GUEST EDITORIAL

# PREVENTION STRATEGIES IN ADOLESCENT HEALTH

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## ABSTRACT

*This paper is appropriately positioned as an "emerging public health problem" because the health and social problems related to the second decade of life, have emerged as a serious concern, and are likely to be even more serious in the future, unless effective preventive strategies are instituted. Prevention can be perceived from its various levels, i.e. primary, secondary and tertiary prevention. It may also be seen from the role to be played by the individual, some require less active participation of the individuals (as in water fluoridation) and some require more (such as seeking health care and adoption of healthy lifestyles). The paper briefly reviews the health implications of the adolescent years, as well as the situation of adolescent health in Malaysia derived from limited studies. Some specific primary, secondary and tertiary prevention strategies for adolescent health are described. The paper briefly describes the efforts that are being carried out by the Ministry of Health in the efforts to institute these strategies.*

**Key words:** *Adolescent health, National Adolescent Health Policy.*

## 1. INTRODUCTION

Adolescent health is one of the emerging public health issues that needs to be addressed, and it has been introduced as part of the "expanded scope" of Family Health Development Programme of the Ministry of Health, made available at Primary Health Care level. As for any other public health problem, a comprehensive adolescent health service must include the whole spectrum of prevention, from health promotion, primary prevention, secondary prevention and tertiary prevention.

## 2. DISEASE PREVENTION - GENERAL CONCEPTS

The most basic concept of prevention is based on the level of prevention. Primary prevention is concerned with the avoidance of causal or aetiological factors, if these are known. There are several diseases, such as cancer of the cervix and of the breast, for which the cause is not known, but there are identifiable risk factors, so a limited primary prevention is possible. Lung cancer on the other hand, is caused by tobacco and therefore the avoidance of tobacco use especially cigarette smoking has to be advocated as a primary prevention strategy. However breast and cervical cancer are detectable at their early stages that allow for effective treatment. The early detection of disease at their treatable stages is secondary prevention, and often it is feasible to have population or high-risk group screening for this. Tertiary prevention entails the diagnosis of the disease and treating them, along with treatment of complications and rehabilitation, and prevention of recurrence. It is to be noted that any of these can be effected in different settings, many of which may not be in the ambit of the health sector.

Disease prevention may also be viewed form the perspective of the role of the health or other authority and that of the population. There are preventive strategies that are completely carried out by the authority, and once they are in place, there is nothing that the people need do accept use them, An example of this is supply water of safe potable water. There are strategies that the authorities provide, and the consumer has to actively come to avail of them. The early detection of cancer of breast and cervix as secondary prevention, are examples of this. The third type are those prevention strategies that there is little the authority can do (except giving awareness and knowledge, and to some extent facilitating their adoption) and the effort lies in people themselves. Very clear examples of this are the avoidance of lifestyles that are risk factors to disease, such as the ones emphasised by the Ministry of health in its Healthy lifestyle campaign (healthy eating, physical exercise, stress management and avoidance of tobacco)

These general principles of prevention can be applied to whole populations or to groups within a population, such as adolescents.

## 3. ADOLESCENCE AND ADOLESCENT HEALTH - A BRIEF OVERVIEW

Adolescence, defined as the second decade of life, between 10 and 19 years, is a very challenging phase of life. Firstly, from the biological dimension, the changes are significant.

There are major anatomical and physiological changes in both adolescent boys and girls, including the growth spurt and the appearance of secondary sex characteristics. Indeed, the most challenging aspect of adolescent health is that related to reproductive health and sexuality.

Secondly, it is clear that the biological dimension of adolescent health is closely linked to the social dimension. Besides these biological and social perspectives, adolescence is also a period of life with economic changes and challenges. It is the age for leaving school, or for entering tertiary education, or for beginning of employment. Opportunities and the lack of them in these have health and social implications. In fact there are social and cultural controversies and barriers to some of the prevention strategies in adolescent reproductive and sexual health, such as access to contraceptive ad abortion services, or in some communities, even to access to sexuality education and information.

In terms of the health status of adolescents in Malaysia, not very much information is available. It is generally perceived that since both mortality and morbidity rates in young people is very low compared to other ages (especially at the extremes of life) adolescents are healthier than the rest of the population. However it must be recognized that (i) the deaths that do occur are highly preventable, such as traffic accidents and drug over-dose, and (ii) that unhealthy lifestyle in adolescence are likely to be carried into adulthood to cause disease later in life.

In terms of lifestyles of adolescents, the Second National Health and Morbidity Survey in 1996 showed that among school going adolescents aged 13 to 18 years:

(a) 16.7% smoke cigarettes, boys have a higher rate of 30.7% compared to girls with 4.8%
(b) 9% consume alcohol, and there is a smaller difference; 11,5% in boys and 3.3% in girls
(c) 2.2% use drugs 93.4% boys and 1.2% girls) with heroin as the commonest drug used, followed by glue sniffing, hallucinogens and cough mixtures
(d) 1.8% claimed to have engaged in sex activity 92.5% boys and 1.2% girls0 with a majority as heterosexual contacts.

Another study in 1994 among young people 15 to 21 years old, it was found that 13% have engaged in sex activity (18.2% boys and 7.1% girls), and 72% of them did not practice contraception an\t first intercourse.

## 4. PREVENTION STRATEGIES IN ADOLESCENCE

### 4.1. General considerations

In the efforts to institute prevention strategies for adolescents, the obvious questions to ask are:

(a) What are the most common diseases among adolescents? In other words what are adolescents most likely to be at risk of having?
(b) Are the causes of these diseases known, and if so, are there effective primary prevention strategies against them?
(c) Are there risk factors, besides the known cause(s) to these disease, and how amenable are these factors to prevention strategies?
(d) Are they methods of detecting these diseases in the early stages, especially for those with no known cause?

As described in the preceding section, there is relatively a paucity of information on the health status of adolescents. However, subjective observation, which to some extent is supported by data, suggests that among the priorities for intervention are

(a) Risk taking behaviour such as tobacco and other substance abuse, reckless driving
(b) Unhealthy sexual behaviour especially unprotected sex
(c) Unhealthy eating, with both under and over-nutrition as possibilities, and the specific eating disorders (anorexia and bulimia, especially among girls)
(d) Any of the above is very likely to occur in combination (multiple risky behaviour); for example it is not uncommon for a drug user to also be a reckless driver and to engage in unprotected and promiscuous sex

### 4.2. Primary prevention

Primary prevention strategies consist largely of
a) Education and information
b) Legal mechanisms by having laws and regulations
c) Creating an enabling environment

It is important to take note that education and information be given in the appropriate approaches, because adolescents are likely to reject certain approaches, such as a "preaching" and a judgmental approach. Many adolescents have an identity crisis at this stage between childhood and adulthood, and this too may require special consideration in the dissemination of information and messages. A major challenge and difficult are is the area of sexuality education, because this is clouded by cultural and religious considerations. What has become clear is that information, when given correctly, will lead to more responsible behaviour and not otherwise. It is lack of information that exposes the adolescent to unhealthy behaviours and their consequences.

Laws and regulations are needed from the two perspectives of (i) protecting the adolescents such as traffic laws, employment protection laws, etc as well as (ii) taking the necessary punitive action such as juvenile punishments for offences.

### 4.3. Secondary prevention

Secondary prevention can be carried out in several settings, the most convenient being the school health services, where screening is the major activity. The clinic is another setting, but it is quite a challenge to encourage adolescents to come to the clinic; and this is why it is very important to create an adolescent-friendly environment in health settings. There is obviously need to design and test appropriate screening tools for adolescent health screening.

### 4.4. Tertiary prevention

Tertiary prevention is curative management of disorders and ailments once they have occurred, and to attempt to prevent a recurrence, and reduce after effects and complications.

## 5. EFFORTS BY THE MINISTRY OF HEALTH

The Ministry of Health has implemented several initiatives for adolescent health, and prevention is a major input in these. Among the efforts of the Ministry of health are :

### 5.1. Programme development and service provision

The Ministry of Health has expanded its scope of Primary Health Care to include adolescent health care, along with the other newer expanded scopes i.e. women's health, mental health and elderly health. For adolescent health, the Ministry uses three convenient settings or entry points:

(a) Clinic based, and efforts are being made to make clinics more adolescent friendly including structural adjustments and training of health staff at the clinic
(b) School based, using the existing school health services, especially for screening activities
(c) Community based, and one very useful platform is the PROSTAR approach introduced for HIV/AIDS prevention

The services especially in the clinic setting, include information giving, counseling, screening and treatment of diseases. Peer counseling is also carried out in these settings, especially in PROSTAR in which peer counseling is the basis.

### 5.2. Policy formulation

Prevention is also strengthened by a clear policy. In the year 2001, the Ministry formulated and launched the National Adolescent Health Policy, and this is a powerful tool for getting the various agencies to take adolescent health seriously, and be committed to the implementation of the various activities. The policy is broadly stated as "Encourage and ensure the development of adolescents in realizing their responsibilities for health and empower them with appropriate knowledge and assertive skills to enable them to practise behaviours through active participation". The policy has three objectives:

(a) To support the development of resilient adolescents through promotion of healthy lifestyles and responsible living
(b) To prevent the health consequences of risk taking behaviours through promotion of wellness and provision of appropriate services, and
(c) To promote active adolescents' participation in health promotion and prevention activities

### 5.3. Studies and pilot projects - coordinated by WHO

Malaysia was one of the countries selected by the WHO to conduct a study in 1996-1997 on adolescent health and pilot an adolescent health services. These were carried out in two states - in Johor (Kota Tinggi District) and Terengganu (Kuala Terengganu and Besut). The results of this study and pilot projects provided a suitable basis for the development of adolescent health services, especially prevention strategies, in the rest of the country.

## 6. CONCLUSION

There is clear evidence that adolescent health is an important emerging public health concern with some of the needs identified, and that prevention has the best prospect of avoiding problems related to adolescents, whether they are primary, secondary or tertiary prevention strategies.