NATIONAL ADOLESCENT HEALTH
Plan of Action
2006-2020

Ministry of Health Malaysia
2007
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In Malaysia, the adolescent comprise about 20% of the population and the number is increasing each year. They are our valuable assets as they are the leaders of our future generations. As adolescents are generally a healthy group in our population, emphasis on adolescent health was relatively neglected in the past. However, issues on adolescent health are becoming increasingly important worldwide. They are known to have specific morbidities resulting from their behaviours. Their problems are multifaceted covering biological, physical, emotional, social and economic issues. Therefore, it is important that this diversity of problems are addressed by all parties and agencies concerned so that the adolescents’ real needs are identified and their optimal growth and development are moulded in a supportive environment to produce healthy, knowledgeable, resilient and responsible adults.

The National Adolescent Health Plan of Action is a collection of inputs from various government and non-government agencies that are involved in adolescent programmes, with Ministry of Health being the main contributor. It spells out detailed activities that can be carried out by relevant and interested agencies. The activities are intended to operationalize the seven strategies that are stated in the National Adolescent Health Policy which was launched in 2001.

In providing services for the adolescents, it is pertinent to recognize factors that have direct impact on their lives which include the family, school, peers, community and the larger environment they live in. Therefore, issues on adolescent health must be approached in an integrated, comprehensive and holistic manner through concerted efforts by all interested stakeholders.

It is hoped that this document will be a useful guide for the healthcare providers, as well as members of other agencies in providing services targeting the wellbeing of the adolescents. Apart from services for specific interventions, adolescents should be given the appropriate knowledge and skills, imbued with positive attitudes and values to empower them to care for themselves as well as their peers.

Finally, I would like to say thank you to all those involved in the development of this National Adolescent Health Plan of Action.

Y. BHG. DATO’ DR. RAMLEE RAHMAT
DEPUTY DIRECTOR GENERAL OF HEALTH
PUBLIC HEALTH DEPARTMENT
MINISTRY OF HEALTH, MALAYSIA
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<td>AADK</td>
<td>Agensi Anti-Dadah Kebangsaan (National Agency Against Drugs)</td>
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<td>AG Chamber</td>
<td>Attorney General Chamber</td>
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<td>BCC</td>
<td>Behaviour Change Communications</td>
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<td>BMI</td>
<td>body mass index</td>
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<td>BPKK</td>
<td>Bahagian Pembangunan Kesihatan Keluarga (Family Health Development Division)</td>
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<tr>
<td>CERAH</td>
<td>Cegah Rokok, Alkohol dan Dadah (Tobacco, Alcohol and Drugs Prevention Programme)</td>
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<tr>
<td>CME</td>
<td>Continuous Medical Education</td>
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<td>CPD</td>
<td>Clinical Practice Guideline</td>
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<td>CRC</td>
<td>Convention on the Rights for the Child</td>
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<td>DOS</td>
<td>Department of Statistics</td>
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<td>FOMCA</td>
<td>Federation of Malaysian Consumers Associations</td>
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<td>FFPAM</td>
<td>Federation of Family Planning Associations Malaysia</td>
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<tr>
<td>FMS</td>
<td>Family Medicine Specialist</td>
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<tr>
<td>HEADSS</td>
<td>Home/Education/Activities/Drugs/Suicide/Sex etc (A psychosocial framework for engaging adolescents)</td>
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<td>HECC</td>
<td>Health Education Communication Centre</td>
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<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome</td>
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<td>HIMS</td>
<td>Health Information and Management System</td>
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<td>HLSC</td>
<td>Healthy Life Style Campaign</td>
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<td>HSR</td>
<td>Health Systems Research</td>
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<td>ICPD</td>
<td>International Conference on Population Development 1994</td>
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<td>IDS</td>
<td>Information and Documentation System</td>
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<td>IEC materials</td>
<td>Information, Education and Communication materials</td>
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<tr>
<td>IHM</td>
<td>Institute of Health Management</td>
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<tr>
<td>IKU</td>
<td>Institut Kesihatan Umum (National Health Institute)</td>
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<tr>
<td>IMR</td>
<td>Institute for Medical Research</td>
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<tr>
<td>IPT</td>
<td>Institusi Pengajian Tinggi (Higher Learning Institutions)</td>
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<td>IRPA</td>
<td>Intensification of Research in Priority Areas</td>
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<td>ISM</td>
<td>Institut Sosial Malaysia (Malaysian Social Institute)</td>
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<tr>
<td>JAKIM</td>
<td>Jabatan Kemajuan Islam Malaysia (Malaysian Islamic Development Department)</td>
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<tr>
<td>JK</td>
<td>Jawatankuasa (committee)</td>
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<tr>
<td>JKM</td>
<td>Jabatan Kebajikan Masyarakat (Social Welfare Department)</td>
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<td>JPA</td>
<td>Jabatan Perkhidmatan Awam (Public Services Department)</td>
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<td>JPJ</td>
<td>Jabatan Pengangkutan Jalan (Road Transport Department)</td>
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<td>JPM</td>
<td>Jabatan Perdana Menteri (Prime Minister's Department)</td>
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<tr>
<td>LADK</td>
<td>Lencana Anti-Dadah Kebangsaan</td>
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<tr>
<td>LPPKN /</td>
<td>Lembaga Pendidikan dan Pembangunan Keluarga Negara</td>
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<td>NPFDB</td>
<td>(National Population and Family Development Board Malaysia)</td>
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<td>MAAH</td>
<td>Malaysian Association for Adolescent Health</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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### NATIONAL ADOLESCENT HEALTH

**Plan of Action**

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<th>Full Form</th>
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<td>MEWC</td>
<td>Ministry of Energy, Water and Communications</td>
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<td>MMA</td>
<td>Malaysian Medical Association</td>
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<td>MOD</td>
<td>Ministry of Defence</td>
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<td>MOE</td>
<td>Ministry of Education</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>MOHE</td>
<td>Ministry of Higher Education</td>
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<tr>
<td>MOHR</td>
<td>Ministry of Human Resources</td>
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<tr>
<td>MOI</td>
<td>Ministry of Information</td>
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<td>MOIA</td>
<td>Ministry of Internal Affairs</td>
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<tr>
<td>MOHA</td>
<td>Ministry of Home Affairs</td>
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<tr>
<td>MOT</td>
<td>Ministry of Transport</td>
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<td>MOTCA</td>
<td>Ministry of Trade and Consumer's Affair</td>
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<tr>
<td>MOSTI</td>
<td>Ministry of Science, Technology and Innovation</td>
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<tr>
<td>MOWFCD</td>
<td>Ministry of Women, Family and Community Development</td>
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<tr>
<td>MSC</td>
<td>Multimedia Super Corridor</td>
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<tr>
<td>MYS</td>
<td>Ministry of Youth and Sports</td>
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<tr>
<td>MVA</td>
<td>motor vehicle accident</td>
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<tr>
<td>NAHPOA</td>
<td>National Adolescent Health Plan of Action</td>
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<tr>
<td>NGO</td>
<td>Non-Government Organization</td>
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<tr>
<td>NFC</td>
<td>National Fitness Council</td>
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<tr>
<td>OSHA Act</td>
<td>Occupational Health and Safety Act</td>
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<tr>
<td>OT</td>
<td>occupational therapist</td>
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<tr>
<td>PDRM</td>
<td>Polis Di Raja Malaysia (Malaysian Royal Police Force)</td>
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<tr>
<td>PBT</td>
<td>Pihak Berkuasa Tempatan (Local Council)</td>
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<tr>
<td>PBSM</td>
<td>Persatuan Bulan Sabit Merah (Red Crescent Society)</td>
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<tr>
<td>PBSS</td>
<td>Program Bersepadu Sekolah Sihat (Health Promoting School Programme)</td>
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<tr>
<td>PENGASIH</td>
<td>NGO by reformed drug users providing rehabilitation services for addicts</td>
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<td>PEMADAM</td>
<td>Persatuan Mencegah Dadah Malaysia (Malaysian Association Against Drugs)</td>
</tr>
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<td>PIBG</td>
<td>Persatuan Ibubapa Guru (Parents and Teachers Association)</td>
</tr>
<tr>
<td>PIP</td>
<td>Program Intervensi Pelajar (Intervention programme for students)</td>
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<td>PROSTAR</td>
<td>Program Sihat Tanpa AIDS Untuk Remaja (Stay Healthy Without AIDS Programme for Youth)</td>
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<td>PS The Children</td>
<td>Protect &amp; Save the Children</td>
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<tr>
<td>PT</td>
<td>physiotherapist</td>
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<tr>
<td>RHAM</td>
<td>Reproductive Health of Adolescents Module</td>
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<td>SLT</td>
<td>speech and language therapist</td>
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<tr>
<td>SKR</td>
<td>saringan kesehatan remaja (adolescent health screening)</td>
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<td>SRH</td>
<td>sexual and reproductive health</td>
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<tr>
<td>UKM</td>
<td>Universiti Kebangsaan Malaysia (Malaysian National University)</td>
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<tr>
<td>UNICEF</td>
<td>United Nation’s Children’s Fund</td>
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<td>WCC</td>
<td>Women’s Centre for Change/ Women’s Crisis Centre</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>9th &amp; 10th MP</td>
<td>9th &amp; 10th Malaysian Plan</td>
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1. EXECUTIVE SUMMARY

In 1995, realizing the needs for adolescent's health care, the Family Health Development Division, Ministry of Health had taken the initiative to provide health care and services for the adolescents through the establishment of the Adolescent Health Unit. In September 1997, a workshop to develop a draft proposal National Adolescent Health Plan of Action was held. This draft proposal provides the basis for conceptual framework, planning and implementation of the National Adolescent Health Programme in Malaysia.

In 2001, the National Adolescent Health Policy was developed and launched. It is thus timely that the existing draft proposal National Adolescent Health Plan (1997) be reviewed to ensure its objectives, strategies and activities are in line with the current policy.

A national workshop to review and develop a National Adolescent Health Plan of Action was held at Royal Adelphi Hotel, Seremban on 28-30th November 2005. Fifty two participants from various government agencies, NGOs and universities were invited. The aim of the workshop was to review the existing Draft National Adolescent Health Plan and develop a National Adolescent Health Plan of Action in line with the National Adolescent Health Policy.

The participants were divided into 7 groups based on the seven strategies outlined in the National Adolescent Health Policy. The seven working groups are:

Group 1: Health Promotion
Group 2: Accessible and Appropriate Health Care Services
Group 3: Human Resource Development
Group 4: Adolescent Health Information System
Group 5: Research and Development
Group 6: Strategic Alliances with Related Agencies
Group 7: Legislation

A standard framework was given for each group to work on. Each group focused on 5 priority areas pertaining to adolescent health as follows:

Priority Area 1: Nutritional Health
Priority Area 2: Sexual and Reproductive Health
Priority Area 3: Mental Health
Priority Area 4: High Risk Behaviours
Priority Area 5: Physical Health

Each working group deliberated and decided on the goals, problems and challenges, objectives, strategies, activities, responsible agencies, resources required, time frame and indicators for monitoring and evaluation according to the various strategies and priority areas assigned.

Workshop output was presented to a panel of experts for comments and discussion. Inputs from the panel discussion were considered in the final draft of the National Plan of Action for Adolescent Health.
2. INTRODUCTION

The onset of adolescence is a critical period of biological and psychological changes for the individual. For many, it also involves a drastic change in social environment. These years are highly formative for behavioural patterns and activities relevant to health. As health for adolescent has been much neglected in the past, it has to be borne in mind that the health status and situation of the adolescent reflects a situation originating in early life and childhood. The health of the adolescents, as well as the attitudes acquired during adolescence can influence the outcome of their future pregnancies, parental behaviour of future mothers and fathers and the productivity of the future adult generation in general. Hence, greater attention and priority should be accorded to this important population, and for this purpose, specific health programmes, strategies and activities need to be formulated to prevent potential problems and overcome existing problems of adolescents in relation to health.

2.1 Definition

Adolescence, the second decade of life is a crucial and dynamic time in the lives of all young people. The World Health Organization has defined adolescence as being between the ages of 10 to 19 years and this can be further subdivided into 3 groups that is early (10-14 years), middle (15-17 years) and late adolescence (18-19 years). Adolescence is the period of gradual transition from childhood to adulthood. This transition is accompanied by significant and challenging changes in the life of the adolescents biologically, physically, emotionally, socially and economically. Since these cover a wide spectrum, the responses also need to be from a broad perspective, requiring a holistic and coordinated approach involving many players. Of prime importance are factors that are close and have direct impact on the adolescents’ life which are their family, the school, their peers, the community and the environment they live in.

2.2 Background

The following are the progress leading to the development of Adolescent Health Programme in Malaysia, in chronological order:

1986 : Workshop assisted by WHO Consultant Dr. Nalla Tan was held in Tanjung Bidara Melaka to expose participants from 3 main agencies to the overall health needs and problems of the adolescents. The agencies involved include Ministry of Health, Ministry of Education and Department of Social Welfare.

1995 : Comprehensive Adolescent Health Sensitization Workshop was held in Kuala Lumpur to sensitize and develop a National Adolescent Health Plan through interagency collaboration and participation. This workshop was jointly organized by MOH and National Population and Family Development Board, assisted by WHO consultant Dr. C.V. Serrano. Participants include representatives from government agencies, NGOs, international agencies, universities and youth representatives.

1996 : Adolescent Health Programme was included into the expanded the scope of Maternal
and Child Health Services in the Family Health Development Division, Ministry of Health.

1997: Training modules and IEC materials were developed and disseminated.

1998: Training of health care providers were conducted at national, state and district levels.

1998 - 1999: 8 pilot projects were conducted including two WHO pilot projects in Kota Tinggi, Johor “Improving Quality and Increasing Access of Health Services For School Going Adolescent” and in Kuala Terengganu “Integrated Programming For Adolescent Health: What Should We Measure And How?”

2000: Evaluation of the pilot projects in 8 districts i.e. Timur Laut, Penang; Kuala Selangor; Johor Bharu, Kluang and Kota Tinggi, Johor; Kuala Krai, Kelantan; Kuala Terengganu and Besut, Terengganu.

2001: Launching of the National Adolescent Health Policy by the Deputy Prime Minister.

2002 - 2005: Strengthening of the Adolescent Health Services

2005: Development of the National Adolescent Health Plan of Action in line with the National Adolescent Health Policy involving inputs from various agencies and sectors.

3. SITUATIONAL ANALYSIS

3.1 Demographic Situation

Globally, adolescents comprise about one fifth of the world population (WHO, 2003). Similarly in Malaysia, out of the 26.64 million population, one fifth or estimated 5.2 million of the population are adolescents aged 10-19 years (Department of Statistics, 2006). While the percentage of adolescent in the country has remained stable, in terms of absolute numbers there has been a marked increase from 1970 to 2006. It is estimated that by the year 2020 the number of adolescents in Malaysia will increase to 6 million.

Table 1: Population of Adolescent in Malaysia, 1970-2006 (*000)

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<td>10-14</td>
<td>1400.7</td>
<td>1717.1</td>
<td>2032.3</td>
<td>2523.7</td>
<td>2576.3</td>
<td>2597.6</td>
<td>2616.8</td>
<td>2642.5</td>
<td>2676.2</td>
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<tr>
<td>15-19</td>
<td>1138.0</td>
<td>1576.5</td>
<td>1833.4</td>
<td>2335.7</td>
<td>2434.3</td>
<td>2470.4</td>
<td>2500.7</td>
<td>2527.4</td>
<td>2555.8</td>
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<tr>
<td>Total</td>
<td>2538.7</td>
<td>3293.6</td>
<td>3865.7</td>
<td>4859.4</td>
<td>5010.6</td>
<td>5068.0</td>
<td>5117.5</td>
<td>5169.9</td>
<td>5232.0</td>
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Source: Statistics Department, Malaysia.

The mean age at first marriage has increased from below 20 years in 1970 to 23.3 years in 1990. In year 2000, the mean age at first marriage for male was 28.6 years and for female
25.1 years. Reasons for this delay in first age of marriage include postponement of marriage in pursuit of educational opportunities, female independence and work participation. As young people delay marriage, they also delay childbearing till later. Thus, families tend to comprise of older parents with fairly young children, and such couples are more likely to establish nuclear families.

3.2 Social – Economic Context

As Malaysia undergoes rapid urbanization and industrialization, the adolescent not only has to face challenges of growing up but also needs to be prepared to face the multitude of challenges and stresses from the environment. Due to their vulnerabilities and unique characteristics, adolescents are not only targeted but exploited by irresponsible parties for commercial and economic gains. One such example is the tobacco industry exploiting the risk taking behaviour of adolescent and influencing them to smoke through creative and innovative tobacco products, packaging and marketing.

Rapid urbanization and economic affluence have resulted in breakdown of family units. Family bonds, friendship and community ties are being eroded by commercial self-interest and social changes. Many adolescent have been adversely affected by poor parenting, the wrong kind of role models, sex, violence and materialism in the mass media as well as pressures of peer group.

3.3 Education

An important setting for adolescents is the school. It is however noted that from 1998-2002 the school enrolment rate shows a reduction as the education level progresses, from primary to secondary schools and college. The primary school enrolment rate for the year 2002 is 97.8% for children aged 6-12 years, 83.3% for those in lower secondary (adolescents aged 12-12 years), 73.8% in upper secondary (adolescents aged 15-16 years) and 21.9% in post-secondary and college (adolescents aged 17-18 years). This shows that while the majority of adolescents are in school where they spend about 6-10 hours a day for formal education, as well as co-curricular activities, about one third however are in the community. Therefore, interventions must be comprehensive and holistic to address the adolescents in the different settings that are at home, school and community.

3.4 Sexual & Reproductive Health

The adolescent sexual and reproductive health is a broad issue and can be further discussed under these six themes:

3.4.1 Knowledge and Sources
3.4.2 Sexual Development
3.4.3 Sexual Behaviour
3.4.4 Pregnancy, Delivery and Childbirth
3.4.5 Sexually Transmitted Diseases
3.4.6 Sexual Violence
3.4.1 Knowledge and Sources

The population-based study by the National Population and Family Development Board (NPFDDB), the National Study on Reproductive Health and Sexuality 1994/1995 showed that the majority of adolescents lack knowledge on reproductive health. Misinformation and misunderstanding about reproduction is high among Malaysian adolescents. The study also revealed that of the 1379 adolescents aged 13-19 years surveyed, a large number of them (from 20.9%-65.70%) reported that they had never discussed with anyone on the various topics of reproductive health and sexuality.

Education materials or programmes that highlight the above issues that are available for the adolescents are relatively scarce. Sex education is not a compulsory subject in school but efforts have been made to incorporate it across curriculum in schools. Other efforts to promote sexual and reproductive health among adolescent include via programme/activities such as Adolescent Health Services at health centres, kafe® TEEN, distribution of booklets entitled 'Rahsia Remaja', etc.

2.2.2 Sexual Development

A review on literature and projects on sexual and reproductive health for adolescent and youth in Malaysia (WHO, 2005) revealed very little literature available on sexual development. Information was only found on menarche for girls and wet dreams for boys. The National Study on Reproductive Health and Sexuality 1994/1995 by NPFDDB showed that the mean age for menarche was 12.6 years. The age range for menarche itself was from younger than 10 years (2.7%) to 14 years (5.4%) while the majority (68.2%) had their first menstruation at the ages of 11 or 12 years. As for boys, the mean age for their first wet dream experience was 13.8 years.

2.2.3 Sexual Behaviour

A Media survey on Reproductive Health and Sexuality of Adolescents in Malaysia by the National Population and Family Development Board between 1994 to 1996 shows that about 24 percent of 13 to 19 years old had engaged in sexual intercourse and 18.4 percent had their first coitus between the ages of 15 to 18 years.

2.2.4 Pregnancy, Delivery and Childbirth

The percentage of births to mothers aged 19 years and below constitute one third of the first birth as shown in findings of the Malaysia Family Life Surveys II, 1988 (Tey and Gangga). Of these 80 percent occurred among mothers aged 17 to 19 years and only 0.9 percent among mothers less than 15 years. There is no national data on abortion among adolescent available.
2.2.5 Sexually Transmitted Diseases

It is difficult to obtain figures on the incidence of STD among adolescents as most self-treat or seek help from private clinics. However, it is known that adolescents with sex-related problems shy away from public clinics where confidentiality is not well maintained.

2.2.6 Sexual Violence

While violence against women has been hotly debated in recent years, violence against adolescent, specifically adolescent girls has been neglected. Sexual violence among adolescents includes rape, victim of incest and sexual assault. While true figure is never available as most cases go unreported, The Rape Report from the Royal Malaysian Police shows that the number of rape survivors who were students is on the rise.

3.5 Nutritional Status

Rapid advances in socio-economy have also resulted in significant changes in lifestyles of Malaysians. There are definite changes in food and nutritional issues such as food habit, food purchasing and food consumption among the adolescents. Therefore, adolescents are faced with obesity and to the other extreme, eating disorders such as bulimia and anorexia nervosa. In 1997, a UKM Study among adolescent 16 years and below showed that prevalence of obesity is 3.5% while overweight was 6.0%. UKM-IRPA (2003) study with a sample of 5294 adolescents aged 12-18 years in Peninsula Malaysia and Sarawak comparing body mass index (BMI) for age highlights that overweight is more prevalent in urban, 21.4% than rural areas 16.0%.

Although there is little research on the problems of eating disorders among adolescents in Asian countries and Malaysia in particular, anorexia nervosa and bulimia seem to be on the increase in economically developed countries and these have devastating effects on the nutritional status of adolescent, especially the females.

3.6 Mental Health and Mental Disorders

In the Second National Health and Morbidity Survey by Ministry of Health (1996), psychiatric morbidity among those aged 5-15 years was 13%, higher than in adults, which was 10.7%. The prevalence rate for psychiatric morbidity in children and adolescents was significantly higher in rural location than in urban location (15.5% vs 10.5%). This is however, the reverse of that found in other studies overseas.

3.7 High Risk Behaviours (Smoking, Substance Abuse & Sexual Activities)

The Second National Health and Morbidity Survey (1996) also studied the health risk behaviour among adolescents in school with regards to smoking, alcohol consumption, drug abuse and sexual activities. There is clear gender difference in these risk behaviours.
It was found that, 16% smoked cigarette (30.7 boys vs 4.8% girls); 9% consumed alcohol (11.5% boys vs 3.5% girls) and 2.2% used drugs (3.4% boys vs 1.2% girls). The prevalence of sexual practice was 1.8%. Sexual practices among boys were higher than girls (2.5% vs 1.2%). Among the boys, 9.4% utilized the services of commercial sex workers.

Between the years 1989-2002, 1.6% (824 cases) of the total HIV positive cases reported in Malaysia is among adolescents (13-19 years). In 2002 alone, 61 reported HIV positive cases are among adolescent 13-19 years. The various mode of transmission were through; intravenous drug use (31 cases), heterosexual (11 cases), homosexual (1 case) while 18 cases were unknown.

### 3.8 High Risk Behaviours/ Juvenile Crimes

In the year 2000-2002, the cumulative number of adolescents throughout the country involved in juvenile crimes and offences is 15,785 with an average of 5,262 cases per year (Department of Social Welfare, 2003). Males greatly exceed females (35 male to 1 female). The majority of adolescents involved are from the more urbanized states- Selangor, Kuala Lumpur, Johor and Penang.

The types of offences include offences involving property mainly theft; offences related to persons such as assault, murder, perpetrators of rape; sexual offences such as harassment; abscond from rehabilitation institution; drug possession or trafficking; possession of explosives, sharp weapons and firearms; traffic offences mainly illegal racing; gambling and others.

### 3.9 Existing Health Services

Presently adolescent health issues are addressed by different ministries, government agencies, private sectors and NGOs. Some major agencies involved are as follows:

**Ministry of Health**

- Adolescent Health Programme under the Family Health Development Division expanded scope
- PROSTAR - Healthy without AIDS Programme (1996)
- Tak Nak / CERAH – (Anti tobacco, alcohol and substance abuse programme)

**Ministry of Education**

- Family Health Education in school
- National Sexuality & Reproductive Health Education Guideline

**Ministry of Youth and Sports**

- Rakan Muda (1994)
Ministry of Women, Family and Community Development

- Department of Social Welfare provides social and moral rehabilitation for adolescents involved in social crimes/offences, e.g. Sekolah Tunas Bakti, Asrama Akhlak
- LPPKN (Adolescent Reproductive Health, Kafe@TEEN)

Malaysian Islamic Development Department (JAKIM)

- Conduct seminar and workshop to address social ills among adolescents
- Conduct Family and Social Development Programmes targeted to various age groups
- Smart partnership with other agencies providing spiritual and religious inputs

Non Governmental Organizations

- FFPAM (Federation of Family Planning Association Malaysia)
- Malaysian Medical Association (MMA)
- Malaysian Association For Adolescent Health (MAAH)
- Malaysian Mental Health Association
- Malaysian AIDS Council

3.10 Policy Environment and Legal Framework

Globally there are many initiatives toward enhancing and protecting the well being of adolescents which have been adopted by Malaysia. These include The International Conference on Population Development (ICPD 1994) and the Plan of Action, (ICPD-POA 1995); The Millennium Development Goals (MDG); The World Fit for Children; The Convention on the Rights of the Child (CRC); and UNICEF’s Priorities for Children 2002-2005.

Local policies in health and health related sectors to address adolescent health needs are:

- National Adolescent Health Policy (2001)
- The National Education Policy and the Education Development Plan 2001-2010
- The National Youth Development Policy 1997
- The National Plan of Action for Children 2001-2020
- Mental Health Policy and Framework for Mental Health Service delivery 2002

While policies and administrative arrangements are important in themselves in enhancing adolescent health, some matters need a stronger instrument in the form of legislations. Protection of children, adolescents and young people has been addressed by various laws and regulations. The relevant ones include and are described briefly below:

- Protection against abuse and exploitation – The Child Act 2001
- Marriage, sexual relations and sex crimes – Malaysia Family Law and the Penal Code
• Abortion – Penal Code
• Access to obscene materials – Penal Code
• Access to and the use of substance (drugs, alcohol and tobacco) - The Food Act 1983
• License to drive – Road Transport Act 1987

While legal sanctions are available on various crimes and offences, these crimes are perpetrated each year with increasing trends thus the need to strengthen public awareness, education and enforcement in all sectors.

4. RATIONALE FOR ADDRESSING ADOLESCENT HEALTH

4.1 Adolescent forms one fifth of the world population i.e 1.2 billion people. 85% of them live in developing countries. One in five persons in the world today is an adolescent. Adolescent carries the highest risk of morbidity and mortality from certain causes, including accidents and injuries, early pregnancy and STDs. Many lifestyle diseases have their roots in adolescence.

4.2 In Malaysia, adolescents comprise one fifth or 5 million of our population and over the years, their number is increasing. It is estimated that by the year 2020 the number of adolescents in Malaysia will increase to 6 million. They are our asset and contribute towards the nation’s future workforce and productivity.

4.3 Adolescent problems are diverse and multifaceted and thus, adolescent’s problems and needs must be addressed by all parties and agencies concerned in a comprehensive, holistic and integrated manner.

4.4 Adolescence defines a gradual period of transition from childhood to adulthood. This transition is accompanied by significant and challenging changes in the life of the adolescents biologically, physically, emotionally, socially and economically.

4.5 Adolescence is a time of learning, risk taking, development of habits, behavior, and lifestyles. Habits acquired during adolescence will continue into adulthood.

4.6 During adolescence, key patterns of adult behaviour and relationship are established which have wide implications not only on individual health but also on public health and societal development.

4.7 By virtue of their unique characteristics, adolescents have specific needs and are constantly being challenged by internal and external influences within themselves, family, school and community. Therefore managing adolescents must take into consideration all these factors.

4.8 The health of adolescents will affect their future health as adults and determines the health of future generations. Therefore investing in adolescent health will garner benefits far outweighing the cost of neglecting their needs. For example, preventing
cigarette smoking among adolescent is far cheaper than treating smoking-related diseases.

4.9 Adolescents are considered relatively healthy yet culminating evidences, reports and documentation show increasing morbidities and mortalities among adolescents. Premature mortalities, morbidities and disabilities among adolescents will result in loss to the country’s workforce and productivity.

4.10 The success in reducing maternal, infant and child mortalities enable children to survive beyond childhood. Thus, neglecting the adolescence period will negate all the benefits accrued from earlier investment in Maternal and Child Health Programme.

4.11 Adolescent issues have been addressed by many stakeholders according to their area of interests and specialties. Therefore, there is an urgent need for holistic and coordinated efforts to identify overlapping and gaps in service provisions for effective programme planning, implementation and evaluation.

4.12 Effective programme planning, implementation and evaluation require on-going information on adolescent but information is scattered across agencies and not readily accessible. Hence, it is necessary to establish a structured Management Information System and develop linkages across agencies.

4.13 Many studies and research have been done in Malaysia by different agencies and universities but findings are not well disseminated across agencies and the public. This issue needs to be addressed in the National Adolescent Health Plan of Action.

4.14 There is a lack of awareness and understanding of laws and regulations related to adolescent among the public and adolescents. They should be sensitized on their rights and responsibility as defined by the law, legislation and regulation.

4.15 In view of issues identified above, it is imperative for central coordinating committee to be established. This will ensure that efforts from all stakeholders are directed towards one common goal and facilitate effective adolescent health programme planning, implementation, monitoring and evaluation.

4.16 The development of the National Adolescent Health Plan of Action will provide framework and be an important guide for all concerned in contributing towards the health of adolescents in a holistic, coordinated and integrated manner in line with the National Adolescent Health Policy and the country’s vision, mission and health care goals.
5. ADOLESCENT HEALTH PROGRAMME FRAMEWORK

Adolescent health programme framework should be in line with the National Adolescent Health Policy and as well as the country’s vision, mission and health care goals.

5.1 VISION

Generating future adolescents who are physically, mentally and socially healthy towards achieving utmost self, family and nation accomplishment in a supportive environment.

5.2 MISSION

To ensure that all adolescents in Malaysia would have access to comprehensive and quality health care services through provision of adolescent friendly services, resource development, health promotion and advocacy, research, surveillance systems and effective inter agency coordination and collaboration.

5.3 POLICY STATEMENT

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 practice healthy behaviours through active participation.

5.4 OBJECTIVES

5.4.1 To support the development of resilient adolescents through promotion of health and responsible living.

5.4.2 To prevent the health consequences of risk behaviours through promotion of wellness and provision of appropriate health care services.

5.4.3 To promote active adolescent participation in health promotion and preventive activities.

5.5 STRATEGIES

5.5.1 Health Promotion

Integration of individual and societal action to enable adolescents to make wise choices, develop risk management skills, adopt responsible healthy lifestyles and support the creation of a healthy and supportive environment.
5.5.2 Accessible and Appropriate Health Care Services

Provision of a comprehensive range of health care with emphasis on preventive and promotive services for adolescents which are user friendly, gender sensitive and adjusted to adolescent health needs.

5.5.3 Human Resource Development

Continuous training on health and health related aspects of adolescents to all categories of health care providers shall be emphasized. Special emphasis on personal knowledge, skill development and counseling in various fields related to adolescent health and development shall be supported.

5.5.4 Adolescent Health Information System

Establishing an information system to assist national, state and district decision making and to provide early warning of high-risk behaviours, health hazards and articulate shortcomings in planning and performance of Adolescent Health Programmes. This is to enable a shift of paradigm to evidence-based decision and continuous improvement as a key measure to programme planning and development. Adolescent health indicators shall be developed as a basic assessment tool for measuring and monitoring the effectiveness of interventions.

5.5.5 Research and Development

Recognizing the potential and need for research in areas of adolescent health, relevant and appropriate research in identified priority areas shall be encouraged.

5.5.6 Strategic Alliances With Related Agencies

Establishing a mechanism at national level to improve and strengthen the coordination and collaboration among related government and non-government agencies through smart partnership and shared responsibility.

Building strong alliances and networking among government, non-government organizations, peer leaders through social marketing and advocacy to influence individual behaviour and stimulate community action.

5.5.7 Legislation

Advocating the development of regulations and legislations which benefit the adolescents and support policies that promote the health of adolescents.
6. NATIONAL ADOLESCENT HEALTH PLAN OF ACTION

This national plan of action is formulated based on inputs by various agencies involved in providing services for the adolescents. This National Adolescent Health Plan of Action (NAHPOA) is to guide various stakeholders and officials at national, state and district level on the strategies and activities that shall be implemented.

Acknowledging the diverse factors influencing health of adolescents and the important roles of various agencies, it is imperative that a central coordinating committee is established. The central coordinating committee is responsible to oversee the health of the adolescent population as well as provide direction and monitor the implementation of the NAHPOA. The coordinating committee for adolescent health may utilize the existing social committee such as the National Social Council (Majlis Sosial Negara) at national level and relevant committees at state and district levels.

The National Adolescent Health Plan of Action comprise of 7 strategies as stipulated in the National Adolescent Health Policy. The seven strategies include:

- Health promotion
- Accessible and appropriate health care services
- Human resource development
- Adolescent health information system
- Research and development
- Strategic alliance with related agencies
- Legislation

Under each strategy, activities planned focus on 5 priority areas of adolescent health. The five priority areas are:

Nutritional Health
Sexual and Reproductive Health
Mental Health
High Risk Behaviours
Physical Health

Since factors that affect health of adolescents cover a wide spectrum, the responses also need to be from a broad perspective, requiring holistic and coordinated approach involving many players. Of prime importance are factors that are close and have direct impact on the adolescents' life that are their family, the school, their peers, the community and the environment they live in.

Activities suggested in the NAHPOA should be taken up by relevant and interested stakeholders. Stakeholders implementing the strategies, programmes and activities outlined in the NAHPOA should take into consideration the diverse factors influencing adolescent health, and target adolescents in the various settings. Details of the activities for each strategy are listed in the appendix.
This NAHPOA was tabled in the Ministry of Health Jawatankuasa Dasar dan Teknikal Program Kesihtatan Awam, JKA, Bil 1/2007 on 13th February 2007 and Ministry of Women Family & Community Development - Masyuarat Majlis Perundingan Pembangunan Masyarakat Negara Bil 1/2007 on 24th April 2007. Both committees decided that the existing National Social Council platform be utilized to address the adolescent social and health issues.

In the circular Arahan Nombor 1 (pindaan) 2004 by Majlis Tindakan Negara, social issues should be incorporated as a permanent agenda in the following committees - Majlis Tindakan Negeri; Jawatankuasa Tindakan Negeri and Jawatankuasa Kerja Tindakan Daerah / Bahagian.

6.1 STRATEGY 1 : HEALTH PROMOTION

**GOAL:** To enable adolescents to make wise choices, develop risk management skills, adopt responsible healthy lifestyle and support the creation of a healthy and supportive environment.

The **common activities** across the five priority areas are:

- Advocate importance of comprehensive adolescent health and well being to policy makers, stakeholders and community leaders.
- To utilize Healthy Life Style Campaign as a platform to address various health issues.
- Development, production and distribution of health promotional materials in electronic and printed form.
- Disseminate information to relevant stakeholders and target groups i.e. adolescents, parents, teachers and the community.
- Strengthening of on-going health promotion activities in various settings, including the incorporation of BCC as an important component.
- Conducting health campaigns, seminars, forums, health camps, talks and exhibitions etc.
- Encouraging active adolescent participation through peer support programmes for health education and promotion such as PROSTAR, Doktor Muda, Kafe@TEEN, etc.
- Empower adolescents with appropriate knowledge and health skills to practise healthy lifestyle in daily living.
- Incorporating current issues where appropriate into health promotion activities.
- Support health promotion programme and activities by other agencies.
- Incorporate the 5 priority areas into the school curriculum, training of service providers and community.

6.2 STRATEGY 2 : ACCESSIBLE AND APPROPRIATE HEALTH CARE SERVICES

**GOAL:** Provision of a comprehensive range of health care with emphasis on preventive and health promotion services for adolescents which are user friendly, gender sensitive and adjusted to adolescent health needs.
The common activities across all five priority areas are:

- Implement adolescent health risk assessment screening to detect problems among adolescents and provide prompt treatment.
- Provide comprehensive promotive, preventive, curative and rehabilitative care including counselling services to adolescents and their families.
- Strengthen provision of adolescent friendly services at primary health care facilities.
- Provide adequate space, equipments and resources to facilitate service delivery.
- Ensure service providers are trained in adolescent health care and counseling to provide quality care.
- Involve multidisciplinary service through basic and extended teams.
- Encourage active adolescent participation and involvement in service delivery.
- Strengthen intra and interagency referral system.
- Forge partnership between agencies in service provision.
- Services provided should be accessible, respond to real and unmet needs of adolescents as well as targeting adolescents in different settings.
- Plan and implement services based on evidence and local needs.
- Monitor and evaluate service provision at regular intervals.
- Where concerned, services should be provided according to set standards.
- Establish an adolescent unit/ward in hospitals.

6.3 STRATEGY 3: HUMAN RESOURCE DEVELOPMENT

GOAL: To have adequate numbers of skilled personnel in each service delivery area, continuous training on health-related aspect of adolescents and development of career pathway for personnel in the field of adolescent health.

The common activities across all five priority areas are:

- Create relevant posts in fields related to adolescent health in agencies dealing with adolescents.
- Establish multidisciplinary basic and extended team in the care of adolescents at primary, secondary and tertiary levels.
- Develop modules/manuals for training of service providers.
- Incorporate adolescent health / medicine in curriculum of medical schools and other training institutions.
- Continuously train service providers locally and abroad.

6.4 STRATEGY 4: ADOLESCENT HEALTH INFORMATION SYSTEM

GOAL: Establishing an information system to assist national, state, and district decision making to provide early warning of risk behaviours, health hazards and articulate shortcomings in planning and implementing Adolescent Health Programmes.

The common activities across all five priority areas are:
Advocate to policy makers, programme managers and health care providers on the importance of establishing standardized national adolescent health database.

Create database and indicators on adolescent health inclusive of the five priority areas.

Involve all relevant agencies in contributing towards adolescent health information system.

Sharing of relevant information between agencies.

Standardize identified parameters / variables for consistency and comparability across agencies.

Develop standard guideline for data collection e.g. standard classification of adolescent age group and flow of the data collection.

Advocate the strengthening of existing management information system within various agencies to facilitate quality information.

6.5 STRATEGY 5: RESEARCH & DEVELOPMENT

GOAL: To identify and encourage relevant research priority areas in adolescent health

The common activities across all five priority areas are:

- Identification of relevant research areas.
- Evaluation of health promotion and intervention programme.
- Dissemination of research findings.
- Facilitate the establishment of adolescent health resource centre.
- Advocate the utilization of research findings by relevant agencies.
- Advocate adolescent health as a priority area for research funding.

6.6 STRATEGY 6: STRATEGIC ALLIANCE WITH RELATED AGENCIES

GOAL: Fostering strong strategic alliance with related agencies towards enhancing adolescent health and wellbeing.

The common activities across all five priority areas are:

- Utilize existing coordinating committees at various levels for strategic alliances in adolescent health or equivalent such as National Social Council (Majlis Sosial Negara), JK Induk Pembangunan Murid 3K, etc.
- Advocate the establishment of technical committees / working groups on adolescents within various agencies.
- Development of Adolescent Services Directory to facilitate networking and alliance.
- Advocate the establishment of Adolescent Hotline (toll-free) by various agencies
- Sharing of resources across agencies.
Advocate the active participation and involvement of adolescents in programmes and activities by various agencies.

6.7 STRATEGY 7 : LEGISLATION

Goal: To promote the health of adolescents by advocating the development of regulation, legislation and supporting existing policies.

The common activities across all five priority areas are:

- Increase awareness among adolescents and relevant stakeholders on laws and regulation related to adolescent health.
- Advocate the incorporation of knowledge on relevant laws and regulations in schools / IPT / training institutions.
- Support the review of existing laws and regulations where necessary.
- Support the formulation of new laws and regulations where necessary.
- Support the implementation and enforcement of adolescent health-related policies and acts.

7. RESPONSIBLE AGENCIES AND LEVEL OF IMPLEMENTATION

Programmes and services for adolescents are provided at various levels:

- National
- State
- District / Community

Many agencies provide adolescent health services and active collaboration and participations are practiced across agencies. Some of the major agencies actively involved in adolescent health are listed below:

7.1 Government agencies

- Ministry of Health
- Ministry of Education
- Ministry of Higher Education
- Ministry of Women Family and Community Development
- Ministry of Youth & Sports
- Ministry of Information
- Ministry of Transport
- Ministry of Housing And Local Government
- Ministry of Defense
- Ministry of Agriculture
- Ministry of Internal Affairs
- Department of Social Welfare
- JAKIM (Malaysian Islamic Development Department)
- LPPKN
7.2 **Non Governmental Organisation / Professional bodies**
- Federation of Family Planning Association Malaysia
- Malaysian Medical Association
- Malaysian Paediatric Association
- Malaysian Association for Adolescent Health
- Malaysian AIDS Council
- Malaysian Mental Health Association
- Women Crisis Centre
- PS the Children
- Befrienders
- Parents Teachers Association
- Etc

7.3 **Private sectors**
- Private hospitals
- Private clinics
- Private schools
- Private institutions e.g. shelter homes, orphanages, etc
- Private industries e.g. media, corporate bodies, etc

8. **RESOURCES REQUIRED**

Implementation of the programmes, services and activities planned will require adequate resources in the form of:
- Funding either from local or international bodies.
- Skilled multidisciplinary personnel.
- Resource materials e.g. IEC / BCC materials, training modules / manual, curriculum development, teaching models, etc.
- Hardware and software e.g. computer, printer, LCD projector, appropriate space for counseling, etc.

**Human Resource Development:**

To ensure the quality and smooth running of the adolescent health services at the health facilities (hospital and clinic level) it is recommended that the adolescent units are established. The **Adolescent unit** consists of:-
(i) Basic Unit
(ii) Extended Unit
ADOLESCENT UNITS

Members of the Basic Unit include:
• Physician trained in Adolescent medicine (FMS / Paediatrician / Physician)
• Nurse
• Assistant Medical Officer
• Reproductive and Sexual Health Educators
• Medical Worker
• Social Worker
• Counselors

Members of the Extended Unit include:
• Clinical Psychologist
• Dietitian / Nutritionist
• Adolescent Psychiatrist
• Adolescent Gynaecologist
• Dentist
• Hospital-based Teachers
• Physiotherapist
• Occupational Therapist
• Speech and Language Therapist
• Art Therapist
• Health Educators

9. TIME FRAME (SHORT TERM: 1 – 5 years; LONG TERM: 10 – 20 years)

9.1 Health Promotion

All the objectives, strategies and planned health promotion activities as in Appendix 1 shall be implemented and further strengthened from 2006 onwards.

9.2 Accessible and Appropriate Health Care Services

Efforts to strengthen service provision are on-going and shall be strengthened from 2006 onwards.

• Establish comprehensive adolescent friendly services in all districts and health centres, in stages.
• Initiate efforts towards establishment of adolescent wards in selected hospitals in stages.

9.3 Human Resource Development

To advocate utilization of existing coordinating committees such as Majlis Sosial Negara, JK Induk Pembangunan Murid 3K to address adolescent social and health issues.

2006 onwards
Identify and train adequate number of multidisciplinary teams in stages to form the **basic adolescent health unit** at hospital and/or clinic levels.

Identify and train the **multidisciplinary extended adolescent health unit** at hospital and/or clinic level, in stages.

Formal training for appropriate health care givers at accredited centres locally or overseas.

Informal training by relevant agencies for adolescent health service providers (e.g. hospital/clinic, attendants, pharmacists, teachers, religious teachers, lawyers, volunteers).

To incorporate Adolescent Health curriculum in medical and paramedics schools, teachers training college, allied health colleges.

To have structured modules for informal training of other agencies (e.g. HEADSS, PROSTAR, Doktor Muda, RHAM, PERMATA KASIH).

### 9.4 Adolescent Health Information System

To create database on adolescent health:

- Utilize HIMS to capture data on adolescent health services within MOH. 2006 onwards
- Standardization of age groups in all ministries dealing with adolescent health. 2006 onwards
- Data and information within MOH to be handled by one coordinating body (IDS). 2006 onwards
- To advocate the importance of compiling and dissemination of adolescent health information for programme planning to policy makers, program managers and health care providers. 2006 onwards
- Coordination and collaboration among all agencies. 2006 onwards
9.5 Research and Development

Identify research priorities and conduct more research on specific health problems and needs of adolescents at local and national level.

Training on suitable research methodology on adolescents health.

Evaluation of health promotion and intervention programme.

Planning towards establishment of adolescent health resource centre.

To improve intra and inter agency networking in research activities.

9.6 Strategic Alliances with Related Agencies

Advocate the utilization of existing platform/committees related to Adolescent Health at national, state and district level for strategic alliance.

Development of Adolescent Services Directory to facilitate networking and alliance.

Advocate the establishment of Adolescent Hotline (toll-free) by various agencies.

9.7 Legislation

Support the review and formulation of adolescent health-related laws and regulation where necessary.

Advocate the inclusion of adolescent-related legislations within the school curriculum and peer support activities to increase awareness on adolescent SRH issues e.g. Child Act 2001, Penal Code, etc.

Support enforcement of relevant legislation/regulation that promote healthy environment and lifestyle among adolescents, such as:

- Smoking free environment in school.
- Road safety awareness campaign.
- Anti-bully programme.
- Healthy school and workplace setting.
10. MONITORING AND EVALUATION (KEY INDICATORS)

**Input Indicators**
- No. of health clinics providing comprehensive adolescent friendly health services
- No. of health clinics with service providers trained on adolescent health
- No. of adolescent attending adolescent health clinic
- No. of adolescent with specific morbidities

**Process Indicators**
- No. of trainings conducted on adolescent health care and counseling.
- No. of service providers trained on adolescent health care and counseling.
- No. of adolescents screened using adolescent health risk assessment forms (SKR 1 and SKR 2).
- No. of adolescents managed by FMS.
- No. of referrals made to relevant specialists.
- No. of individual counseling conducted.
- No. of group counseling conducted.
- No. of adolescent involved in peer programmes / activities e.g. PROSTAR/ Doktor Muda.
- No. of adolescents actively participating in the programmes conducted by adolescent health services at health centres.

**Output Indicators**
- Percentage increase in the number of adolescents attending the Adolescent Health Services.
- Percentage increase in number of adolescents screened using health risk assessment forms (SKR 1 and SKR 2).
- Number of guidelines, manuals, modules, IEC/BCC materials prepared for the management of adolescent health problems.
- Number of research on adolescent health conducted.

**Outcome Indicators**
- Prevalence of adolescents with specific morbidities and mortalities.
- Prevalence of overweight / obesity among adolescents.
# NATIONAL PLAN OF ACTION FOR ADOLESCENT HEALTH PROGRAMME

## GROUP 1: HEALTH PROMOTION

**GOAL**: TO ENABLE ADOLESCENT TO MAKE WISE CHOICES, DEVELOP RISK MANAGEMENT SKILLS, ADOPT RESPONSIBLE HEALTHY LIFESTYLE AND SUPPORT THE CREATION OF A HEALTHY AND SUPPORTIVE ENVIRONMENT

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Activities</th>
<th>Agencies Responsible</th>
<th>Time Frame</th>
<th>Indicators for Monitoring and Evaluation</th>
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</thead>
</table>
| Strengthening existing nutritional health promotion programs targeted to adolescents | Promote HLSC at clinic and community based activities (Healthy Life Style Campaign: nutrition and physical fitness components) | MOH, MYS, NFC, MOE, Relevant agencies | On going | Number of clinics carrying out nutrition and physical fitness programmes for adolescents  
Number of adolescent attending the programmes/activities conducted  
Number of Healthy Eating Camp/Week organized |
| | Healthy Eating Camp / Week | | | |
| | Promotion through PBSS & Doktor Muda activities | | | |
| | Incorporating nutrition and physical fitness component into Adolescent Services at health clinics, e.g. (Klinik Anggun) and Wellness Clinic | MOH | On going | No. of overweight adolescents attending the clinic |
GROUP 1: HEALTH PROMOTION

GOAL: TO ENABLE ADOLESCENT TO MAKE WISE CHOICES, DEVELOP RISK MANAGEMENT SKILLS, ADOPT RESPONSIBLE HEALTHY LIFESTYLE AND SUPPORT THE CREATION OF A HEALTHY AND SUPPORTIVE ENVIRONMENT

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</tr>
</thead>
<tbody>
<tr>
<td>Advocate importance of physical and nutrition education in schools</td>
<td>MOE MOH PBT</td>
<td>On going</td>
<td>Number of hours allocated in the curriculum</td>
<td></td>
</tr>
<tr>
<td>Promote usage of School Canteen Guidelines</td>
<td>MOH MOI Private sectors NGOs</td>
<td></td>
<td>No. of trainings conducted</td>
<td></td>
</tr>
<tr>
<td>Training for canteen operators</td>
<td>MOH MOE PIBG</td>
<td></td>
<td>No. of canteen operators trained</td>
<td></td>
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<tr>
<td>Media campaigns</td>
<td>MOH MOI Private sectors NGOs</td>
<td></td>
<td>No. of media campaigns being implemented</td>
<td></td>
</tr>
<tr>
<td>Development, production and distribution of educational materials targeted at adolescents, parents and teachers</td>
<td>MOH MOE PIBG</td>
<td></td>
<td>No. of health education materials produced &amp; distributed</td>
<td></td>
</tr>
<tr>
<td>Information through Health Online (internet portal)</td>
<td>MOH MSC</td>
<td></td>
<td>No. nutrition related articles produced for adolescent</td>
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GROUP 1: HEALTH PROMOTION

GOAL: TO ENABLE ADOLESCENT TO MAKE WISE CHOICES, DEVELOP RISK MANAGEMENT SKILLS, ADOPT RESPONSIBLE HEALTHY LIFESTYLE AND SUPPORT THE CREATION OF A HEALTHY AND SUPPORTIVE ENVIRONMENT

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<th>Agencies Responsible</th>
<th>Time Frame</th>
<th>Indicators for Monitoring and Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing new programme</td>
<td>Caloric Labeling Program for school canteen</td>
<td>MOH</td>
<td>On going</td>
<td>No. of schools participating in the programme</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MOE</td>
<td></td>
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</tbody>
</table>

**SEXUAL REPRODUCTIVE HEALTH**

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Activities</th>
<th>Agencies Responsible</th>
<th>Time Frame</th>
<th>Indicators for Monitoring and Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthening of existing sexual reproductive health promotion programmes targeted to adolescents</td>
<td>Sensitizing policy-makers, programme managers and implementers on SRH issues Create awareness through seminars, forums, internet etc</td>
<td>MOH (HECC / BPKK) MSC MOWFCD MOE MOHE Etc</td>
<td>On going</td>
<td>Number of seminars and forums conducted</td>
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<tr>
<td>Reviewing and promote the utilization of existing SRH related programmes/ modules such as:</td>
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<tr>
<td>• Family Life Education Programme</td>
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</tr>
<tr>
<td>• PROSTAR</td>
<td></td>
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<tr>
<td>• RHAM</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>MOE</td>
<td>On going</td>
<td>Number of SRH related modules available/ developed</td>
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<td></td>
<td></td>
<td>MOH</td>
<td></td>
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<td></td>
<td></td>
<td>MOWFCD</td>
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<td></td>
<td></td>
<td>FFPAM</td>
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<td>WCC</td>
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<td></td>
<td></td>
<td>PS The Children PROSTAR Club Religious bodies etc</td>
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</tbody>
</table>
NATIONAL PLAN OF ACTION FOR ADOLESCENT HEALTH PROGRAMME

GROUP 1: HEALTH PROMOTION

GOAL: TO ENABLE ADOLESCENT TO MAKE WISE CHOICES, DEVELOP RISK MANAGEMENT SKILLS, ADOPT RESPONSIBLE HEALTHY LIFESTYLE AND SUPPORT THE CREATION OF A HEALTHY AND SUPPORTIVE ENVIRONMENT

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Activities</th>
<th>Agencies Responsible</th>
<th>Time Frame</th>
<th>Indicators for Monitoring and Evaluation</th>
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</thead>
<tbody>
<tr>
<td>• OK tak OK</td>
<td></td>
<td>as above</td>
<td>On going</td>
<td>Number of SRH related health educational materials produced and distributed</td>
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<tr>
<td>• Membina Perhubungan Mesra (MPM)</td>
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<td></td>
<td></td>
<td>Number of SRH related articles developed in health online website portal</td>
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<tr>
<td>• Turning Point</td>
<td></td>
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<tr>
<td>• Permata Kasih</td>
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<tr>
<td>• Mutiara Kasih</td>
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</tr>
<tr>
<td>• Develop, produce and distribute information targeted to adolescents, parents, teachers and the community through: modules</td>
<td>Development of SRH educational materials</td>
<td>as above</td>
<td>On going</td>
<td>Number of SRH related health educational materials produced and distributed</td>
</tr>
<tr>
<td>• booklets</td>
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<tr>
<td>• pamphlets</td>
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<td>• exhibitions</td>
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<td>• campaigns</td>
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<td>• internet portals</td>
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<td>• media</td>
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GOAL: TO ENABLE ADOLESCENT TO MAKE WISE CHOICES, DEVELOP RISK MANAGEMENT SKILLS, ADOPT RESPONSIBLE HEALTHY LIFESTYLE AND SUPPORT THE CREATION OF A HEALTHY AND SUPPORTIVE ENVIRONMENT

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<th>Time Frame</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Promote and educate adolescent on genetic disorder such as thalassemia</td>
<td>MOH, MOE, NGOs</td>
<td>On going</td>
<td>Number of IEC materials on thalassemia developed and distributed</td>
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<td></td>
<td></td>
<td></td>
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<td>Number of campaigns conducted</td>
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</tbody>
</table>

MENTAL HEALTH

Strengthening existing mental health promotion programme targeted to adolescents in various settings

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Activities</th>
<th>Agencies Responsible</th>
<th>Time Frame</th>
<th>Indicators for Monitoring and Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Promote mental health wellbeing at clinic, school and community level through HLSC</td>
<td>MOH, MOE, MWFCD, MOI, Media, NGOs, Malaysian Mental Health Association, MMA, MAAH, PIBG, Befrienders, Societies</td>
<td>On going</td>
<td>Number of peer educators trained on mental health</td>
</tr>
<tr>
<td></td>
<td>Support training of teachers and school counselors on Programme Minda Sejahtera (PROMIS) and Program Minda Sihat</td>
<td></td>
<td></td>
<td>Number of teachers and counselors trained on mental health</td>
</tr>
<tr>
<td></td>
<td>Encourage mental health promotion through peer support groups such as Doktor Muda, Buddy System, PROSTAR, uniform bodies</td>
<td></td>
<td></td>
<td>Number of health education activities conducted</td>
</tr>
</tbody>
</table>
NATIONAL PLAN OF ACTION FOR ADOLESCENT HEALTH PROGRAMME

GROUP 1 : HEALTH PROMOTION

GOAL : TO ENABLE ADOLESCENT TO MAKE WISE CHOICES, DEVELOP RISK MANAGEMENT SKILLS, ADOPT RESPONSIBLE HEALTHY LIFESTYLE AND SUPPORT THE CREATION OF A HEALTHY AND SUPPORTIVE ENVIRONMENT

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<tr>
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<th>Agencies Responsible</th>
<th>Time Frame</th>
<th>Indicators for Monitoring and Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Develop, produce and disseminate IEC materials through various channels</td>
<td>Pandu Puteri, PBSM, St. John's Ambulance, Pengakap, etc.</td>
<td></td>
<td>Number of IEC material produced</td>
</tr>
</tbody>
</table>

HIGH RISK BEHAVIOURS

Promote programmes that reduce risk taking behaviours among adolescent in various settings

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Activities</th>
<th>Agencies Responsible</th>
<th>Time Frame</th>
<th>Indicators for Monitoring and Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Identify and support programmes by various agencies that promote reduction of risky behaviours among adolescents such as: • Tak Nak Merokok • CERAH • PROSTAR • Road Safety Programmes • Lencana Anti-Dadah Kebangsaan • Program Intervensi Pelajar (PIP) • PINTAR</td>
<td>MOH MOE MOWFCD MYS AADK MOI MOT JPM PDPM JPJ Jabatan Perpaduan dan Integriti</td>
<td>On going</td>
<td>Number of risk behaviour reducing programmes available / developed Number of risk behaviour reducing programmes conducted Number of teachers and counselors trained Number of peer educators trained</td>
</tr>
</tbody>
</table>
NATIONAL PLAN OF ACTION FOR ADOLESCENT HEALTH PROGRAMME

APPENDIX 1

GROUP 1: HEALTH PROMOTION

GOAL: TO ENABLE ADOLESCENT TO MAKE WISE CHOICES, DEVELOP RISK MANAGEMENT SKILLS, ADOPT RESPONSIBLE HEALTHY LIFESTYLE AND SUPPORT THE CREATION OF A HEALTHY AND SUPPORTIVE ENVIRONMENT

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<tr>
<th>Strategies</th>
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<th>Agencies Responsible</th>
<th>Time Frame</th>
<th>Indicators for Monitoring and Evaluation</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>and dental hygiene among adolescent in various setting</td>
<td>MOWFCD</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>- clinic</td>
<td>PIBG</td>
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<tr>
<td></td>
<td>- school</td>
<td>Private sectors</td>
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<tr>
<td></td>
<td>- community</td>
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<tr>
<td></td>
<td>Review and strengthen existing programmes such as:</td>
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<td></td>
<td>- Doktor Muda</td>
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<tr>
<td></td>
<td>- PBSS</td>
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<td></td>
<td>- PROSTAR</td>
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<td>- etc</td>
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<tr>
<td></td>
<td>Develop, produce and disseminate relevant IEC materials</td>
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</tbody>
</table>
# National Plan of Action for Adolescent Health Programme

## Group 1: Health Promotion

**Goal:** To enable adolescent to make wise choices, develop risk management skills, adopt responsible healthy lifestyle and support the creation of a healthy and supportive environment.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Activities</th>
<th>Agencies Responsible</th>
<th>Time Frame</th>
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<tbody>
<tr>
<td>and dental hygiene among adolescent in various settings</td>
<td>- clinic</td>
<td>MOWFCD</td>
<td></td>
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<td></td>
<td>- school</td>
<td>PIBG</td>
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<td>- community</td>
<td>Private sectors</td>
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<td></td>
<td>Review and strengthen existing programmes such as:</td>
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<td></td>
<td>Develop, produce and disseminate relevant IEC materials</td>
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</tbody>
</table>
## NATIONAL PLAN OF ACTION FOR ADOLESCENT HEALTH PROGRAMME

### GROUP 2: ACCESSIBLE AND APPROPRIATE HEALTH CARE SERVICES

### GOAL: PROVISION OF A COMPREHENSIVE RANGE OF HEALTH CARE WITH EMPHASIS ON PREVENTIVE AND PROMOTIVE SERVICES FOR ADOLESCENTS WHICH ARE USER FRIENDLY, GENDER SENSITIVE AND ADJUSTED TO ADOLESCENT HEALTH NEEDS

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Activities</th>
<th>Agencies Responsible</th>
<th>Time Frame</th>
<th>Indicators For Monitoring And Evaluation</th>
</tr>
</thead>
</table>
| Strengthen provision of accessible and appropriate adolescent friendly health services | Establish adolescent health services at primary health care level:  
  - Provide services based on local health needs  
  - Provide comprehensive and integrated adolescent health services in all five priority areas and dental health service in relation to:-  
    - health education  
    - screening  
    - treatment  
    - counseling  
    - rehabilitative services (through referrals)  
  - Train multi-disciplined health care providers | MOH  
MOE  
MOWFCD  
AADK  
PEMADAM  
LPPKN  
JKM  
PDRM  
JPJ  
MYS  
NGOs  
Panel Penasihat Kesihatan (Health Advisor Panel) | On going | No. of health clinics providing adolescent friendly services  
No. of adolescents attending the clinics/ health centers  
No. of adolescents being counseled  
No. of adolescent referred for further management  
No. of staff trained on adolescent health care and counseling |
GROUP 2: ACCESSIBLE AND APPROPRIATE HEALTH CARE SERVICES

GOAL: PROVISION OF A COMPREHENSIVE RANGE OF HEALTH CARE WITH EMPHASIS ON PREVENTIVE AND PROMOTIVE SERVICES FOR ADOLESCENTS WHICH ARE USER FRIENDLY, GENDER SENSITIVE AND ADJUSTED TO ADOLESCENT HEALTH NEEDS

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<th>Time Frame</th>
<th>Indicators For Monitoring And Evaluation</th>
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</thead>
<tbody>
<tr>
<td>Upgrading existing infrastructure for adolescent services in the health clinics and hospitals (e.g. adolescent ward)</td>
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<tr>
<td>Provision of appropriate equipments for adolescent health services</td>
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<tr>
<td>Incorporate adolescent health programmes in school health services</td>
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<tr>
<td>Encourage adolescent to participate actively in various settings pertaining to their health</td>
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<tr>
<td>Establish network of referral system for: - teenage pregnancy - abuse cases - drug abuse - violent behaviour - suicidal tendencies, etc</td>
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<td>SOP on referral systems available</td>
</tr>
</tbody>
</table>
### NATIONAL PLAN OF ACTION FOR ADOLESCENT HEALTH PROGRAMME

**GROUP 2: ACCESSIBLE AND APPROPRIATE HEALTH CARE SERVICES**

**GOAL:** PROVISION OF A COMPREHENSIVE RANGE OF HEALTH CARE WITH EMPHASIS ON PREVENTIVE AND PROMOTIVE SERVICES FOR ADOLESCENTS WHICH ARE USER FRIENDLY, GENDER SENSITIVE AND ADJUSTED TO ADOLESCENT HEALTH NEEDS

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<th>Time Frame</th>
<th>Indicators For Monitoring And Evaluation</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Support and participate in adolescent health services by various agencies such as: - juvenile home - halfway home - shelter homes - rehabilitation centres - community youth centres - Family Life Education in schools - Kafe@TEEN - etc</td>
<td>MOH MOE MYS MOWFCD LPPKN JKM JHEOA Religious bodies Local Councils NGOs</td>
<td>2006-2015</td>
<td>No. of adolescent health services available by various agencies</td>
</tr>
</tbody>
</table>
NATIONAL PLAN OF ACTION FOR ADOLESCENT HEALTH PROGRAMME

GROUP 3: HUMAN RESOURCE DEVELOPMENT

GOAL: TO HAVE ADEQUATE SKILLED, TRAINED AND RELEVANT PERSONNEL IN EACH SERVICE DELIVERY AREA

<table>
<thead>
<tr>
<th>Strategies</th>
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</tr>
</thead>
</table>
| Strengthen human resource and capacity building for the implementation of adolescent health services | Planning for multidisciplinary human resource needs in adolescent health services at various levels (subspecialisation in adolescent health):  
- At Community Level  
  - Social worker  
  - Youth worker  
- At Clinic Level  
  - Public Health Nurse  
  - Assistant Medical Officer  
  - Family Medicine Specialist  
  - Dentist  
  - Clinical Psychologist  
  - Counselors  
  - Health Education Officers  
  - Medical Social Workers  
  - Dietitian  
  - Nutritionist  
  - Speech & Language Therapist  
  - Occupational Therapist  
  - Physiotherapist | JPA  
MOH  
MOE  
MYS  
MOWFCD  
JKM  
LPPKN  
NGO's  
Private sectors  
Professional Bodies | | No. of posts created |
**GROUP 3: HUMAN RESOURCE DEVELOPMENT**

**GOAL:** TO HAVE ADEQUATE SKILLED, TRAINED AND RELEVANT PERSONNEL IN EACH SERVICE DELIVERY AREA

<table>
<thead>
<tr>
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<tr>
<td></td>
<td>* At Hospital Level</td>
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<tr>
<td></td>
<td>- Adolescent Physician</td>
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<tr>
<td></td>
<td>- Adolescent Gynaecologist</td>
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<tr>
<td></td>
<td>- Child &amp; Adolescent Psychiatrist</td>
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<tr>
<td></td>
<td>- Dentist</td>
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<td></td>
<td>- Counselors</td>
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<td></td>
<td>- Medical Social Worker</td>
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<td>- Dietitian</td>
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<td></td>
<td>- Speech &amp; Language Therapist</td>
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<td></td>
<td>- Occupational Therapist</td>
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<tr>
<td></td>
<td>- Physiotherapist</td>
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<td></td>
<td>Support provision of adolescent health services to institutions (such as Pusat Serenti, Sekolah Pemulihan Akhlak, Sekolah Tunas Bakti, Asrama Seri Puteri) through visiting health team from government, private sectors or NGO’s</td>
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<tr>
<td></td>
<td>Support continuous training on Adolescent Health for all categories of health care providers through formal and informal trainings, such as:</td>
<td>JPA, MOH, MOE, MYS, MOWFCD</td>
<td>On going</td>
<td>No. of trainings conducted</td>
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<td></td>
<td></td>
<td></td>
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<td>No. of staff trained</td>
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</tbody>
</table>
## NATIONAL PLAN OF ACTION FOR ADOLESCENT HEALTH PROGRAMME

### GROUP 3: HUMAN RESOURCE DEVELOPMENT

### GOAL: TO HAVE ADEQUATE SKILLED, TRAINED AND RELEVANT PERSONNEL IN EACH SERVICE DELIVERY AREA

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<th>Time Frame</th>
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</thead>
</table>
|            | - In-service training  
  - Training of trainers  
  - Echo-training at state and district level  
  - CME / CPD  
  - Short attachments to health clinics/ hospitals/ universities, locally and abroad  
  - Fellowship Programmes for all providers in adolescent health | JKM  
 LPPKN  
 NGO's  
 Private sectors  
 Professional Bodies | 2006 - 2015 | No. of tertiary institutions with adolescent health curriculum |
| Advocate the incorporation of Adolescent Health as a curriculum in medical and paramedic schools, Teachers Training Colleges, Allied Health Colleges in both basic and post-basic training programmes  
 Update and strengthen existing structured training programmes / curriculums for undergraduate/ postgraduate / paramedic / allied health sciences and teachers training curriculum | MOHE  
 MOE  
 MOH  
 Private Tertiary Institutions |
NATIONAL PLAN OF ACTION FOR ADOLESCENT HEALTH PROGRAMME

GROUP 3: HUMAN RESOURCE DEVELOPMENT

GOAL: TO HAVE ADEQUATE SKILLED, TRAINED AND RELEVANT PERSONNEL IN EACH SERVICE DELIVERY AREA

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<th>Indicators for Monitoring and Evaluation</th>
</tr>
</thead>
</table>
| Produce & review relevant manuals and modules to facilitate training of service providers e.g. | • HEADSS Module  
• Adolescent Health Care  
• Counseling the Adolescent  
• CERAH  
• PROSTAR Module  
• Quit Smoking Manual  
• etc | MOH | Review every 5 years | No. of training modules produced |

APPENDIX 3
# NATIONAL PLAN OF ACTION FOR ADOLESCENT HEALTH PROGRAMME

## GROUP 4: ADOLESCENT HEALTH INFORMATION SYSTEM

### GOAL: TO ESTABLISHING AN INFORMATION SYSTEM AT THE NATIONAL, STATE AND DISTRICT LEVEL.

<table>
<thead>
<tr>
<th>Strategies</th>
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<th>Agencies Responsible</th>
<th>Time Frame</th>
<th>Indicators for Monitoring and Evaluation</th>
</tr>
</thead>
</table>
| Establish and strengthen database for adolescent health | Review and strengthen HIMS as a mechanism to:  
  - Assist planning, monitoring and evaluating adolescent health programmes achievement  
  - Monitor trends in morbidities among adolescent at clinic level | MOH (BPKK, IDS) | 2007 onwards | No. of staff trained on HIMS  
  No. of adolescent with specific morbidities attending health clinics |
| Facilitate mechanism for data sharing among government agencies:  
  - Identify agencies compiling data on adolescents health  
  - Utilize the coordinating committee across agencies for data sharing  
  - Advocate a standardization of adolescent age group for data collection across all relevant agencies  
  - Compile, collate & disseminate relevant information data | MOH MOE MOHE MOWFCD - LPPKN - ISM MYS MOT (JPJ) JKM PDRM DOS Universities NGOs etc | 2008 onwards | No. of publication on adolescent health and issues |
**GROUP 5: RESEARCH AND DEVELOPMENT**

**GOAL:** TO IDENTIFY AND ENCOURAGE RELEVANT RESEARCH PRIORITY AREAS IN ADOLESCENT HEALTH

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<tbody>
<tr>
<td>To compile, collate and disseminate research related to adolescents in Malaysia and regionally</td>
<td>Facilitate the establishment of a “clearing house” on adolescent health related issues at national level</td>
<td>Universities -(as lead role) MOH MOE MOHE MOSTI MOYS MOWFCD MOI PDRM NGOs (MAAH) etc</td>
<td>2008 onward</td>
<td>Establishment of clearing house</td>
</tr>
</tbody>
</table>
| To promote and support adolescent related researches in all five priority areas | Identify the adolescent related research in the following areas:  
- Policy development  
- Operational/community  
- Programme evaluation  
- Clinical  
Promote and encourage the                                                                 | Universities -(as lead role) MOH (IPK, IMR, IKU, BPKK, HECC, CDC, etc) MOE MOHE MOSTI MYS MOWFCD | On going       | No. of publications /presentations on adolescent related research             |

**APPENDIX 5**
## NATIONAL PLAN OF ACTION FOR ADOLESCENT HEALTH PROGRAMME

### APPENDIX 5

#### GROUP 5: RESEARCH AND DEVELOPMENT

**GOAL**: TO IDENTIFY AND ENCOURAGE RELEVANT RESEARCH PRIORITY AREAS IN ADOLESCENT HEALTH

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</thead>
<tbody>
<tr>
<td></td>
<td>implementation of adolescent related researches by various agencies</td>
<td>MOI, PDRM, NGOs (MAAH) etc</td>
<td>On going</td>
<td>research conducted annually</td>
</tr>
<tr>
<td></td>
<td>Integrate adolescent health issues into national and sub-national surveys</td>
<td>MOH (National Institutes of Health)</td>
<td>On going</td>
<td>No. of grant on adolescent related research approved annually</td>
</tr>
<tr>
<td></td>
<td>Advocate adolescent related research within the 9th Malaysian Plan and future Health Research Priorities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Advocate for ethical approval in adolescent health related research especially research in adolescent related behavior</td>
<td></td>
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</tr>
</tbody>
</table>
# National Plan of Action for Adolescent Health Programme

## Appendix 6

### Group 6: Strategic Alliances with Related Agencies

**Goal:** Fostering strong strategic alliances with related agencies towards enhancing adolescent health

<table>
<thead>
<tr>
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<th>Agencies Responsible</th>
<th>Time Frame</th>
<th>Indicators for Monitoring and Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>To promote and strengthen collaboration between government and non-government agencies</td>
<td>Advocate the utilization of existing joint committees to address adolescent health issues at national, state and district levels e.g.</td>
<td>MOH, MOWFCD, MOE, MYS, MIA, MSC, JAKIM, NGOs, - MMA, - MAAH, - FFPAM, - PS The Children, - WCC, - Uniform Bodies (PBSM, Scouts, Cadets etc), - PIBG</td>
<td>On going</td>
<td>Number of joint committees on adolescent health</td>
</tr>
<tr>
<td></td>
<td>to promote the utilization of existing joint committees to address adolescent health issues at national, state and district levels e.g.</td>
<td></td>
<td>On going</td>
<td>Number of adolescent health related programmes available</td>
</tr>
<tr>
<td></td>
<td>Identify and incorporate adolescent health into existing adolescent health related programmes / activities at all levels e.g.</td>
<td>as above</td>
<td>On going</td>
<td>Number of adolescents involved in adolescent health programmes &amp; activities</td>
</tr>
</tbody>
</table>
GROUP 6: STRATEGIC ALLIANCES WITH RELATED AGENCIES

GOAL: FOSTERING STRONG STRATEGIC ALLIANCES WITH RELATED AGENCIES TOWARDS ENHANCING ADOLESCENT HEALTH

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<tbody>
<tr>
<td>• PBSS</td>
<td>Networking with and secure resources / funding from related international</td>
<td></td>
<td>On-going</td>
<td>Number of committees involving /</td>
</tr>
<tr>
<td></td>
<td>bodies, local agencies and private sectors for adolescent health and</td>
<td></td>
<td></td>
<td>incorporating adolescents as members</td>
</tr>
<tr>
<td></td>
<td>development programmes</td>
<td></td>
<td></td>
<td>at all levels</td>
</tr>
<tr>
<td>• PLKN</td>
<td></td>
<td></td>
<td></td>
<td>Numbers of adolescents involved in</td>
</tr>
<tr>
<td>• Uniform bodies</td>
<td>Advocate and encourage adolescent involvement and participation in</td>
<td>as above</td>
<td>On-going</td>
<td>adolescent related committees at all</td>
</tr>
<tr>
<td>• NGOs</td>
<td>adolescent related programmes / activities and committees</td>
<td></td>
<td></td>
<td>levels</td>
</tr>
<tr>
<td>• PIBGs</td>
<td></td>
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<tbody>
<tr>
<td>Development of Adolescent Health Resource Directory</td>
<td>Support and collaborate in the provision of adolescent friendly health services and programmes by various agencies</td>
<td>as above</td>
<td>2008 and beyond</td>
<td>Availability of adolescent health resource directory</td>
</tr>
<tr>
<td></td>
<td>Strengthen the referral network across and within agencies to facilitate services and care for the adolescents</td>
<td></td>
<td></td>
<td>Number of adolescent accessing adolescent health facilities</td>
</tr>
<tr>
<td></td>
<td>Support in establishing a rapid interactive mechanism for addressing adolescent health issues / problems through ICT e.g.</td>
<td></td>
<td></td>
<td>Number of hits into adolescent health <a href="http://www.myhealth.gov.my">www.myhealth.gov.my</a> website portal</td>
</tr>
<tr>
<td></td>
<td>• Myhealth website portal “Ask The Expert”</td>
<td></td>
<td></td>
<td>Number of adolescent accessing the Ask the Expert Forum in myhealth.gov.my website portal</td>
</tr>
<tr>
<td></td>
<td>• Centralised Adolescent Hotline (toll free)</td>
<td></td>
<td></td>
<td>Number of phone calls to adolescent HOTLINE</td>
</tr>
</tbody>
</table>
NATIONAL PLAN OF ACTION FOR ADOLESCENT HEALTH PROGRAMME

GROUP 7: LEGISLATION

GOAL: TO PROMOTE THE HEALTH OF ADOLESCENTS BY ADVOCATING THE DEVELOPMENT OF REGULATION AND LEGISLATION AND SUPPORTING EXISTING POLICIES.

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</thead>
</table>
| Support policies and legislations that facilitate adolescent health and development in all the five priority areas | Participate in activities related to policies, laws and regulations of young people in all five priority areas such as:  
- Support development of comprehensive legislative framework pertaining to nutrition such as:  
  - Formulating new legislation e.g. Food Hygiene Regulations  
  - Review existing Food Act 1983  
- Support in advocating for review and enforcement of existing laws related to adolescent such as:-  
  - Road Transport Act 1997  
  - Tobacco Control | MOH  
AG’s Chamber  
MOE  
MOWFC  
MOHR  
Ministry of Local Housing  
MOTCA  
MEWC  
MOI  
JPM  
JAKIM  
NGOs e.g. FOMCA | On going | Number of meetings attended in related to policies, regulations & legislation of young people  
Number of policies formulated related to adolescent health and development  
Number of laws and regulations formulated related to adolescent health and development |
NATIONAL PLAN OF ACTION FOR ADOLESCENT HEALTH PROGRAMME

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<tr>
<td></td>
<td>Regulation 2004</td>
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<td></td>
<td>- Food Act 1983 (alcohol usage)</td>
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<tr>
<td></td>
<td>- Penal Code (abortion / sexual relations / sex crimes)</td>
<td></td>
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<td></td>
<td>- Child Act 2001</td>
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<tr>
<td></td>
<td>- Children and Young Persons' Employment Act 1966</td>
<td></td>
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<td></td>
<td>- OSHA 1994</td>
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<td></td>
<td>- Draft for Disabled Person Act</td>
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<td></td>
<td>- Mental Health Policy</td>
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<td></td>
<td>- Encourage and promote the use of Guideline of Media Reporting on Suicide</td>
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<td></td>
<td>- Protect adolescent from being victimized by media and commercial and sex</td>
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</table>
| industries | - Advocate for implementation of existing rules/regulations/laws related to housing & development to be adolescent friendly:  
  - every housing estate should have recreational facilities such as playground, community hall, nursery etc  
  - Minimum 3 bedroom house with lounge for all house design in Uniform Building by-Law  
  - Maintenance of public infrastructure in safe and usable condition | On going | | |

NATIONAL PLAN OF ACTION FOR ADOLESCENT HEALTH PROGRAMME

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<tr>
<td></td>
<td>• Advocate for establishment of adolescent friendly environment in prison and court</td>
<td></td>
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<td></td>
<td>- Separate cells from adult criminals for adolescents remanded in prison for committing juvenile crimes</td>
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<td></td>
<td>- Strengthen Witness Support Service</td>
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<td>- Video Link Evidence in Court Presiding</td>
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<td>- Immediate access to lawyer &amp; family</td>
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<td></td>
<td>• Support changes in existing acts/law such as:</td>
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<tr>
<td></td>
<td>- To increase the minimum age for buying cigarettes from 18 to 21 years of age</td>
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<tr>
<td>- Promote awareness to adolescents, parents and public on matters related to adolescent rights as well as policies, laws and regulations that affect adolescent health and development</td>
<td>Support the inclusion of adolescent rights &amp; legal matters pertaining to adolescent health in the school curriculum Promote the development of IEC materials on rights and laws related to adolescents health such as: • Penal Code (especially statutory rape) • Child Act 2001</td>
<td>As above</td>
<td>On going</td>
<td>Number of hours in school curriculum Number of IEC materials on adolescent related law produced</td>
</tr>
</tbody>
</table>
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<td></td>
<td>Convention on the Right of the Child (CRC)</td>
<td></td>
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<tr>
<td></td>
<td>Tobacco Control Regulation 2004</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Road Transport Act 1997 (minimum age to drive / ride and usage of helmets/ seatbelts) etc</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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