National Service Standards and Guidelines on Adolescent and Youth Health Care

Department of Health, Ministry of Health

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Contents

Abbreviations ii

I. Introduction 1

Definition 1

Background 1

Guiding Principles for the Development of Health Services for Adolescents and Youth 4

Stakeholders and Cause Analysis 4

Why Standards? 5

How do we improve the compliance with Standards? 5

II. Service Standards 6

Standard 1: 6

Standard 2: 7

Standard 3: 8

Standard 4: 10

III. Actions and Implementation Guide for Adolescent Health Care 12

Actions to be taken to achieve the quality Standard 1: 12

Actions to be taken to achieve the quality Standard 2 13

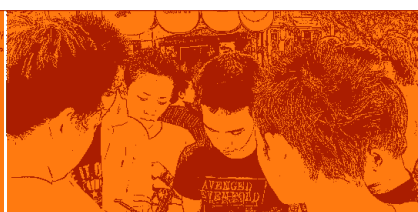
Actions to be taken to achieve the quality Standard 3: 14

Actions to be taken to achieve the quality Standard 4: 15

Annex 1: Quality Improvement Process for Adolescent and Youth Health 16

Annex 2: List of Participants 22

Annex 3: List of Working Group Members 24



Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AH	Adolescent Health
AYH	Adolescent and Youth Health
AYHC	Adolescent and Youth Health Care
AYHD	Adolescent and Youth Health and Development
BS	Birth Spacing
DOH	Department of Health
FAYS	Family and Youth Survey
FRHS	Fertility and Reproductive Health Survey
GSHS	Global School-based Student Health Survey
GYTS	Global Youth Tobacco Survey
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
INGO	International Non-governmental Organization
IUD	Intra Uterine Device
MMA	Myanmar Medical Association
MMCWA	Myanmar Maternal and Child Welfare Association
MOH	Ministry of Health
MSM	Men who have Sex with Men
NGO	Non-governmental Organization
QI	Quality Improvement
RH	Reproductive Health
RHC	Rural Health Centre
SRH	Sexual and Reproductive Health

I. Introduction

Definition

Adolescents: people 10 to 19 years old. Adolescence is a period in which a person's body undergoes major changes. These changes are physical and psychological. Moreover, the person also undergoes changes in societal status. During these changes, adolescents need to learn to adopt positive and healthy lifestyles. Adolescence is a time of opportunities but also a time of risk. It is a time where an individual makes many choices that will have an effect throughout their lives. They make choices and create habits that could either be healthy and supportive, or unhealthy and damaging. Adolescent health services not only need to help adolescents with immediate health problems but also need to equip them with the knowledge and information they need to make healthy choices later in life.

Globally, as in the Myanmar context, adolescence (10-19 years) and youth (15-24 years) are overlapping age groups. When combined, they form the group "young people", covering the age range 10-24 years.

Background

Myanmar's population is estimated at 60 million with an annual growth rate of 1.29% in 2009.[1] Nearly 60% of the population is made up of women and children. There are approximately 16 million Young people (10-24 years) in Myanmar and they account for 28% of the population. The number of youth (15-24 years) increased by 0.6% in 2001-02, 0.9% in 2004-05 and by about 3.8% in 2007, indicating an increasing growth of young people.[2] Most adolescents and youth are healthy, and they experience lower levels of mortality and morbidity compared to children and adults. Most adolescents and youth also believe that they are healthy.

Adolescent Reproductive Health at a Glance in Myanmar reported that adolescent pregnancies in 1998 were reported to be 8.9% of total pregnancies in Yangon.[3] Unmarried girls and young women are especially prone to unwanted pregnancies because reproductive health (RH) services are targeted mainly at married women. There is a high unmet need for birth spacing (BS) services and a significant number of unwanted pregnancies end in abortion.[4] According to the 2007 Fertility and Reproductive Health Survey (FRHS), 11.39% of pregnancies in married adolescent aged 15-19 ends in abortion and university educated women have the next highest rate of 9%, a strong reason why RH education and contraceptive services should be targeted towards adolescents and university students.[5]

There is a significant **lack of knowledge** among adolescents. Some 66% of females in the 2004 Family and Youth Survey (FAYS) reported that a woman can become pregnant if she has intercourse during menstruation.[6] 38% of adolescent do not know that a woman can become pregnant if she has sex only once. Only 11% of never married females correctly identify the mid-cycle as the period when one is most likely to conceive. Some 30% of ever married females 15-24 have never heard of anemia. There are also gaps in their understanding of BS as 20% of the 15-19 year olds have never heard of contraception and only 17% have heard of the emergency contraceptive pill. Menstrual irregularity is a common problem among young women and one

1. Health in Myanmar, 2011 Ministry of Health.
2. Report on Situation Analysis of Population and Development, Reproductive Health and Gender in Myanmar. UNFPA, July 2010.
3. Adolescent Reproductive Health at a Glance in Myanmar. WHO-SEARO, 2007.
4. Fertility and Reproductive Health Survey 2007, DOP and UNFPA, October 2009.
5. Nation -wide cause specific Maternal Mortality Survey, 2004-2005, Yangon, UNICEF, 2006.
6. Family and Youth Survey 2004: Country Report. Ministry of Immigration and Population and UNFPA. Yangon, October 2006.


that causes much concern. Most girls will turn to their mothers for help on this issue. It appears that increased education is needed for both girls and mothers.

The effect of cultural values: There are strong cultural values against premarital sex. This is very helpful in protecting young people from making mistakes they may regret for the rest of their lives. The majority of Myanmar people do not tolerate the cohabitation of the couple without marrying. However, like many places in the world, there is a double standard. Male youth are more agreeable on the concept that there is nothing wrong for young men and women to cohabit before marriage. Community attitudes towards young men who have sex are more forgiving than for young women who have sex.[7] This might make it especially difficult for unmarried women to seek health care for RH issues.

One of the barriers to providing services and education is a fear that talking about RH and BS will make adolescents and youth more likely to experiment and initiate sexual activity.

No individual SRH/HIV education intervention can prevent all teenage pregnancies or the transmission of STIs, HIV or AIDS. This is not surprising, given the complexity of the environments in which young people live, and where behaviors are also influenced by broader issues such as gender, poverty and availability of health services. However it is clear that SRH/HIV education, when following good practice standards, has a significant positive impact on the health of young people.[8] ,[9]

Early marriage: While the age of marriage in Myanmar is generally high, there are some areas where early marriage is still common. The following is a list of health problems that are more likely to occur in adolescent mothers:

- *Anemia:* The World Bank reports that anemia is 2 times more common in adolescent mothers than among older ones.
- *Premature Birth:* Infants born to adolescent mothers are more likely to be premature, of low birth weight, and to suffer consequences of retarded fetal growth.
- *Spontaneous Abortion and Still Births:* Young adolescents under the age of 15 are more likely to experience spontaneous abortion and still births than older women.
- *Maternal and Infant Mortality:* The maternal mortality among adolescents is higher than among adult mothers. The babies born to adolescent mothers are likely to have higher mortality rate in the first year after the births than the adult mothers' babies are.

HIV and AIDS: Myanmar is one of the three countries in Asia where disease burden due to HIV/AIDS is highest. The prevalence of HIV among pregnant women aged 15-19 years was 0.3% and for pregnant women aged 20-24 years the HIV rate was 0.8%. The prevalence of HIV among high-risk sub-populations of youth were significantly higher (3.4% in 15-19 years old female sex workers, 7.4 % in 20-24 years old female sex works, 7.4% in 15-19 years old drug users, 14.8% in 20-24 years old drug users, 0.6% in 15-19 years old men who have sex with men (MSMs) and 7.1% in 20-24 years old MSMs[10]). Among adolescents there remains a large gap on knowledge about HIV/AIDS. The Behavioral Surveillance Survey report (2007) showed that only 37.7% of youth knew about three methods of HIV prevention and only 47.5% of youth were able to correctly reject common misconceptions about HIV prevention. Women have lower knowledge about HIV/AIDS than men, and young women (15-24 years) were found to be the least educated

7. Family and Youth Survey 2004: Country Report. Ministry of Immigration and Population and UNFPA. Yangon, October 2006
8. Pedlow CT, Carey MP. HIV sexual risk-reduction interventions for youth: A review and methodological critique of randomized controlled trials. Behaviour Modification. 2003; 27(2):135–90.
9. Speizer IS, Magnani RJ, Colvin CE. The effectiveness of adolescent reproductive health interventions in developing countries: a review of the evidence. Journal of Adolescent Health. 2003;33: 324–48.
10. Report of the HIV Sentinel Sero-surveillance Survey 2012, Myanmar, National AIDS Programme, Department of Health, Ministry of Health

on HIV prevention. Also hampering national efforts are negative attitudes towards condom use. Condoms are often linked to indecent relationships and prostitution, which discourages young people desire to access and use condoms.

Alcohol: A recent Department of Health (DOH) Review on Adolescent Health revealed that many young people consume alcohol though amounts and frequencies were not reported. Global School-based Student Health Survey (GSHS)[11] in 2009 showed less than 1% of students reported consumption of alcohol during the past 30 days. There is still no population-based data for the estimation of prevalence of alcohol consumption. However, anecdotal evidence suggests an increase in the trend of consumption of alcohol with easy access to beer stations in urban areas and local spirits in rural areas.

Tobacco: In Myanmar culture, tobacco has been socially and culturally accepted since ancient times. The Global Youth Tobacco Survey (GYTS) conducted in 2001-2007 revealed that one in five youths use some form of tobacco in Myanmar. In addition, many young people chew betel nuts, but no study has been conducted on the subject of oral health.

Nutrition: An anthropometric study conducted by the National Nutrition Center on the nutritional status of adolescent students in 2002 reported that stunting of growth was seen among 37.6% of boys and 30.4% of girls. Surveys have confirmed anemia as a major issue for the country with 45% of non-pregnant women of reproductive age group and 26% of adolescent school girls being anemic.[12] Most of the adolescents know the symptoms of anemia (pallor, dizzy spells) but do not know about its possible long term consequences.

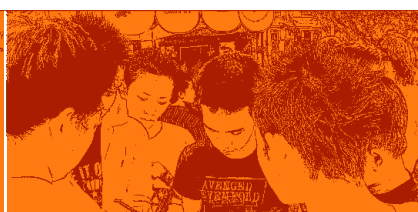
Mental health in adolescents: Each year an estimated 20% of adolescents experience a mental health problem: Most commonly the problem is major depression or other disturbances of mood.[13] The Mental Health Project was launched in 2006 and integrated into school health services as part of managing stress among school children. Mental health disorders in children represent a huge burden for the children themselves, their families, and society yet there is no evidence-based information to estimate the extent of the problem among the adolescents in the country.

Malaria and Tuberculosis: Malaria remains the leading cause of reported morbidity and mortality nationally. Nearly 400,000 clinical cases are reported annually. However, there is currently no age-disaggregated data available for the cases.[14]

Each year, some 140,000 cases of tuberculosis (TB) are detected, and an estimated 9.9 % of TB cases are co- infected with HIV according to 20 sites sentinel surveillance and 60-80% of AIDS patients are concurrently infected with TB. The age disaggregated data available for TB shows that prevalence is largest in the age group of 25 to 44 years, and the prevalence is 50 per 100,000 population among the age group of 15 to 24 years.[15]

School Enrollment: Out-of-school youth remains one of the most vulnerable populations in Myanmar. School dropout rate is highest in grade 11 (55.4 %). Currently, out-of-school youth have low knowledge about sex, RH and sexually transmitted infections (STIs). Employment opportunities for out-of-school youth are very limited and it is estimated that 90% are unemployed16. Moreover, there remains limited access to information, education and services amongst out-of-school youth, which increases their vulnerability to HIV and other RH problems. In addition, knowledge, practice and prevention of HIV/AIDS are also limited among out-of-school youth.

11. Global School-based Student Health Survey, August, 2009 MOH
12. Progress report for a study on Fe status of adolescent school girls of Myanmar. 2002 Department of Medical Research (Lower Myanmar)
13. Fisher, Jane, et al., 'Nature, Prevalence and Determinants of Common Mental Health Problems and Their Management in Primary Health Care," pp. 9–12
14. Power point presentation by Dr. Thar Htun Kyaw (26-12-2011), National Seminar on Malaria
15. Nation Tuberculosis Programme Annual Evaluation meeting 2011



Health seeking behavior: Most young people self-medicate. However the more educated young people are the more money they are likely to spend in seeking health services to prevent pregnancy, STIs and HIV/AIDS.[16]

Guiding Principles for the Development of Health Services for Adolescents and Youth

Given the concerns outlined previously and with the ultimate aim to improve and promote the health of adolescents and youth the Ministry of Health (MoH) has developed the following guiding principles:[17], [18]

- Investing in the health and development of young people as an integral part of national socioeconomic development.
- Recognizing that the health sector has a crucial role in provision of health services the health sector would support and coordinate with other sectors to develop a multi-sector approach and will address the determinants that effect health and behavior of the adolescents and youth.
- In order to contribute to the continuum of care and towards the progressive integration of activities, the Adolescent and Youth Health and Development (AYHD) programme will foster and strengthen linkages with similar strategic plans on RH, food and nutrition, mental health, locally endemic diseases (TB and malaria) and AIDS.
- The continuum of care approach will be supported across programmes and levels of care through creating a supportive and enabling environment and adoption of new delivery mechanisms like family and community outreach services and individual clinic care. This means increasing the role of parents, teachers, community leaders and other relevant adults to be aware of AYHD, promote healthy lifestyles, create opportunities to engage in healthy behaviors and reduce exposure to unhealthy conditions and behaviors.
- Reorientation of existing primary health care services and introduction with adolescent and youth friendly standardized service package and quality at various levels of health service delivery from township health department and below.
- Ensuring involvement of young people in planning, designing, implementation and evaluation of adolescent and youth health (AYH) and development programmes to promote acceptance and user-friendliness.

Stakeholders and Cause Analysis