POLICY ENVIRONMENT FOR ADOLESCENT HEALTH IN BHUTAN

Bhutan has a very younger population and the adolescents are about third of the country's total population i.e. 1,36,000 accounting for 18% of total population.

As part of its Gross National Happiness Index, the government strives for adolescent and youth wellbeing through good living standards, mental and physical health, quality education, and more.

Risks to adolescents health

Main risk factors involve road injury, self harm (substance abuse, suicide attempts), respiratory infections (high tobacco use), inter-personal violence, unprotected sex with high rate of teenage pregnancies, unsafe abortions, mental health issues relating to eating and sleep disorder.

- Regional adolescent mortality rate is 10 deaths per 100,000 adolescents which is above the regional average of 7.
- Nutrition Status - Undernutrition at 2.1%, overnutrition at 11.4% and obesity at 2%. Nutritional anaemia is at 31.3%.
- Prevalence of tobacco use was around 29.4% which is highest in the region.
- Alcohol use is 24.2% and substance use was 12% for marijuana, and 7.2% for sniffing agents.
- Assault was reported by 39% and bullying by 26.5%.
- Early marriage and early pregnancy is common – a quarter of women aged 20–24 years were married or in union before\ the age of 18 years, 32% of them had their first child at the age of 18 years or less.

National Policies and Programs

National Adolescent Health Strategic Plan (2013-18) by Ministry of Health

The plan mapped out few objectives such as curriculum that focuses upon health and well being of adolescents, providing them safe and supportive environment, accessibilty and availibility of adolescent friendly health services, using data related to their health for planning and planning sound policies.

- The document acknowledges that the traditionally the system have focuses solely on treatment of illness and have overlooked behavioural and social issues, issues related to safety, social relationships, selfesteem, education and skill development.
- The document assert the need to sensitized them regarding engaging in 'risky behaviour' and empower them with necessary life skills.
- Although it primarily focus upon all adolescents but the priority groups mentioned are those who are out of school, employed (as legal age for working in certain areas is 13 years), nuns and monks.
- Strategy focuses upon health risks such as Sexual and Reproduction Health, HIV (also includes STI), Nutritional Deficiencies, Tobacco use and Psychoactive Substance, Injuries & Violence, Mental Health, Hygience and Sanitization, Occupational Health.

Goals of policy document

- Document emphasize upon role of stakeholders such as adolescents themselves, parents, teachers, medical staff to be included in the process.
- Partnership with NGO's to delegate them the duties of sensitizing the stakeholders mentioned as well to reach much wider population as well as with private practitioners through referal system.
- Need for robust database on morbidity and mortality pattern as well as other indicators concerning adolescent heath which is crucual in making informed policy decision.
- Using mass media and social media to reach out to the target audience.

National Youth Policy 2011 by Department of Youth and Sports, Ministry of Education.

The policy though focus uon youth aged 13-24 which also covers the adolescent population.

- It primarily focuses upon 8 key sectors which aligns with the development philosphy of Gross National Happiness. It covers areas such as Education, Health & Well Being, Employment and Training, Environmental education, Preserving and Promoting Culture, Youth participating in Governance and so on.
- The document highlights the open nature of bhutanese society regarding sex and sexuality and pre marital sex is not taboo in certain rural communities and thus, there is early onset of sexual activity. But that also puts them at greater risk in absence of proper knowledge around reproductive health and safe sex. Thus, it asserts for youth friendly health centres. "

Access to Health Benefits/Information

The document emphasie upon providing settings based approach. It highlight the advantages of utilizing schools, monasteries, workplaces and other settings in optimizing time use and resources and ensuring wider coverage of target population for health education activities and other services.

- Through Schools and Colleges - bringing in school health programs by including health in curriculums and co-curricular activities. Also to provide safe space for adolescents and overcome cultural taboos around sex education.
- Health Promoting Dzongkhags (districts) - they focus on community based programs for those not enrolled in schools and are in some kind of occupation. It highlights the role of community youth leaders, awarness programs to educate the adolescents specially those in rural areas.
- Health Promoting Religious Institutions - the policy makes sure to also cover those monks and nuns who are enrolled at such religious instiutions at young age and are often left out of routine health promoting activities. Spiritual and religious organizations may have a unique contribution to adolescent health outcomes.

Policy Interventions envisaged

- Reviewing and reorienting the existing policies and to create more inclusive environment for adolescents.
- New policies focusing on in the areas of ASRH, STIs, HIV/AIDS and NCDs.
- Collaborative efforts between government, NGOs, and donor agencies for resource mobilization and implementation of policy.
- Strengthen the enforcement of legal provisions pertaining to restriction of tobacco use, alcohol consumption, and abuse of other substances by adolescents.
- Sensitize parliamentarians, decision-makers, planners, lawyers and policy makers on the needs and issues related to adolescent health and development.

Other interventions

- Establish a network of ‘telephone helpline’ and strengthen the existing ‘health information and service centre’(HISC) and expandssuch centresto other identified problem areas.
- Build and strengthen partnership with Non-governmental organizations (NGOs) for wider coverage of Youth Friendly Health Services.
- Build partnership with private health practitioners

Implementational capacity

Policy Interventions envisaged

- Low level of participation among out of school youth as its a scattered population and adolescents with special needs.
- Certain districts schools still doesn't have Adolescent Friendly Health Systems (AFHS) due to budget constraints.
- Delays in releasing of funds or donors back out on which such programs rely heavily.
- Most trainers at AFHS are still not trained to deal with mental health issues, substance abuse.
- There are no seperate morning tools developed to track down the functioning of policy as the data is maintained by focal persons and submitted.

Lack of inter-ministrial cooperation

Mostly policies focusing primarily on adolescents are under Ministry of Health and Ministry of Education. But otherwise most of the programs are carried out independentaly without much coordination. Therefore, the kind of inter-agency cooperation and coordinated approach envisioned by the youth policy, and for which purpose it was developed, is not really happening.

Setbacks

- To ensure maximum coverage and reach, Ministry of Health formulated ‘National Standards for youth friendly Health Services and Implementation guide’ but the program was disbanded because of lack of funds, startegy documents but the policy document aims to scale up funds and resource persons at national as well as regional levels.
- There is under-utilization of health services among adolescents because of lack of understanding, concerns about confidentiality, lack of proper health services that are comfortable and convenient for adolescent and youth and lack of public recognition of the importance of preventive care.
- The socio-cultural factors on demand side as well as service provision side need to be be addressed.

Other partnerships and programs

Besides MoH and MoE, a number of organizations have addressed adolescent and youth issues, such as: the National Commission for Women and Children (NCWC), Bhutan Olympic Committee (BOC), Ministry of Labour and Human Resources (MoLHR), Bhutan Narcotic Control Agency (BNCA), Tarayana Foundation, Bhutan Centre for Media and Democracy (BCMD), RENEW, VAST, and many others. UNICEF, WHO, UNFPA and the Royal Government of Bhutan are the main partners.

Launch of Youth Voice in Youth Matters programme by Ministry of Education (MoE) and Bhutan Centre for Media and Democracy (BCMD) and supported by UNICEF. They are working towards updated National Youth Policy in 2021.
The initiative consulted young people for the revision of the Bhutan National Youth Policy as when the policy was made in 2011 didn't have much participation from the targeted audience.

- The research conducted had participants were from diverse backgrounds, including young monks and nuns; young people with disabilities; LGBTQI youth; secondary school and college students; adolescents and youth working in entertainment centers; and young people not in education, employment, or training.

Two key lessons emerged from this initiative:

- The first is that meaningful adolescent and youth participation requires multi-generational capacity building.

- In addition to building the skills of young people, the need to work with decision-makers to build their awareness of the value of open dialogue with youth; and their skills in listening and responding to the concerns of young people.

Multi-sectoral approach

A number of programmes directly or indirectly address adolescent needs of health and development. Certain issues pertaining to nutrition, tobacco use among youth, mental health are covered in seperate policies with adolescents being one of the focus group.

The National Nutrition Strategy and Action Plan (2021-2025)

- Focus upon expandind the adolescent friendly health services to also cover nutrition services and promote healthy dietary activities.

- National burden of anemia with one of the affected population being girls from aged 10-19 years.
  Thus focusing on strengthening and screening for same.

- Health Facilities providing minimum nutririon packaging for adolescent girls.

- Improving the counselling services on nutritious and safe diets, physical activity, rest and weight gain.

- To improve the nutritional security specially of high risk group such as children, women, adolescents, the elderly and people with special needs in collaboration with multiple sectors to achieve the targets by 2025.

Suicide Prevention - 5 year action plan (2018-23)

Mental Health have surfaced as part of national policies and programs very recently. Bhutan has seen rise in suicide cases speciall among younger population. Data shows that in 2017-18, 21% of suicide cases were adolescents.

- The policy tries to detect early signs of suicidal tendencies among the adolescents and thus, one of the stakeholder are schools and higher education.

- Expanding School counselling programs where counsellors can reach out to students exposed to risk factors like drug use, bullying, alcohol misuse among others. Thus, the timely intervention can help improve and save lives.