

POLICY ENVIRONMENT FOR ADOLESCENT HEALTH IN SRI LANKA



Five million, nearly one fourth of the Sri Lankan population are adolescents and youth of 10-24-year age group.

- Adolescents, 10-19 year group, accounts for 16% of the population.
- Out of adolescents, 71% school going and 29% non-school going.
- Youth identified as 15-24 year group consists of 16% of the population.

Risks to adolescents health

Sexual and reproductive health

- According to the national statistics in 2017, the percentage of teenage pregnancies was 4.6%. Sri Lanka Demographic and Health Survey (SLDHS) 2016 reported that the age-specific fertility rate was 21 per 1000 women of 15-19 years.
- Findings of the second Global School-Based Student Health Survey (GSHS) 2016 in revealed that 77.0% of school children aged 13-17 years have ever heard about HIV/AIDS and 67.1% have reported that they were taught about HIV/AIDS in the school.
- Furthermore, the National Youth Health Survey (NYHS) 2012/2013 revealed that the sexual and reproductive health related knowledge among 15-24 age group was not satisfactory, as approximately 50% were unaware about most aspects of basic physiology and common sexual and reproductive health issues and only 45% had heard of the emergency contraceptive pills.

Mental health

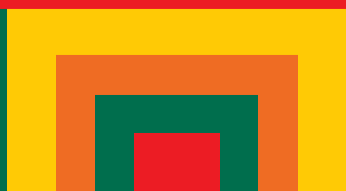
- The GSHS 2016 revealed that approximately 10% of 13-17-year-old students had reported suicidal ideation within past 12 months and alarmingly, 6.8% had reported attempting suicide in one or more times during the period. It was observed that there was no significant difference between male and female students in relation to suicidal ideation and attempts.
- GSHS 2016 revealed that 38.5% of 13-17-year-old students were bullied on one or more days in the past 30 days. A significantly higher proportion of boys (48.6%) have reported being bullied than girls (28.7%).
- Even though not conducted among nationally representative samples, recent school-based studies revealed high prevalence of burnout, depression, anxiety and academic stress among late adolescents.

Nutrition, diet and physical activity

- A comprehensive nutrition survey among school going children and adolescents of 10-18 age group conducted in 2017 by Medical Research Institute revealed that 26.9% were thin, 13.5% were stunted, 7.6% were overweight, 2.2% were obese and 8.2% were anaemic.
- According to the NYHS 2012-2013, nearly 50% of males and 75% of females of 15-24 age group had sedentary lifestyles.

Tobacco, alcohol and substance use

- According to the GSHS 2016, 15.3% of males and 3.1% of females among 13-17 age group students currently used any tobacco products (used any tobacco products on at least one day during the 30 days before the survey).
- Furthermore, 5.5% of male and 1.0% of female students currently consumed alcohol (at least one drink of alcohol during the 30 days before the survey), while 4.6% of male and 0.8% of female students had ever used marijuana one or more times during their life.



National Policies and Programs

Youth friendly service was introduced in Sri Lanka in 2005 and it was one of the first country in SEARO region to develop national standards for AYFHS – Adolescent and Youth Friendly Health Services. It was incorporated into family planning health programme of Family Health Bureau in 2015. The revamping process was initiated and Ministry of Health introduced concept of 'Yowun Piyasa' Clinics in 2016.

First National Strategic Plan Adolescent Health was for the period 2013–2017 and the Government came up with an updated plan in 2019 called National Strategic Plan on Adolescent and Youth Health (2018–2025).

- It recognises that the challenge to improve health status of adolescent and young people still exists despite existing programmes and plans.
- It recognized the need for integrated set of policies, strategies and assert the need for collaboration across sectors.
- The updated plan is based on the assessment of implementation of existing strategic plan on adolescent health 2013–2017.
- It is developed by Adolescent and Youth Health Unit and School Health Unit and take into account number of policies such as Maternal and Child Health Policy, Reproductive Health Policy, National Youth Policy, National Policy of Health of Young People, School Health Policy, National Nutrition Policy.

The plan mentions that the ultimate goal is to reduce mortality, morbidity and improve nutritional status and well being.

The National Strategic Plan on Adolescent and Youth Health 2018–2025 make sure to comprehensively cover all aspects that also crosscut with other policies of ministries and have strategies to address range of issues –

Promote psychosocial well-being of adolescents and youth

- Strengthen the life skills among adolescents and youth
- Ensure early identification and appropriate management of adolescents and youth with physical, mental and psychosocial issues
- Ensure safe, supportive environment at home, school, community and other institutions free from bullying, violence and abuse
- Empower parents, teachers and students to promote psychosocial well-being
- Streamline interventions for suicide prevention, anxiety and stress management

Ensuring optimal levels of nutrition, physical activity, hygiene and sanitation

- Create an enabling environment to promote healthy eating
- Improve knowledge and skills of adolescents and youth on healthy eating
- Strengthen comprehensive school nutrition services
- Strengthen early identification and management of nutritional issues
- Create an enabling environment to promote physical activity
- Improve hygiene and sanitation



Ensure access to sexual and reproductive health (SRH) education and services

- Streamline the age appropriate SRH education through school and other curricula
- Strengthen the SRH services for adolescents and youth
- Ensure formal education for teenage pregnant adolescents

Prevent adolescents and youth from substance abuse

- Empower adolescents and youth to "say no" to tobacco, alcohol and addictive substances
- Reduce the affordability of tobacco and alcohol
- Ensure banning and advertising of tobacco and alcohol
- Strengthen services available for quitting and rehabilitation from tobacco, alcohol and addictive substances

Prevent accidents, injuries and violence among adolescents and youth

- Ensure accidents and injury free environment for adolescents and youth
- Ensure proper management of injuries and accidents among adolescents and youth
- Ensure reduction of violence among adolescents and youth
- Strengthen surveillance system and monitoring of accidents, other injuries and violence

Access to Health Benefits/Information

Yowun Piyasa : This is the clinic/center where adolescent and youth friendly health services are provided for the adolescents and youth in Sri Lanka. It delivers an essential package of services that are accessible, acceptable and appropriate in an equitable manner ensuring privacy and confidentiality.

Three models for Yowun Piyasa (AYFHS)

- Hospital based - linked to outpatient department
- Field based (at MOH office) - closer to community
- Centre based (separate centre with other facilities such as computer, library, sport etc.) - the services are in addition to healthcare services.



The National Strategic Plan on Adolescent and Youth Health 2018–2025 is a comprehensive policy which have tried to make sure the gaps that existed while implementing the previous plan are covered well through new strategies.

Interventions proposed in the plan

- Publicize clinic services at schools, vocational training centres, Youth corps, workplace etc
- Raise awareness among parents and public
- Develop partnerships across departments and ministries
- Domicile visits by Public Health Midwife (PMH) and identify at risk adolescents as early as possible
- Actors at primary level include Public Health Nursing Sister (PHNS) & Public Health Midwife (PHM) who carry out activities at primary level on field
- It tries to cover both school going and non-school going adolescents and thus, trying to reach priority groups within them
- School Health Programmes are carried out by Family Health Bureau. Ministry of Education included health and physical education as well as other health related subjects in curricula. The Health Promoting Schools are joint efforts of Health and Education Department. Other aspects of adolescent health are also taken care of such as skills, nutrition, reproductive health
- For non-school going adolescents who are difficult to reach, the government decided to partnership with NGO's to reach out to them. These include several NGOs such as Sarvodaya, Family Planning Association, Red Cross, Plan Sri Lanka, Sewa Lanka, Child Fund, Sumithrayo, Alcohol and Drug Information Center (ADIC) are reaching this group with provision of information, skills and services with varying degree of coverage
- Government planned on developing assessment tools, supervising checklist, implementation guides, and clinic protocols in order to make sure the implementation issues faced previously are covered
- Taking advantage of the increasing internet usage among adolescents and risks it comes with it, plan also accommodated interventions such as e-health and m-health.

Implementational capacity

Implementation issues seen in previous plan

- Lot of YFHS were closed down because of reasons such as as there was a lack of demand due to unawareness of the service availability, poor quality of service.
- Lack of financing on the policies for the adolescent although it has been proved that investing in the group is a huge investment. Thus, there is a realisation that there is a need for streamlining the flows of funds
- Because of disintegrated efforts from different departments and lack of coordination, there was a need of a single inter-ministerial plan, budget, monitoring and evaluation framework.
- Lack of accountability
- Need to identify most at risk group with regard to social factors affecting health who weren't able to benefit from previous plan.
- Logistics issue - not enough resources to have centre based model as proposed under Yowun Piyasa throughout the country.
- Increasing and strengthening capacity through updated participant manuals and training packages.
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Hindering Factors

- Weak coordination between ministries.
- Judgmental attitude of service providers.
- Lack of prioritization and confidentiality.
- Timing of AFHCs not favourable for adolescents, especially for schoolgoing adolescents.
- Standards are usually not followed during the service delivery; adolescents/youth are treated inequitably when they used AFHS.
- Lack of designated health-care professionals for hospital-based service provision and turnover of the existing staff.
- Overburdening of public health professionals by adding AFSRS.
- Difficulty in sustaining political commitment for adolescent health programmatic activities as priorities
- Lack of integration and Effective usage of data/information collected by different health programmes

Other partnerships and programs

Ministries: Ministry of Education, Ministry of Youth Affairs, Ministry of Social Services. Developmental Partners: WHO, UNICEF, UNFPA. Experts from other public health programmes, provincial, district and divisional level public health officers and academia.

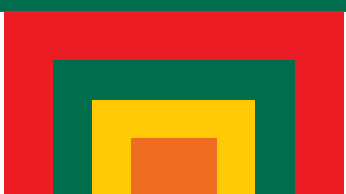
UNICEF

- A one-year program, launched May 2015, addressed malnutrition in targeted districts and focused on the generation and collection of accurate data to drive key policy reforms.
- UNICEF is also advocating for and promoting transparency, participation and oversight of government plans and budget, supporting the government in its own efforts to be more responsive to children's needs, and citizens and civil society organizations to have a strong voice in pushing for equity for children.
- UNICEF will provide technical and financial support to key government Ministries in designing, piloting and assessing programs.

WHO country cooperation strategy: 2018–2023, Sri Lanka

A section on Health of women, children and adolescents talks about access to health care has improved, but there is a need to focus on equity and quality. The cooperation strategy aims to improve adolescent health indicators focusing upon healthy diet and physical activity, reduction in substance use, mental health issues.

Most of these agencies provide the technical and research assistance to national government in making of policies and strategies, providing donor support and carry out assessments of ongoing policies in order to find areas for improvement



Multi-sectoral approach

- Ministry of National Policies and Economic Affairs and Ministry of Vocational Training and Skills Development ensure provision of a wide range of training opportunities for youth.
- Ministry of Social Empowerment, Welfare and Kandyan Heritage, Ministry of Women and Child Affairs and Ministry of National Policies and Economic Affairs provide networks of counselling services at the divisional secretariat level with island wide coverage.
- Sub-national level - The field level staff are involved in conducting all MCH activities at the grass-root level (especially, Medical Officer of Health, Public Health Midwife, Supervising Public Health Midwife, Public Health Nursing Sister, Public Health Inspector, Supervising Public Health Inspector).
- National level - Technical Advisory Committee on Young Persons has as inter-sectoral representation (including Ministry of Education, Ministry of Youth Affairs & Skill Development, Ministry of Social Service).
- Other non-health sectors provide technical assistance to develop training material, IEC material (Ministry of Education, Sports, Youth Affairs).

Sources/Links

<http://fhb.health.gov.lk/index.php/en/technical-units/adolescent-health>

<https://drive.google.com/file/d/1JWYHxEZ48WsYdmITTanMhmm9wjrWEXEx/view>

