POLICY ENVIRONMENT FOR ADOLESCENT HEALTH IN MALDIVES

Maldives (officially the Republic of Maldives, is an archipelagic country in the Indian subcontinent of Asia, situated in the Indian Ocean. It lies southwest of Sri Lanka and India, about 750 kilometres from the Asian continent's mainland. The chain of 26 atolls stretches from Ihavandhippolhu Atoll in the north to Addu Atoll in the south (across the Equator). Comprising a territory spanning roughly 90,000 square kilometres (35,000 sq mi) including the sea, land area of all the islands comprises 298 square kilometres (115 sq mi), Maldives is one of the world's most geographically dispersed sovereign states as well as the smallest Asian country by land area and, with around 557,751 inhabitants, the 2nd least populous country in Asia.

Malé is the capital and the most populated city, traditionally called the "King's Island" where the ancient royal dynasties ruled for its central location.Maldives became a founding member of the South Asian Association for Regional Cooperation (SAARC). It is also a member of the United Nations, the Commonwealth of Nations, the Organisation of Islamic Cooperation, and the Non-Aligned Movement. The World Bank classifies the Maldives as having an upper-middle income economy.
Fishing has historically been the dominant economic activity, and remains the largest sector by far, followed by the rapidly growing tourism industry.

The Maldives rates "high" on the Human Development Index, with per capita income significantly higher than other SAARC nations.Maldives was a member of the Commonwealth from July 1982 until withdrawing from the organisation in October 2016 in protest of allegations by other nations of its human rights abuses and failing democracy. The Maldives rejoined the Commonwealth on 1 February 2020 after showing evidence of functioning democratic processes and popular support.
The statistics released on the occasion of National Youth Day by National Bureau of Statistics indicate that 45 percent of the overall population in Maldives – is youths. The total youth population being 257,215 individuals; 188,092 are males and the remaining 69,123 are females.

Educational statistics pertaining youths recorded in 2019 show that 77 percent of the youth population had completed in secondary education. However, only 12 percent had completed higher education.

Risks to adolescents health

The main risks factors to adolscents involve -

- High rates of violence against children and drug abuse among adolescent and young people. A 2009 Violence Against Children Study indicated that 28 per cent of boys and 19 per cent of girls under age 18 have experienced emotional or physical punishment. It also revealed a clear correlation between youth unemployment, drug abuse and high rates of juvenile crime. Nationally, 15 per cent of children attending secondary school reported that they had been sexually abused at least once, with prevalence rates among girls double that among boys.

- Quality of education remains a concern. The average pass rate at lower-secondary level is 51 per cent, the dropout rate among upper middle-school students is 20 per cent, and 25 per cent of all schools do not have adequate WASH facilities, IT or science labs. There are too few qualified teachers. Children with disabilities have inadequate access to educational opportunities (only 52 out of the total 315 schools provide any form of education for children with special needs).

- Young people under the age of 24 comprise around 41 per cent of the population, yet they have limited access to career guidance, do not acquire the skills required for a successful entry into the formal economy. There is a general lack of modern life skills and, especially in remote islands, the opportunities for professional development are limited.

- Malnutrition, both under- and over-nutrition, and the consumption of unhealthy food and beverages remains an important public health concern. Rates of stunting, underweight and wasting among under-five children were 15, 14 and 9 per cent (MDHS 2016/17), respectively. This needs to be closely monitored in the post-COVID19 pandemic period to ensure past gains are not reversed.

- Climate change and disaster risk reduction – the nexus between the effects of climate change such as increasing shortage of drinking water in islands; intensified natural hazards such as rainstorms and floods; and continued destruction of the already fragile natural habitat due to heavy infrastructure development, and limited disaster preparedness capacities are putting children at increasing and multidimensional risk.

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National Policies and Programs

Adolescents and youth population comprises a significant proportion of the Maldivian population and plays an important role in nation building. This is why; the National Adolescent and Youth Friendly Health services were developed to address their specific health and development needs. These standards provide the minimum standards of healthcare, including health service package, indicators for youth-friendly health services in facilities, beneficiaries of youth friendly health services, criteria and monitoring tools for assessing youth friendliness at all levels of the health care delivery system. It is expected that these service standards would help to make progress towards advancing the health needs of adolescents and age appropriate knowledge to youth in all parts of the country.

The various standards outline are the following :

- **Standard 1**
  All young people have correct and appropriate knowledge about their health and potential risks, and are aware about available services and seek them appropriately.

- **Standard 2**
  Society/ community is aware of adolescent and youth health issues and supports the provision of appropriate health information and services to young people.

- **Standard 3**
  All health care providers dealing with young people are equipped with and use appropriate knowledge, skills and attitudes to provide health services in a culturally sensitive manner to all young people regardless of age, marriage, sex and religion, including especially vulnerable groups like, the migrant population, young people with special needs, and drug users.

- **Standard 4**
  Health facilities provide health services for all young people as defined in the Package of Services for Adolescent and Youth Friendly Health Services at the facility or through referral.

- **Standard 5**
  Health facilities provide services to young people in a conducive environment guaranteeing privacy and confidentiality.

- **Standard 6**
  Health services required by young people are affordable for all young people.

- **Standard 7**
  The health system facilitates the provision of the defined Package of Services for Adolescent and Youth Friendly Health Services through functioning coordination and collaboration of the responsible authorities.

- **Standard 8**
  The health system facilitates the provision of package of services for adolescent and youth friendly health services through a standard referral mechanism and maintains a functioning database for information sharing.

- **Standard 9**
  The implementation of the Standards for Adolescent and Youth Friendly Health Services is regularly monitored and evaluated and results are used to improve quality of health services for young people.

Access to Health Benefits/Information

The various standards are implemnted through -

- Health promotion in schools
- Use of modern communication technology
- Peer led approach
- Community outreach model
- Mass awareness generation
- Involving religious leaders
- Involving gate keepers
- Involving community leaders / groups

Implementational capacity

There are barriers and gaps present in policies and legislature that impede universal access to SRHR in the Maldives. Some commonalities among the highlighted policy barriers are lack of consistency between policies and lack of clarity in policy statements. An example of lack of consistency includes the grounds for non-discrimination in some policies—these include ethnic origin or nationality (Ministry of Health, 2005) —but others give right to access to citizens only (Health Protection Agency, 2013; Ministry of Health,2016). An example of lack of clarity is where some policies protect an individual's right to access services regardless of marital status or age (Health Protection Agency, 2013; Ministry of Health, 2005), but others hinder or link it to criminalized behavior (Constitution of the Republic of Maldives, 2008).

Other partnerships and programs

Since 1978, UNICEF has protected children from violence in the Maldives. Today, we are working at several levels to ensure every child is protected from violence and exploitation.

Protecting children in their communities
At the community level, UNICEF works with the Government of Maldives to coordinate Community Social Groups (CSGs) in five atolls of the country. Instead of working in a silo, members of CSGs can coordinate with people across multiple sectors – including the police force, health providers, the school system, social services, and the local government – to strengthen their support for children experiencing abuse and exploitation. The government is now expanding CSGs to islands across the country, and by the end of 2019, hopes to have CSGs active in at least half of Maldives. UNICEF supports this effort by training, monitoring and strengthening CSGs in each community.

Creating referral mechanisms
UNICEF helps children and adults report child abuse cases no matter where they live. We launched a hotline and the "Ahan (Listen to Us)" smartphone application, the latter of which allows people to report abuse at the click of a button. The application also helps people access information on each island's protection resources, and contains the contact information of local representatives. We promoted the application and the hotline through mass and social media to encourage usage, and since then, both children and adults have utilized these resources to report abuse.

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Boosting knowledge at the local and national level
At times, it can be difficult to understand the realities of child abuse and the challenges faced by children in conflict with the law. UNICEF works to bridge the gap between children and decision-makers by training all those involved, including police officers, social workers, prosecutors, judges and magistrates, teachers and case workers at the Juvenile Justice Unit. By training these individuals, we are strengthening their capacity for preventing, protecting and responding to cases of violence against children, juvenile crime and drug abuse. We also promote the use of restorative justice as opposed to punitive approaches, particularly when it comes to children in conflict with the law.Building awareness in the tourism industry

Over the past few decades, a surge in tourism has brought huge change to the Maldives. UNICEF works with Maldives Police Service and the Ministry of Tourism to ensure children are kept safe in their rapidly shifting communities. By training guesthouse owners, managers and service providers, we boost awareness of common child protection concerns within the travel and tourism industry. We also train officers from the Department of Immigration, raising awareness to minimize the link between tourism and child exploitation.

Engaging parents in the fight against violence
UNICEF educates mothers, fathers and caregivers across the Maldives to increase children's safety. On World Children's Day, we educated over 400 fathers on violence against children and their responsibility to protect children, providing an opportunity for parents to openly discuss issues around child abuse. Through sessions like these, we ensure communities are aware of the mechanisms of reporting child abuse, and promote the rights of children at the home and in the classroom.

The Maldivian Ministry of Education (MoE) has initiated an extra-curricular Life Skills Education (LSE) Program for secondary schools students and out of school children in 2004. This program was developed with the support of the United Nations Population Fund (UNFPA) and focused on aspects related to Adolescents Sexual and Reproductive Health. From 2011 to 2015, UNICEF Maldives supported the Ministry of Education to develop and implement Life skills education to:

1) Boost students' knowledge and skills to enhance their personal and social competence to resist risky situations that impact on their well-being such as drugs, HIV/AIDS, sexual health and others.
2) To strengthen institutional capacity at the Ministry of Education and schools to roll out the school-based Life Skills Education (LSE) programme for students in secondary schools across the country. The purpose of this review is to:
1. Review the progress achieved so far;
2. Identify the strengths and weaknesses of the programme, challenges encountered and propose recommendation to addressing them.
3. Review the national curriculum and curriculum materials to identify how LSE is integrated and to make recommendations to strengthen delivery through the curriculum.

Multi-sectoral approach

Development planning in the health sector started in the late 80's. The first health sector plan was a 3 year medium term plan developed in 1980 which followed the principles of primary health care approach adapted at Alma Ata in 1978. The Health Master Plan (HMP) 1996-2005 was the first long-term plan which was developed in 1995 and implemented satisfactorily. During the period of implementation the HMP 1996-2005, a number of strategic plans for priority health issues were developed and implemented.

Development of this plan, as the timeline for this HMP 2006-2015 is congruent with that of the MDGs. Similarly close links were made with the Vision2020 for national development and the 7th National Development Plan to ensure health development policies were adequately harmonized at national level.

The purpose of this plan, HMP 1006-2015 is to inform the principles and objectives of the health policy and provide guidance to development of strategic and development plans within the sector and other sectors.

During the consultation process leading to this Master Plan, the main priority areas highlighted are as follows.

- Health promotion and healthy environments
- Human Resources for Health
- Access to health services and medicines

- Nutritional disorders
- Non communicable and chronic diseases including mental health
- Quality of health care and services
- Communicable diseases of public health concern
- Reproductive and maternal health
- Child and Adolescent health.
- Disaster and Emergency preparedness and response
- Health information and research
- "Dhivehibeys" (Maldivian Traditional Medicine) and alternative forms of traditional medicine

Hence, this Master Plan, targets to address these priorities as well as many other issues that the country requires for further development of the Maldives health sector.

The Ministry of Health and Gender (MoHG) has shifted the focus of its maternal and child health programme to the broader concept of reproductive health programme since 2008, as stated in the National Reproductive Health Strategy 2008-2010. This Strategy emphasizes it further and promotes a continuum of care along the life course. This approach has two dimensions of care that include continuity in terms of time, e.g. from pre-pregnancy, pregnancy, childbirth, postpartum and neonatal periods; as well as reproductive health needs during adolescence, adulthood and that of the elderly. Another dimension is related to the levels of care that links care at household level up to primary care and referral levels.Such approach can reduce costs by allowing greater efficiency and provide opportunities for promoting related health services.

The Ministry of Health and Gender recognizes the importance to achieve equity in both access to quality health care and health status. With worldwide revitalization of Primary Health Care since 2008, the country aims to also strengthen service delivery through strengthening the health system, leadership for better accountability and promote healthy public policy in all sectors.

This Strategy embraces the Primary Health Care approach with its five key elements:

i) reducing exclusion and social disparities in health (universal cov- erage reforms);
ii) organizing health services around people's needs and expectations (service delivery reforms);
iii) integrating health into all sectors (public policy reforms);
iv) pursuing collaborative models of policy dialogue (leadership reforms);
v) increasing stakeholder participatio.These are reflected in values and principles adopted by the Strategy.

Since 1992, Maldives has developed and implemented four nutrition plan of action. Through these plans, several interventions have been under taken to address malnutrition with a special focus on improving the nutrition status of the children under five years. These interventions resulted in the improvements of the nutrition status of the children.

The fifth plan, Integrated National Nutrition Strategic Plan (INNSP) is a multi-sectoral plan which addresses the main challenges in the area of nutrition, food safety and food security.

The key sectors responsible for implementing this plan are Trade, Fisheries, Agriculture, Health, Education, Social protection, National Planning and private sector engaged in food production, processing, supply and trade.

The National Mental Health Strategic Plan (NMHSP) sets out the directions for the mental health system in the Maldives for the next five years. These directions are built based on the outcomes generated from the consultations held with various stakeholders, and as laid out in the National Metal Health Policy, 2015-2025.

The NMHSP takes a comprehensive and multi-sectoral approach. The emphasis is on promotion, prevention, treatment, care, and recovery of those affected by mental health.

The mental health system in the Maldives is limited. It is poorly organised and poorly coordinated.

Sources/Links

https://www.unicef.org/rosa/media/10571/file/Maldives.pdf

https://maldives.unfpa.org/sites/default/files/pub-pdf/1F.NationalStandards_YFHS-online.pdf

https://researchonline.lshtm.ac.uk/id/eprint/4656154/8/Hameed-2019_Universal_access_to_sexual_and_reproductive_health.pdf.

http://health.gov.mv/Uploads/Downloads//Informations/Informations(47).pdf

http://health.gov.mv/Uploads/Downloads//Informations/Informations(45).pdf

http://health.gov.mv/Uploads/Downloads/Informations/Informations(44).pdf

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