development.

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

### **Policy Statement**

As children grow older, they take on more responsibilities socially and for making decisions by themselves and for their own health care. We need for them to know that our primary concern and responsibility for them is their wellbeing and needs. Therefore, our aim is to encourage adolescents to realize and develop a sense of responsibility for their own health. Thus to enable them to function effectively as the next generation of parents, leaders, and workers. In view of this it is timely that an Adolescent Health Policy be formulated, oriented towards maximizing the potential for health and personal development among all Malaysian adolescents. It must adapt to their needs which 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 to reduce the frequency of preventable mortality and morbidity among them.

### **Specific Objectives**

- Provide relevant and innovative health care for adolescents with developmental concerns and physical problems at outpatient, inpatient, and community levels.
- Provide a clear guidance for the transition of care from paediatric care to adult care facilities
- Screen for lifestyle habits e.g. drugs, cigarettes, vaping (e-cigarette), sexting
- Incorporate health promotion, disease prevention, and adolescent development throughout the healthcare system, and within the community.
- Commit to provide dignified, non-discriminatory, adolescent-friendly healthcare services which include screening for STIs, pregnancy, sexual orientation, body dysphoria/dysmorphia.
- Adolescents to be included in the design, delivery, and provision of adolescent services
- Invest in coordinated approach in providing health services for adolescents
- Promote healthy nutritional practices.

### **Strategies**

#### **Equipping the Adolescents**

Adolescence is a time of experimentation and risk taking. Some of the behaviours threaten current health, while others 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 wellbeing. 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-drug clubs should be encouraged. Road safety clubs can inculcate and create awareness regarding the need to behave responsibly on the roads to reduce the incidence of road traffic injuries amongst adolescents.

School counsellors play a major role in counselling youths with problems. These counsellors should have appropriate and adequate training in handling the fragile emotions of adolescents. In addition to reaching out to primary care doctors, efforts should be made to reach out to schools and school counsellors. This would allow us to educate and train the teachers and counsellors on the red flags to look out for in identifying adolescents at risk.

### **Health Supportive Environment**

The way 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 centres 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 issues 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 counselling 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**

Recognising 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, non-governmental organizations (NGOs), etc. Building a strong alliance and networking among government, NGOs, 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**

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 that of non-tobacco products related to tobacco brands, including their advertising and promotions especially during sporting events. Tobacco taxes should be increased to prohibitive levels. Packaging of tobacco products should have a prominent health warning.

Punishment of adolescent traffic offenders should include community service on top of the existing punishment.

## **Conclusion**

In conclusion adolescent health should be a shared responsibility between adolescents, parents, government, and NGOs. Existing health centres 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.

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