

---

# Proceedings of Congress

---

---

## First Asia-Pacific Regional Adolescent Health Congress, Hong Kong

Towards Healthy Adolescence: Intersectoral Collaboration  
10-12th January, 2004

### 1. Intersectoral Partnership – Improving Health Services for Adolescents

N UDVAL

### 2. Treatment of Adolescent Substance Abuse

W BAZANT

### 3. Adolescent-Friendly Approach in Counselling and Family Therapy

SCS FUNG

## Intersectoral Partnership – Improving Health Services for Adolescents

N UDVAL

Vice Minister of Health, Mongolia

### Background

Mongolia is a large and landlocked country in the northern part of Central Asia, located between Russia and China. The population of Mongolia stands 2.4 million with a population density of 1.5 persons per square km. The share of adolescents in the population is 24.5% in 2000.

### Health Status of Adolescents and Health Services

In comparison with the high percentage of adolescents in the population, parental and public attention to adolescent's health is still weak. Only 21.7% of adolescents are relatively healthy. Among adolescents, acute respiratory infections and diseases of digestive system are common. [MOHSW and WHO 1999 Health sector review report]. The survey in 1999 showed that 78.3% of school children had chronic diseases. Among them 38.1% were dental; 20.5% ENT; 8.6% genitourinary tract; 7.8% endocrinal; 7.4% eye; 6.4% gastrointestinal and 4.85% nervous system diseases. [MCHRC 1999. Project report on Mother and Child]. Child and adolescent nutrition generally does not meet the basic standards of the World Health Organization. One hundred and sixty-five of children over 5 as well as adolescents have stunted growth, while 21.4% have IDD. There are occasions when children's lives and health are negatively affected by natural disaster, environmental pollution and human action. The incidence of injury and poisoning among adolescents is double that among adults. (A National program of Action for the Development and Protection of Children 2002-2010)

In 1995, a study found that 26% of adolescents aged 17-18 years had had sex. Another, in 1999, found that 35% of adolescent's aged 17-18 had had sex. Sixty-four percent of adolescents aged 11-18 who have had intercourse did not use either a condom or another method of pregnancy prevention the first time they had sex. Seventy-eight percent of adolescents do not talk with their parents and other family members about pregnancy prevention. Seventy percent of them stated that talking with their parents about sexuality was very uncomfortable. The birth rate for adolescent's

---

women has increased over the past ten years. In 1998, approximately 9% of women aged 15-19 had given birth; 25% of 19-year-old girls were mothers or pregnant. Ninety-two percent of adolescents want to get more information on sexuality. Teenagers say in 1999 that they lack health facilities where they can get reproductive health services and counselling to meet their specific needs.

Health care in Mongolia is relatively extensive and services for adolescents exist. In spite of the efforts to make health services available to adolescents, the structure of the current health system is not very responsive to the changing patterns of adolescent health and morbidity. Generally there is poor appreciation for the health issues of adolescents among health professionals. 61.6% of respondents in an Adolescent Needs Assessment Survey (2000) considered the access to health services to be complicated and 20.3% thought that services did not meet their needs and 10.3% felt uncomfortable and embarrassed to use these services. Lack of confidentiality was a strong factor for low utilisation of existing services among adolescents.

## **Policies and Programs on Adolescent Health**

Mongolia is experiencing a transition period from a centrally planned economy to a market economy and previous long standing social and economic system collapsed and the social security system underwent fundamental changes. Negative consequences accompanying all these changes pose new difficulties for adolescents. Despite the country economic situation Mongolia has made great strides in promoting the healthy development of adolescents. There is increasing recognition and political commitment for the need to ensure the healthy development of adolescents, as reflected in the increasing number of programmes and projects to meet the health and development needs of adolescents.

Law on protecting children's rights were issued in 1996 and specifies the legislative norms of protecting children's rights in a newly created social and economic environment in the country and implemented the policy through the various National programs such as "National Reproductive Health Program" (1998-2000); "National Program on School pupils and Adolescent Health" (1997-2002); "A National program of Action for the Development and Protection of Children 2002-2010".

## **Interagency Collaboration on Improving Adolescent Outlook**

International and UN organisations, NGOs and other donor agencies make great financial and technical contributions to the development of Mongolian adolescents. One of these efforts is the UNF Funded "Improving the

Outlook of Adolescent Girls and Boys in Mongolia" project, implemented by four UN agencies namely UNICEF, UNFPA, UNESCO and WHO. The project is intended to assist the four UN Agencies to execute an integrated, sustainable multi-sectoral programme for Mongolia's adolescents in collaboration with adolescents, communities, and the Government and NGOs and has been seeking to respond to the priority concerns of adolescents such as health, education, participation, and communication/media. The project is limited to urban and nomadic settings near Ulaanbaatar.

WHO and UNFPA joint efforts with national counterparts to improve quality and accessibility of health services for adolescents and piloting two different approaches within the UNF Funded project. WHO concentrated on promoting the quality adolescent health services within the existing health facilities including adolescent cabinets, school, family and soum clinics, aimag and district hospitals of pilot sites to make them more responsive to the specific needs of adolescents by strengthening the health system and its services. UNFPA helped to establish new and dedicated 8 centres – **Future Threshold Centres** – with specially trained staff to provide adolescents with friendly services, psychological counselling, information and educational activities. The centers aim to become models for youth-friendly health services that treat clients with respect.

Both WHO and UNFPA include youth representatives within the management consultative and decision-making processes. The final evaluation of the project is started in October 2003 and it is too early to say the results of these pilot interventions. But first successes of these interventions are already shown. The AFHS standard, criteria was developed and implemented at the different level of health system of pilot sites. Issue of AFHS has been specifically addressed in a National program of Action for development of children and adolescents 2002-2010. HCWs of school, soum and family clinics, aimag and district hospitals were trained on adolescent health and development issues and counselling techniques and increased the knowledge about the specifics of adolescence and how to deal with them effectively. The policies to maintain the confidentiality and privacy of adolescents in a service provision and procedures has been developed and followed at all level of health. Data on morbidity, mortality and injury by age and gender was included in a health statistics system.

UNFPA supported eight Future Threshold Adolescent Centers are established recently. Therefore, it is early to assess the functioning of these Centers. But we could say that these Centers are successful because clients are coming to the Centers to get services and for example, the Center in Khuvsgul aimag has been receiving around 30 clients a day during last two months. A lot of clients, including boys are coming to the Centers repeatedly.

It is hoped that lessons learned from these pilot cases will be replicated throughout the health system.

### **Treatment of Adolescent Substance Abuse**

**W BAZANT**

Regional Project Coordinator, United Nations Office on Drugs and Crime

The emerging Asia trends toward the use of amphetamine type stimulants by youth are challenging responses of conventional adult oriented treatment services with the corresponding need for new and more effective interventions. The trends have also forced a reappraisal of the values and beliefs upon which the services have been founded.

Within the regional operations of the UN system, the challenge has been taken up by the United Nations Economic and Social Commission for Asia and the Pacific through the development of an innovative regional project for reducing drug abuse and delinquency among youth in the Greater Mekong Subregion. As a technical contributor to the project, the United Nations Office on Drugs and Crime, through its Regional Centre for East Asia and the Pacific, in conjunction with Education Development Centre (EDC) has undertaken a documentary analysis on adolescent treatment approaches to substance abuse, models for intervention, and their specific utility in programme adaptation.

Models of risk and protective factors in personal and social domains provide one option for the "retooling" and further development of institutional treatment capacities in the region. The models are elaborated and discussed in the context of adolescent development and overriding principles for effective treatment.

### **Adolescent-Friendly Approach in Counselling and Family Therapy**

**SCS FUNG**

Clinical Psychologist, Adolescent Medical Centre, Queen Elizabeth Hospital, Hong Kong

Adolescents are often referred for treatment due to refusal to communicate with their families, or for parent-adolescent problems. Engaging adolescents individually opens up a whole new pathway to more in-depth family work. The "Adolescent-friendly" approach builds an alliance with the adolescent through a nonjudgmental, honest, and professional atmosphere. By allowing adolescents to be autonomous, and to feel in control and safe, the stage of family therapy is set, and the process put into motion. Case illustrations demonstrate how this approach works in a clinical setting.