FOREWORD

In Malaysia, adolescents comprise about 18% or one fifth of the population. 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 programs, 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, their peers, their families whilst at the same time contributing to the society at large.

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

YBHG. DATUK DR. LOKMAN HAKIM BIN SULAIMAN
DEPUTY DIRECTOR GENERAL OF HEALTH
PUBLIC HEALTH DEPARTMENT
MINISTRY OF HEALTH, MALAYSIA

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List of Abbreviations:

AADK	:	National Agency Against Drugs (*Agensi Anti-Dadah Kebangsaan*)
AG Chamber	:	Attorney General Chamber
ASFR	:	Age Specific Fertility Rate
BCC	:	Behaviour Change Communications
BMI	:	Body Mass Index
BPKK	:	Family Health Development Division (*Bahagian Pembangunan Kesihatan Keluarga*)
BKP	:	Disease Control Division (*Bahagian Kawalan Penyakit*)
BPPDP	:	Educational Planning And Research Division (*Bahagian Perancangan dan Penyelidikan Dasar Pendidikan*)
BSSK/R	:	Health Risk Assessment Form (*Borang Saringan Kesihatan Remaja*)
BSKN	:	National Service Volunteer Brigade (*Briged Sukarelawan Khidmat Negara*)
CEDAW	:	Convention to Eliminate all Forms of Discrimination Against Women
CERAH	:	Tobacco, Alcohol and Drugs Prevention Programme (*Cegah Rokok, Alkohol dan Dadah*)
CME	:	Continuous Medical Education
CPD	:	Clinical Practice Guideline
CRC	:	Convention on the Rights for the Child
CSR	:	Corporate Social Responsibility
DOS	:	Department of Statistics
EMIS	:	Education Management Information System
EPU	:	Economic Planning Unit, Prime Minister Department
FCTC	:	Framework Convention for Tobacco Control (FCTC)
FDAM	:	Film Directors Association of Malaysia
FOMCA	:	Federation of Malaysian Consumers Associations
FP	:	Family Planning
FRHAM	:	Federation of Reproductive Health Associations Malaysia
FMS	:	Family Medicine Specialist
globALC Net	:	Global Alcohol Network
GSHS	:	Global School-based Health Survey
GYTS	:	Global Youth Tobacco Survey
HEADSS	:	Home/Education/Activities/Drugs/Suicide/Sex etc
HECC	:	Health Education Communication Centre
HIV/ AIDS	:	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
HIMS	:	Health Information and Management System
HLSC	:	Healthy Life Style Campaign
HSR	:	Health Systems Research
ICPD	:	International Conference on Population Development
ICT	:	Information and Communications Technology
ICU	:	Implementation Coordination Unit, Prime Minister Department
IDS	:	Information and Documentation System
IEC materials	:	Information, Education and Communication materials
IHBR	:	Institute for Health Behavioral Research
IHM	:	Institute of Health Management
IMR	:	Institute for Medical Research

IPH	:	Institute for Public Health
IPT	:	Higher Learning Institutions (*Institusi Pengajian Tinggi*)
IRPA	:	Intensification of Research in Priority Areas
IEC	:	Information, Education and Communication
ISM	:	Malaysian Social Institute (*Institut Sosial Malaysia*)
JAKIM	:	Malaysian Islamic Development Department (*Jabatan Kemajuan Islam Malaysia*)
JK	:	Committee (*Jawatankuasa*)
JKA	:	Public Health Department (*Jabatan Kesihatan Awam*)
JKM	:	Social Welfare Department (*Jabatan Kebajikan Masyarakat*)
JPA	:	Public Services Department (*Jabatan Perkhidmatan Awam*)
JPJ	:	Road Transport Department (*Jabatan Pengangkutan Jalan*)
JPM	:	Prime Minister's Department (*Jabatan Perdana Menteri*)
JPN	:	National Registration Department of Malaysia (*Jabatan Pendaftaran Negara*)
KOSPEN	:	Komuniti Sihat Perkasa Negara
LADK	:	Lencana Anti-Dadah Kebangsaan
NPFDB /	:	National Population and Family Development Board Malaysia
LPPKN		(*Lembaga Penduduk dan Pembangunan Keluarga Negara*)
MAAH	:	Malaysian Association for Adolescent Health
MCMC	:	Malaysian Communications And Multimedia Commission
MCMM	:	Ministry of Communication and Multimedia Malaysia
MDG	:	Millennium Development Goal
MEWC	:	Ministry of Energy, Water and Communications
MMA	:	Malaysian Medical Association
MKMPK	:	National Food Safety and Nutrition Council (*Majlis Keselamatan Makanan dan Pemakanan Kebangsaan*)
MO	:	Medical Officer
MOD	:	Ministry of Defence
MOE	:	Ministry of Education
MOH	:	Ministry of Health
MOHE	:	Ministry of Higher Education
MOHR	:	Ministry of Human Resources
MOI	:	Ministry of Information
MOIA	:	Ministry of Internal Affairs
MOHA	:	Ministry of Home Affairs
MOLH	:	Ministry of Local Housing
MOT	:	Ministry of Transport
MOTCA	:	Ministry of Trade and Consumer's Affair
MORRD	:	Ministry of Rural and Regional Development
MOSTI	:	Ministry of Science, Technology and Innovation
MOWFCD	:	Ministry of Women, Family and Community Development
MOYS	:	Ministry of Youth and Sport
MPFS	:	Malaysian Population and Family Survey
MSC	:	Multimedia Super Corridor
MSN	:	National Social Council (*Majlis Sosial Negara*)
MyCCAdH	:	Malaysian Clearing House Centre for Adolescent Health
MYS	:	Ministry of Youth and Sports
MVA	:	Motor Vehicle Accident

NAHPOA	:	National Adolescent Health Plan of Action
NCCFN	:	National Coordinating Committee on Food and Nutrition
NGO	:	Non-Government Organization
NFC	:	National Fitness Council
NHMS	:	National Health Morbidity Survey
NPANM	:	National Plan of Action for Nutrition of Malaysia
OBD	:	*Orang Belum Dewasa*
OSHA Act	:	Occupational Health and Safety Act
OT	:	Occupational Therapist
PBT	:	Local Authority (*Pihak Berkuasa Tempatan*)
PBSM	:	Red Cresent Society (*Persatuan Bulan Sabit Merah*)
PBSS	:	Health Promoting School Programme (*Program Bersepadu Sekolah Sihat*)
PDK	:	Community-Based Rehabilitation (*Pemulihan Dalam Komuniti*)
PDRM	:	Malaysian Royal Police Force (*Polis Di Raja Malaysia*)
PEKERTI	:	Policy and Action Plan for Reproductive Health Education and Social (*Pelan Tindakan Pendidikan Kesihatan Reprodutif dan Sosial*)
PENGASIH	:	Private Drug Treatment and Rehabiltation Centre, Malaysia
PEMADAM	:	Malaysian Association Against Drugs (*Persatuan Mencegah Dadah Malaysia*)
PIBG	:	Parents and Teachers Association (*Persatuan Ibubapa Guru*)
PIP	:	Intervention Programme For Students (*Program Intervensi Pelajar*)
PLKN	:	National Service Training Departmen (*Program Latihan Khidmat Negara*)
PPKK	:	Pusat Promosi Kesihatan Komuniti
PROSTAR	:	Healthy Without AIDS Programme for Youth (*Program Sihat Tanpa AIDS Untuk Remaja*)
PT	:	Physiotherapist
RHAM	:	Reproductive Health of Adolescents Module
RTC	:	Rural Transformation Centre
SHIELD	:	*Sayangi Hidup Elak Dadah Selamanya Programme*
SLT	:	Speech And Language Therapist
SKR	:	Adolescent Health Screening (*Saringan Kesihatan Remaja*)
SRH	:	Sexual and Reproductive Health
STD	:	Sexually Transmitted Diseases
STI	:	Sexually Transmitted Infection
TPC	:	Teleprimary Care
TWG	:	Technical Working Group
UM	:	University of Malaya
UKM	:	Malaysian National University (*Universiti Kebangsaan Malaysia*)
USM	:	University of Science Malaysia
UPM	:	Universiti Putra Malaysia
UiTM	:	Universiti Teknologi Mara
UNFPA	:	United Nations Population Fund
UNGASS	:	United Nation General Assembly Special Session on HIV/ AIDS
UNICEF	:	United Nation's Children's Fund
UTC	:	Urban Transformation Centre
WCC	:	Women's Centre for Change/ Women's Crisis Centre
WHO	:	World Health Organization
10th & 11th MP	:	9th & 10th Malaysian Plan

NATIONAL PLAN OF ACTION FOR ADOLESCENT HEALTH PROGRAMME

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. Subsequently, in 2005 the draft proposal National Adolescent Health Plan (1997) was reviewed to ensure its objectives, strategies and activities are in line with the current policy. In 2006 the National Adolescent Health Plan of Action 2006-2020 was finalised and officially distributed to relevant agencies.

In 2008, the National Adolescent Health Technical Committee was established to monitor the achievement and effectiveness of strategies, programs and activities in the National Adolescent Health Policy & Plan of Action.

In 2013, a national workshop to review the National Adolescent Health Plan of Action 2006-2020 was held at Mahkota Hotel, Malacca on 22-24th October 2013. 50 participants from various government agencies, NGOs and universities were invited. The aim of the workshop was to identify current issues, gaps and interventions that address the social determinants affecting adolescent health holistically to meet the real need of adolescents in particular the X, Y and Z generation. The workshop also identified overall expected outcomes to be achieve by 2020 with involvement from various relevant agencies.

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

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.

The workshop outputs were discussed in a series of meetings with various experts and stakeholders for comments and discussion. Subsequently the draft National Plan of Action for Adolescent Health 2015-2020 was presented to the National Adolescent Health Technical Committee chaired by Deputy Director General (Public Health) with members comprising of various government agencies, NGO's and youth representatives. The draft was finally circulated to various ministries, agencies and division for comments before being finalised.

2. INTRODUCTION

The onset of adolescence is a critical period of biological and pyschological changes for the individual. For many, it also involves a drastic change in their 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 introduced as an expanded scope of the Maternal and Child Health Services in the Family Health Development Division, Ministry of Health.

1997 : Adolescent related 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 : Workshop to develop the National Adolescent Health Plan of Action 2006-2020 in line with the National Adolescent Health Policy involving inputs from various agencies and sectors.

2006 : National Adolescent Health Plan of Action 2006-2020 was presented to the Ministry of Health *Mesyuarat Exco and KPK Khas*.

2008 : National Technical Committee on Adolescent Health was established to monitor the implementation and achievement of the National Adolescent Health Plan of Action 2006-2020

2012 : Three Technical Working Groups were established on Health Promotion, Research and Development, and Strengthening Services Delivery to monitor and evaluate the NAHPOA.

2013 : Decision made on 25th July 2015 by the National Technical Committee on Adolescent Health chaired by Deputy Director General (Public Health) to review the NAHPOA 2006-2020. Workshop was conducted to review the NAHPOA 2006-2020 at Mahkota Hotel, Malacca on 22-24th October 2013 which was attended by 50 participants from various agencies.

2014 - 2015 : A series of meetings were conducted with various agencies, NGO's, Universities, youth representatives to finalise the reviewed NAHPOA 2015-2020.

3. SITUATIONAL ANALYSIS

3.1 Demographic Situation

Globally, adolescents comprise about one fifth of the world population (WHO, 2013). Similarly in Malaysia, out of the 30.27 million population, one fifth or estimated 5.5 million of the population are adolescents aged 10-19 years (Department of Statistics, 2015). 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 2015. 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, 1970-2015 ('000)

Age (years)	1970	1980	1990	2000	2010	2012	2013	2014	2015*
10-14	1454.7	1719.1	1982.3	2523.7	2654.0	2670.0	2668.6	2665.1	2651.6
15-19	1197.6	1576.5	1808.4	2335.7	2869.8	2853.6	2841.9	2855.6	2842.4
Total	2652.3	3295.6	3790.7	4859.4	5523.8	5522.6	5510.5	5520.7	5494.0

** Preliminary Data*

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. A comparison between Census 2000 and 2010 on mean age at first marriage of Malaysian citizens showed that mean age for the males decreased from 28.6 years to 28.0 years. Inversely, the mean age for the females increased from 25.1 years to 25.8 years. In 2014 (MFPS), the mean age of first

marriage for male have increased to 29.2 years and the mean age for female has increased to 26.1 years.

It indicated that both females and males are getting married later than before. 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 2011-2013 the school enrolment rate shows a reduction as the education level progresses, from primary to secondary schools and colleges. The primary school enrolment rate for the year 2013 is 94.37% for children aged 6+ - 11+ years, 85.4% for those in lower secondary (adolescents aged 12+ - 14+ years), 77.96% in upper secondary (adolescents aged 15+ - 16+ years) and 16.81% 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. In 2014, Ministry of Education has launch Malaysia Education Blueprint 2013-2025 to transform the delivery of education in Malaysia.

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 (NPFDB), 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.

The Malaysian Population and Family Survey (MPFS) 2004 and 2014 among adolescents and young people (13- 24 years old) showed that knowledge on STI/reproductive organ were still low ranging from 47.0 % – 59.6% and 16.2% - 69.4% respectively. After 10 years, (MPFS 2014) and the result (revealed that knowledge on STI/reproductive organ still remain the same.

Education materials, programmes and services focusing on SRH have gradually increase such as booklets entitled 'Rahsia Remaja', 3R, 'Demi Cinta", RHAM Module, Live Journey, I'm in Control Modules, PEKERTI@School, kafe@ TEEN and Adolescent Friendly Health Services at health centres. Sexuality education is not a compulsory subject in school but efforts have been made to incorporate it across curriculum in schools.

3.4.2 Sexual Development

A review on literature and projects on sexual and reproductive health for adolescent and youth in Malaysia (WHO, 2005) revealed limited 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 NPFDB 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. In Malaysian Population & Family

Survey 2014 showed that the mean for menarche had decrease to 12.3 years and first wet dream among boys decreased to 13.2 years.

3.4.3 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.

The Malaysian Population and Family Survey by the National Population and Family Development Board showed the percentage of adolescent 13 to 19 years old who had engaged in sexual intercourse increase from 0.9% (1994) to 2.2% (2004). In 2012, Global School Health Survey (GSHS) by MOH showed that 8.3 % students ever had sex. 50.4% of them had sex for the first time before age 14 yrs and 32.2% use condom the last time they had sex.

3.4.4 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.

In 2013, in service data from MOH showed the commonest cause of hospital admission among female adolescents 12-19 years were Pregnancy, Childbirth And The Puerperium related which accounts for 39.1% (30,361 cases).

3.4.5 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. In 2014, the age specific rate among adolescent 13-19 years for Gonorrhoea was 8.8 per 100,000 population and for Syphilis was 1.3 per 100,000 population.

Between 1986 - 2014, there were 1,581 of HIV positive cases reported among adolescent 13-19 years. The number of new HIV case among 13-19 years have increased from 43 (2010), 77 (2012) and 79 (2014). The age specific rate for new HIV cases among adolescent have increased from 1.08 (2010) to 2.1 (2014) per 100,000 population.

The goals of the Malaysian National Strategic Plan on HIV & AIDS 2011-2015 were to prevent and reduce the risks and spread of HIV infection, improve the

quality of life of People Living with HIV and reduce the socio-economic impact resulting from HIV and AIDS on the individual, family and society.

3.4.6 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%.

Obesity and overweight prevalence are at the increasing trend among school children in Malaysia. In 2012, the Global School-Based Student Health Survey (GSHS) Malaysia, indicated that the obesity prevalence (+2SD) among students aged 13-17 years old was 8% and the overweight prevalence was 19%. The findings of the National Health and Morbidity Survey (NHMS) 2015 in Malaysia show that the prevalence of obesity (BMI-for-age >+2SD) among children aged 10-14 years and 15-17 years old are 14.4% and 9.6% respectively. If adolescent obesity it is not addressed early, it will continued into adulthood. It is also well-known fact that obesity is the main risk factors for non-communicable diseases such as diabetes mellitus, hypertension and coronary heart disease.

To effectively combat obesity, it is crucial to address both the eating behaviour and physical activity. Furthermore, body image perspective in adolescents can influence their eating bahaviour. A study by Farah et. al. 2011 found that there was a positive association between eating behavior and body image with BMI. Adolescents with high eating behaviour scores and body image discrepancy scores were more likely to have greater BMI.

Apart from obesity, Malaysia is also still facing problems of under-nutrition such as underweight and stunting. The prevalence of thinness among early adolescent has increased almost double from 4.5% (NHMS, 2006) to 8.8% (NHMS, 2011). However, the prevalence of stunting among children aged 0-18 years has decreased from 15.8% (NHMS, 2006) to 13.4% (NHMS, 2011).

Therefore, it is important to prevent and control double burden of malnutrition problems to reduce morbidity and mortality rate in the country. Thus, multi-sectorial collaborations are needed to achieve optimal nutrition well-being of the population. Other eating disorders among adolescents are anorexia nervosa and bulimia which seems to be increasing in economically developed countries. However there is still little research in this area.

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.

Subsequent NHMS showed an increasing trend in mental health morbidities among 5-15 years from 13% (NHMS 1996), 19.4% (NHMS 2006) ; 20.0% (NHMS 2011).

In NHMS 2011, the highest prevalence of mental health 22.2 % were among 15 - <16 years followed by 20.6% (10-14 years) and 19.1% (5-9 years). Males had significantly more mental health problems (21.8%) as compared to females (18.1%). There seems to be a higher prevalence of mental health problems in rural localities (21.7%) than in urban areas (19.2%).

The prevalence is worrying and highlights an on-going need for further strengthening and upgrading of Child and Adolescent Mental Health Service in Malaysia. Improved detection and recognition of early difficulties as well as more comprehensive early intervention programs, particularly among at-risk population groups, are clearly needed.

The recent Global School Health Survey (GSHS) 2012 showed that 7.9% student ever seriously considered attempting suicide during past 12 month (13-17 years) and 6.7% student actually attempted suicide one or more times during the past 12 month.

3.7 High Risk Behaviours (Smoking, Alcohol Consumption and Substance Abuse)

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.

The Global Youth Tobacco Surveys (GYTS) among adolescents 13-15 years in 2003 and 2009 revealed a 3% declined in the overall prevalence of ever smokers from 33.1 % to 30% respectively. The prevalence of current smokers among boys had reduced by 5% from 36.3% to 30.9. However prevalence among girls had slightly increased from 4.25% to 5.3% for the same period.

The National Health and Morbidity Survey (NHMS 2011) also studied on smoking and alcohol consumption among adolescents. The prevalence of ever smoker among 10-14 years was 1.8% and among 15-19 years was 19.6%. However, the prevalence of current smoker for the same age group showed a decline to 0.9% and 14.3% respectively.

With regards to alcohol consumption, the prevalence of current drinker among 13-14 years was 1.6% and among 15-19 years was 6.9%. The prevalence of alcoholic beverages consumption among those < 18 years old have increased from 2.5% (NHMS III; 2006) to 4.2% (NHMS; 2011).

In Global School-based Health Survey 2012 (GSHS), among students 13-17 years who ever smoke cigarette, drank alcohol and used drugs before the age of 14 years, the percentage were 71.0%, 64.3% and 73.0% respectively.

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* – (Anti tobacco, alcohol and substance abuse programme)
- PROSIS – *Program Siswa Sihat*

- *Doktor Muda – Primary and secondary schools*
- *Healthy Mind Programme (Program Minda Sihat)*
- 10,000 Step Campaign
- My Body Fit and Fabulous (MYBFF) at school
- "I WANT SIHAT" camp
- Seminar Cinta Diusia Muda, Salahkah Saya?

Ministry of Education

- Family Health Education in school
- National Sexuality & Reproductive Health Education Guideline
- Pelan Pembangunan Pendidikan Malaysia 2013-2025
- *Kurikulum Pendidikan Kesihatan KSSR Tahun 4*
- School in Hospitals and Prison

Ministry of Youth and Sports

- *Rakan Muda*
- Malaysian Youth Policy (2015)
- *Parlimen Belia*
- 1M4U

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)
- Program PEKERTI@school, PEKERTI@IPTA, PEKERTI@PLKN and PEKERTI@Community

Malaysian Islamic Development Department (JAKIM)

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

Malaysian Communication and Multimedia Commission (MCMC)

- Conduct programmes, policies and enforcement on internet safety and security
- *Klik dengan Bijak*
- Cyber safe
- Wise kids
- Etc.

National Anti-drugs Agency (AADK)

- Tomorrow's Leader Program
- SHIELDS
- SMART Programs
- Cure and Care Clinics

Non Governmental Organizations

- Federation of Reproductive Health Association Malaysia (FRHAM)
- Malaysian Medical Association (MMA)
- Malaysian Pediatric Association
- Malaysian Association For Adolescent Health (MAAH)
- Malaysian Mental Health Association
- Malaysian AIDS Council
- Tobacco Association
- Etc.

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 Social Welfare Policy (1990)
- The National Policy In Reproductive Health And Social Education And Plan Of Action (2012)
- The National Education Policy and the Education Development Plan 2013-2025
- Malaysian Youth Policy 2015
- The National Plan of Action for Children 2001-2020
  Mental Health Policy and Framework for Mental Health Service delivery 2002
- Others

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 future leaders which will 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 co-ordination 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, the National Technical Committee on Adolescent Health was establish on 2008 as a central coordinating committee. This committee responsible to oversee the health of the adolescent population as well as provide direction and monitor the implementation of the NAHPOA. It may utilize the existing social committee such as the Social Council (Majlis Sosial) 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 social determinants of health i.e 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 2016-2020 was tabled in the Ministry of Health *Jawatankuasa Dasar dan Teknikal Program Kesihatan Awam,* JKA, Bil 1/2007 on 13th February 2007 and Ministry of Women Family & Community Development - *Mesyuarat 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*.

The reviewed NAHPOA 2015-2020 has been develop with inputs from various agencies, universities, NGO's and youth representatives. It has been presented to the National Adolescent Health Technical Committee chaired by Deputy Director General (Public Health) and circulated to various ministries, agencies and divisions for comments before being finalised.

6.1 STRATEGY 1 : HEALTH PROMOTION

GOAL : Inculcate Healthy Behaviors For Healthy Development Of Adolescents

OBJECTIVES :

i. Increase knowledge and skills among adolescents, parents/guardians and healthcare providers in the identified priority areas (SRH, Nutrition, Physical Health, Mental Health, and High Risk Behaviour)
ii. Ensure adequate access to information and support on the identified priority areas.
iii. Create supportive environment to support the development of healthy behaviors.
iv. Increase participation of stakeholders on adolescent's health program/ agendas.

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.
- Conducting annual campaign, seminars, forums, health camps, special boot camps, talks and exhibitions etc. as a platform to address various health issues.
- Encouraging Public-Private-NGO partnership intervention program in the identified priority areas
- Development, production and distribution of health promotional materials in electronic and printed form.
- Strengthen portal myhealth and develop more online IEC material for public and healthcare provider to increase awareness and promote healthy lifestyle, healthy mind, physical activity, sexual reproductive health and prevention of

substance abuse.

- Disseminate information to relevant stakeholders and target groups i.e. adolescents, parents, teachers and the community.
- Enhance communication in the identified priority areas with relevant stakeholders through mass media campaign (capitalize on social media eg. Facebook, twitter, youtube, blog and website).
- Advocate more responsible media reporting on adolescent health related issues, importance of school drop-out, early marriage, and suicide ideation
- Strengthening of existing adolescent health promotive programs pertaining to the identified priority areas in various settings, including the incorporation of BCC as an important component.
- Incorporate social mobilization program such as KOSPEN, Panel Penasihat, 10,000 step Campaign, My Body Fit, etc.
- Encouraging active adolescent participation by expanding and supporting peer-educator programs in schools, college and community by relevant agencies and NGO for health education and promotion such as PROSIS, 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: Access To Supportive Adolescent Friendly Healthcare Services

OBJECTIVE :

To strengthen the provision of comprehensive, accessible and appropriate adolescent friendly services in the identified priority areas

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

- Expand adolescent friendly health services to target adolescent in various setting/ agencies including existing static and out-reach service outlet.
- 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 comprehensive adolescent friendly health services in the priority areas through multidisciplinary approach and appropriate referral.
- 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.
- Capacity building of relevant stakeholders in particular parents, teachers, counselor, peer educator, community and religious leaders.
- Involve multidisciplinary services through basic and extended teams.
- Establish and strengthen network and effective communication between agencies for holistic intervention of adolescent health problems.
- 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.
- Services should be provided according to set standards.
- Establish adolescent unit/ward in hospitals.

6.3 STRATEGY 3 : HUMAN RESOURCE DEVELOPMENT

GOAL: Enhancing Management Capabilities Of Healthcare Personnel At Every Level

OBJECTIVE :

Strengthen human resource and capacity building for the implementation of adolescent health services

i. Identification of personnels at different levels
ii. Capacity building
iii. Expansion and strengthening of adolescent curriculum in teaching/ colleges/ institutions

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.
- Support continues training on adolescent health for all categories of health care providers through formal and informal training such as in echo-training, short attachment, fellowship program, etc.
- Update and strengthen existing structured training program/ curriculum for undergraduate/postgraduate/ paramedic/ allied health science and teachers training curriculum
- Training at the community level for community empowerment on adolescent health.

6.4 STRATEGY 4 : ADOLESCENT HEALTH INFORMATION SYSTEM

GOAL: To Establishing An Information System At The National, State And District Level.

OBJECTIVE :

Establish and strengthen database for adolescent health to assist planning, monitoring and evaluating of adolescent health program.

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.
- Strengthen health management information system (HIMS) and facilitate mechanism on data collection for adolescent
- Identification of variables and formation of a comprehensive database that can be updated and shared.
- Monitor trends in morbidities among adolescent within health facilities to collect specific information related priority areas.
- Conduct pilot projects in TPC areas to develop adolescent health comprehensive database in priority areas
- Involve all relevant agencies in contributing towards adolescent health information system.
- Advocate the strengthening of existing management information system within various agencies to facilitate mechanism for data sharing by intra ministerial collaboration and inter-ministerial collaboration
- 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.

6.5 STRATEGY 5 : RESEACRH AND DEVELOPMENT

GOAL: Enhancing Research In Adolescent Health And Development Based On Priorities Areas

OBJECTIVE :

i. To promote, support and conduct research in the 5 priority areas
ii. To utilize the research findings in policy development, program planning, monitoring, management and evaluation.

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

- Strengthen the role and function of Malaysian Clearinghouse Centre for Adolescent Health (MyCCAdH) in identified priority areas

- Analyze the research gaps within the identified priority areas
- Identify the relevant agencies for the implementation of identified research scopes
- Dissemination the findings of research through appropriate information channel.
- Utilization of research into policy development, program planning, monitoring, management and evaluation
- Advocate adolescent health as a priority area for research funding.

6.6. STRATEGY 6 : STRATEGIC ALLIANCE WITH RELATED AGENCIES

GOAL: Fostering Strong Strategic Alliances With Related Agencies Towards Enhancing Adolescent Health

OBJECTIVES :

i. To advocate adolescents health as the national agenda focusing on the identified priorities areas
ii. To promote and strengthen collaboration between government, non-government agencies and private sectors within identified priorities areas
iii. To create awareness to relevant agencies on the provisions of existing international convention /framework/ legal and local policy signed or ratified by Government
iv. To advocate the National Family Policy as the overarching basis in all policies/ programs/ activities by all ministries and agencies.

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

- Advocate the utilization of existing joint committees to address adolescent health issues at national, state and district level such as Social Council (Majlis Sosial), JK Induk Pembangunan Murid 3K (Kebersihan, Kesihatan dan Keselamatan), etc.
- Strengthen networking with related international bodies, local agencies and private sectors for adolescent health programs in schools and community
- Advocate and encourage adolescent involvement and participation in adolescent related program / activities and committees
- Support and collaborate in the provision of adolescent friendly health services and programs by various agencies
- Promote existing adolescents health facilities
- Advocate and create awareness regarding the National Family Policy/ existing international conventions/ framework signed or ratified by government
- Review and update Adolescent Services Directory to facilitate networking and alliance every two years.
- Advocate the establishment of Adolescent Hotline (toll-free) by various agencies

6.7 STRATEGY 7 : LEGISLATION

GOAL: To Promote The Health Of Adolescents By Advocating The Development Of Regulation And Legislation And Supporting Existing Policies

OBJECTIVES :

i. To ensure the consistent enforcement of legislations that promote the health and development of adolescent in the identified priority areas
ii. To raise level of awareness of the laws concerned among enforcement implementation stakeholders, parents/guardians, adolescents and the public in general
iii. To ensure the laws and the administrative guidelines are in tandem with the needs and issues involving adolescents in the identified priority areas.

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 national, state and district levels.

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
- Ministry of Communication and Multimedia Malaysia
- Malaysian Communications And Multimedia Commission
- Department of Social Welfare
- Malaysian Islamic Development Department (JAKIM)
- National Population and Family Development Board (LPPKN)
- National Anti-drugs Agency (AADK)
- Royal Malaysian Police
- Department of Statistics Malaysia
- National Registration Department of Malaysia
- Prime Minister's Department Malaysia
- Prison Department
- National Service Training Department (JLKN)
- Etc

7.2 Non Governmental Organisation / Professional Bodies

- Federation of Reproductive Health Associations Malaysia
- Malaysian Medical Association
- Malaysian Paediatric Association
- Malaysian Association for Adolescent Health
- Malaysian AIDS Council
- Malaysian Mental Health Association
- Malaysian Council for Tobacco Control
- Women Crisis Centre
- Parents Teachers Association
- 1M4U
- 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
- 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 personnels.
- 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
- Medical and Social Worker
- Counselors
- Reproductive and Sexual Health Educators

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
- Social Workers
- Youth Workers

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 2015 onwards.

9.2 Accessible and Appropriate Health Care Services

Efforts to strengthen service provision are on-going and shall be strengthened from 2015 onwards.

- Strengthen 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 utilise existing coordinating committees such as *Majlis Sosial, Mesyuarat Ketua Menteri dan Menteri Besar, Majlis Raja-Raja JK Induk Pembangunan Murid 3K* to address adolescent social and health issues.	2015 onwards
Identify and train adequate number of multidisciplinary teams in stages to form the **basic adolescent health unit** at hospital and / or clinic levels.	Short term / on going
Identify and train the **multidisciplinary extended adolescent health** unit at hospital and/or clinic level, in stages.	Long term
Formal training for appropriate health care givers at accredited centres locally or overseas.	On going
Informal training by relevant agencies for adolescent health service providers (e.g. hospital / clinic, attendants, pharmacists, teachers, religious teachers, lawyers, volunteers).	2015 onwards
To incorporate Adolescent Health curriculum in medical and paramedics schools, teachers training college, allied health colleges and institutions.	2015 onwards
To establish and strengthen structured training program on adolescent health by various agencies (e.g. HEADSS, Doktor Muda, PEKERTI@school, PEKERTI@PLKN, Resilien Remaja, RHAM, etc).	2015 onwards

9.4 Adolescent Health Information System

To create database on adolescent health :

• Utilize HIMS to capture data on adolescent health services within MOH.	2015 onwards

• Standardization of age groups in all ministries dealing with adolescent health.	2015 onwards
• Data and information within MOH to be handled by one coordinating body (IDS).	2015 onwards
• To utilize Tele Primary Care (TPC) data for program planning and evaluation.	2015 onwards
• To advocate the importance of compiling, analyzing and dissemination of adolescent health information for programme planning to policy makers, program managers and health care providers.	2015 onwards
• Coordination and collaboration among all agencies.	2015 onwards

9.5 Research and Development

Technical Working Group on Research and Development to identify research priorities and advocate more research on specific health problems and needs of adolescents at local and national level.	On-going
Training on suitable research methodology on adolescents health.	On-going
Evaluation of health promotion and intervention programmes.	3-5 years
To promote awareness and utilization of the Malaysian Clearing House Centre for Adolescent Health (MyCCAdH).	2015 onwards
To improve intra and inter agency networking in research activities.	2015 onwards

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.	On-going
Review and Update Adolescent Services Directory to facilitate networking and alliance.	2015 onwards
Advocate the establishment of Adolescent Hotline (toll-free) by various agencies.	11th MP and beyond

9.7 Legislation On-going

Support the review and formulation of adolescent health-related laws and regulation where necessary. 2015 onwards

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. On-going
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)

10.1. 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 staff trained on adolescent health care and counseling
- No. of adolescent attending adolescent health clinic
- No. of adolescent with specific morbidities
- No. of campaign, health camps, boot camps, peer-educator program and social mobilization program.
- No. article, video, uploaded in portal myhealth
- No. of IEC material produce

10.2. Process Indicators

- No. of trainings conducted on adolescent health care and counseling.
- No. of staff trained 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 (BSSK/R).
- No. of mass media and social media campaign
- 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/PROSIS.
- No. of adolescents actively participating in the programmes conducted by adolescent health services at health centres

10.3. 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 (BSSK/R).
- No. of guidelines, manuals, modules, IEC/BCC materials prepared for the management of adolescent health problems.
- No. of research and survey on adolescent health conducted.
- No. of grant for the research project based on identified gap area
- No. of report on adolescent health produced and disseminate
- No. of publication and presentation from the identified research projects
- No. of strategic papers presented in Social Council/ identified platform

10.4. Outcome indicators

- Prevalence of Sexual and reproductive health (teenage pregnancies, HIV/STI, Knowledge of SRH/FP
- Prevalence of Nutrition (underweight, overweight, obesity, anaemia)
- Prevalence of Mental Health (depression, suicide, suicide ideation)
- Prevalence of Risky behavior (smoking violence & injury, alcohol use, drug abuse)
- Prevalence of Physical

10.5. Overall Expected Outcomes – Summary Table

PRIORITY AREAS	OVERALL EXPECTED OUTCOMES
i. Sexual Reproductive Health • Teenage pregnancies • HIV/STI • Knowledge SRH/FP	• Reduction in teenage pregnancy every year • Reduction in ASFR among 15-19 years (reduction ≤14/1000) • Increase knowledge on SRH • Increase in 5 essential knowledge on HIV (UNGASS)
ii. Nutritional Health* • Obesity • Overweight • Underweight • Anaemia	• No increase in obesity prevalence among children aged 7-12 years old from baseline data (17.2%) by 2020 • No increase in obesity prevalence among children aged 13-17 years old from baseline data (9.8%) by 2020 • No increase in overweight prevalence among children aged 7-12 years old from baseline data (14.6%) by 2020 • No increase in overweight prevalence among children aged 13-17 years old from baseline data (14.6%) by 2020 • Reduction in prevalence of thinness among children aged 7-12 years old from 8.5% to 7.3% by 2020 • Reduction in prevalence of thinness among children aged 13-17 years old from 6.5% to 5.8% by 2020 • Reduction in prevalence of anemia among women in reproductive age (non-pregnant)
iii. Physical Activity*	• Increase in percentage of adolescents who are physically active
iv. Mental Health • Depression • Suicide • Suicide Ideation	• Reduction in depression, suicide & suicide ideation (GSHS)
v. Risky Behavior • Smoking • Alcohol use • Drug abuse • Violence & injury	• Reduction in prevalence of smoking/ alcohol use/ drug abuse (GSHS) • Reduction in death due to MVA

**Note: Preliminary Indicators from Draft National Plan of Action for Nutrition of Malaysia (NPANM) III 2016-2025*

APPENDIX 11.1

NATIONAL PLAN OF ACTION FOR ADOLESCENT HEALTH PROGRAMME

STRATEGY 1 : HEALTH PROMOTION

GOAL : INCULCATE HEALTHY BEHAVIORS FOR HEALTHY DEVELOPMENT OF ADOLESCENTS

Rationale

Adolescent are generally healthy but several important public health and social problems either peak or start during these years. As they are in developmental transition, adolescents are particularly sensitive to their environment or surrounding influences. Environmental factors, including family, peer group, neighborhood, policies and societal cues, can either support or challenge adolescent's health and wellbeing. Addressing the positive development of adolescents facilitates their adoption of healthy behaviors and helps ensure a healthy and productive future adult population.

Objectives

i. Increase knowledge and skills among adolescents, parents/guardians and healthcare providers in the identified priority areas (SRH, Nutrition, Physical Health, Mental Health and High Risk Behaviour)

ii. Ensure adequate access to information and support on the identified priority areas.

iii. Create supportive environment to support the development of healthy behaviors.

iv. Increase participation of stakeholders on adolescent's health programme/agendas.

Activities	Indicators	Target	Agencies
1. **Training of adolescents and potential advocates** on relevant **knowledge and skills** in the identified priority areas (SRH, Nutrition, Physical Health, Mental Health and High Risk Behaviour).	• Number of training conducted for adolescent and potential advocates on 4 identified priority areas (SRH, Nutrition, Physical Health, Mental Health and High Risk Behaviour).	• One training per programme conducted annually specifically for identified priority areas by relevant agencies	MOH MOE MOWFCD MYS JLKN

Activities	Indicators	Target	Agencies
	• Training for parents on effective parenting and communication skills.	• At least one training per district on effective parenting and communication skills	LPPKN FRHAM MAAH NGO's Etc
2. **Enhance Communication** in the identified priority areas with relevant stakeholders. • **Mass media campaign** (capitalize on social media. Eg. Facebook, twitter, youtube, etc) by various agencies. • Adolescent website/blog - Ministry of Health - LPPKN (Café@teen) - MCMC	Communication to adolescent and public • Number of mass media campaign • Number of health related messages through social media	• At least one mass media campaign annually • At least 6 health related messages annually through either one of the 7 channels : Blog, twitter, facebook, website, mobile apps, instagram, youtube – 5 priority areas – prevention of school drop-out – prevention of early marriage – prevention of risk behaviours – etc.	MOH LPPKN
- AADK	• Number of hits/ followers • *Anti-drugs campaign theme, 'Ambil Kisah. Ambil Tindakan'.* • *Video Production 'Kisah Mia & Adam" 7 episode.*	• Website wecareweserve.org expected 400,000 hits/followers by 2015 • 300,000 video viewer	AADK

Activities	Indicators	Target	Agencies
3. **Advocate for more responsible media reporting on adolescent health related issues, eg.** importance of schooling, prevention of school drop-out, early marriage and suicide ideation (deliberate self-harm).	• Number of meeting, dialogues with media related agencies	• At least one meeting/dialogue annually	MOH Media related Agencies: Government Private sectors NGO's (FDAM)
4. **Development,** production and distribution of IEC materials/ promotion items in the identified priority areas.	Number of IEC's material/ promotion items produce • Print material	Number of IEC's material/ promotion items produce • Print material : 4 new topics every two years	MOH
	• Video/ video clips	• Video/ video clips : One video/ video clips every two years	MOH
	• Games	• Games : One new games annually	MOH
	• Exhibition panels	• Exhibition panels : One new exhibition per year	MOH
	• Modules/ manual	• Modules/ manual : One new/ revise module/manual every 3 years	MOH
	• Training kit	• Training kit : One new/ revise module/manual every 3 years	MOH

Activities	Indicators	Target	Agencies
	• Number of schools with signboard and banner on banning sale of food/ beverages within 40 meters of school radius	• 25% schools by 2015 • 75% schools by 2018	MOH
5. **Strengthen portal myhealth** to increase **awareness** for public & healthcare provider through website, facebook, Hotline, Chat room, etc	• Number of hit rates to adolescent health articles/videos in portal myhealth	• More than 5000 hit rates to adolescent health related site in portal myhealth – to identify base line target	MOH
6. **Develop more online IEC materials** on indentified priority areas. Eg. • Promotion of healthy lifestyle, healthy mind, healthy eating, physical activity, prevention of SRH, substance abuse and risk behaviours.	• Number of article, video, uploaded in portal myhealth.	• At least 30 articles, video, uploaded per year in portal myhealth	MOH Relevant agencies
7. **Annual campaign, health camps and special boot camps.** • *Minggu Doktor Muda* • *Belia 1 Juta* • PROSIS – MOE • Others	• Number of special health camps implemented	• At least one special health camps implemented annually	MOH MOYS MOE MOWFCD Etc.

Activities	Indicators	Target	Agencies
8. Public-Private-NGO partnership intervention programmes in the identified priority areas. • *Kenali Anak Kita (KAK) Petronas, MIROS, Cyber Security, etc.* • *MOYS* - Community youth center (eg YMCA, Adolescent Center, Rakan Muda) - *Gymnasium Rakyat* - *Gelanggang Futsal 1Malaysia* - *Kompleks Sukan Komuniti* • *AADK* - *Sukarelawan Antidadah (SKUAD 1Malaysia)* • *Private* Sector - Shopping Complex - Bus Terminal (e.g. Bandar Tasik Selatan) - Others.	• Number of partnership/ networking between Public-Private-NGO formed • Number of activities/ types and adolescent participated in 5 priority areas : − SRH − Nutrition − Physical Health − Mental Health − High Risk Behaviour	• At least one joint programme annually	MOH MOYS AADK MIROS Etc.

Activities	Indicators	Target	Agencies
9. Strengthen existing adolescent promotive programmes iin identified priority areas at various settings. • Increase the number of primary schools with Doktor Muda Programme • Increase the number of secondary schools with Doktor Muda Programme • Increase the number of universities with *Program Siswa Sihat* (PROSIS) • PROSTAR in community	• Number of primary school with Doktor Muda Programme • Number of secondary school with Doktor Muda Programme • Number of universities with Program Siswa Sihat (PROSIS) • Number of PROSTAR activities conducted and adolescent participated	• 10 percent increase in number of new primary school with Doktor Muda Programme annually • 10 percent increase in number of new secondary school with Doktor Muda Programme annually • 1 tertiary education with Programme Siswa Sihat (PROSIS) per year per state. • At least one PROSTAR activity per state annually	MOH MOE
10. Social mobilization programmes. • KOSPEN, Panel Penasihat, 10,000 Step Campaign, My Body Fit and Fabulous (MYBFF) at school, etc. • Kem "I WANT SIHAT" – HECC	• Number of social mobilization programme for adolescent - Community base programme - Outreach programme	• Number of social mobilization programme for adolescent - One Community base programme per year per state - One outreach programme per year per state	MOH Relevant Agencies

Activities	Indicators	Target	Agencies
11. Expand peer-educator programmes in schools, colleges and community by relevant agencies and NGO's. Eg. *Pembimbing Rakan Sebaya* (PRS), PEKERTI, SHIELD, Cybersafe, *Klik Dengan Bijak,* RHAM etc.	• No. of peer-educator programme by relevant agencies in schools/ colleges/ PLKN/ community (Eg. PRS, PEKERTI, SHIELD, etc.)	• Target number of peer-educator programme annually by relevant agencies in schools/ college/PLKN/ community (to get from MOE/ other agencies) - PEKERTI@School o 48 schools per year/ 8000 students per year - PEKERTI@PLKN o 100% PLKN trainees	MOH MOE MOWFCD LPPKN JLKN AADK MCMC FRHAM NGO's Etc.
Time Frame 2015-2020			
Agencies All relevant agencies			
Overall Expected Outcomes Refer Page 30			

APPENDIX 11.2

NATIONAL PLAN OF ACTION FOR ADOLESCENT HEALTH PROGRAMME

STRATEGY 2 : ACCESSIBLE AND APPROPRIATE ADOLESCENT FRIENDLY HEALTHCARE SERVICES

GOAL : ACCESS TO SUPPORTIVE ADOLESCENT FRIENDLY HEALTHCARE SERVICES

Rationale

Adolescent comprise a special group of the population and hence their health and development needs should be appropriately addressed by healthcare services and supported by relevant agencies. Adolescent healthcare services should be adolescent friendly, gender sensitive, confidential, non-judgmental, affordable and accessible.

Objective

To strengthen the provision of comprehensive, accessible and appropriate adolescent friendly health services in the identified priority areas

Activities	Indicators	Target	Agencies
1. **Expand adolescent friendly health services** tto target adolescents in various settings/ agencies including existing static and out-reach service outlets. • **Primary care Setting** - MOH - Health Clinic / Klinik1Malaysia/ UTC/ RTC/ *Pusat Promosi Kesihatan Komuniti* (PPKK) - MOE – Schools/ IPT - MOWFCD/ LPPKN - Cafe@teen - MOIA (KDN) – PLKN - NGO's – FRHAM/ etc.	• Number of adolescents attending the adolescent services at MOH primary care facilities. Number of adolescents screened • Number of adolescent ward established in hospital until 2020 • Number of new café@teen/ adolescent health services in community by relevant agencies by 2020	• More than 3 million attendances among adolescents attending MOH primary care facilities. • More than 5 percent adolescent population screened using BSSK. • One adolescent ward by region by 2020 • At least one new adolescent health services per year in the community by relevant agencies	MOH MOH MOH MOH MOWFCD LPPKN Etc.

Activities	Indicators	Target	Agencies
• **Secondary Care Setting** - Hospital Government/Private • **Rehabilitative Services** - MOWFCD /JKM o PDK/ Shelter homes/Juvenile homes - AADK - Klinik Cure & Care 1Malaysia - NGO's – Pengasih, etc.	• Number of adolescent attending the adolescent services at other relevant agencies	• Number of adolescent attending the adolescent health services at other relevant agencies (To identify target by agencies) - LPPKN – at least 2000 new cases per year - JLKN – at least 80,000 per year	MOH MOE MOWFCD/ LPPKN/JKM MOIA/ AADK JLKN FRHAM Pengasih
2. **Strengthen** provision of comprehensive adolescent friendly health services in the priority areas through **multidisciplinary approach and appropriate referral.** • Sexual Reproductive Health • Nutrition • Physical Health • Mental health • High Risk Behaviours	• Number of obese and wasting adolescents assessed by the school teachers. • Percentage of obese and wasting adolescents referred to health clinics for further management. • Number of anaemic adolescents screened through health assessment by the School Health Team. • Percentage of anaemic adolescents referred to health clinics for further management. • Iron and folic acid supplementation to adolescent girls at targeted (remote areas)	• Increase in the number of obese and wasting adolescents assessed by the school teachers. • Increase percentage of obese and wasting adolescents referred to health clinics for further management. • Increase in the number of anaemic adolescents screened through health assessment by the School Health Team. • Increase percentage of anaemic adolescents referred to health clinics for further management • At least 50% of targeted areas covered	MOH MOE Others

Activities	Indicators	Target	Agencies
3. **Capacity building** of relevant **stakeholders** in particular parents, teachers, counselors , peer educators, community and religious leaders	• Number of staff trained on adolescent health care and counseling annually	• At least 1000 staff trained on adolescent health care and counseling annually	As above
4. **Establish** and strengthen **network and effective communication between agencies** for **holistic intervention** of adolescent health problems E.g - Comprehensive and holistic approach in management of teenage pregnancy by • MOH - provide antenatal , intrapartum and postnatal care • MOE - prevent drop out of school and ensure continuity of education post delivery • JKM - provide social support and needs	• Number of adolescent referred for further management	• Number of adolescent referred for further management (PKR 203)	As above
Time Frame 2015-2020			
Agencies All relevant agencies			
Overall Expected Outcomes Refer Page 30			

NATIONAL PLAN OF ACTION FOR ADOLESCENT HEALTH PROGRAMME

STRATEGY 3 : HUMAN RESOURCE DEVELOPMENT

GOAL : ENHANCING MANAGEMENT CAPABILITIES OF HEALTHCARE PERSONNEL AT EVERY LEVEL

Rationale

Continuous training on health and health related aspect of adolescent to all categories of healthcare providers is crucial to enhance personnel's knowledge, positive attitude, skill and counseling in adolescent health and development. Human Resource Development is critical to the sustainability and strengthening of adolescent health programmes and development in priority areas

Objectives

Strengthen human resource and capacity building for the implementation of adolescent health services

i. Identification of multidisciplinary personnels at different levels

ii. Capacity building

iii. Expansion and strengthening of adolescent curriculum in training colleges/ institutions

Activities	Indicators	Target	Agencies
1. Planning for **multidisciplinary human resource needs** in adolescent health services at various levels : • At Clinic Level - FMS/MO with special interest in Adolescent Medicine - Clinical Psychologist	• Number of school with counselor trained in Adolescent Health per district/ state/ national • Number of staff trained on adolescent health care and counseling • Number of community representative as a resource person in Adolescent Health	• To have at least two counselors (one male and one female) for all secondary schools 1: 1,000 - MOE • At least one teacher trained in priority Adolescent Health related problems in each school by 2020 - MOE	JJPA MOH MOE MOWFCD MYS LPPKN JKM JAKIM IPTA/IPTS

Activities	Indicators	Target	Agencies
- Nurses with special interest in Adolescent Health - Assistant Medical Officer - Dentist - Counselors - Health Education Officers - Medical Social Workers - Dietitian - Nutritionist - Occupational Therapist - Physiotherapist • <u>At Hospital Level</u> - Adolescent Paediatrician - Adolescent Paediatrician - Adolescent Gynaecologist - Child & Adolescent Psychiatrist - Clinical Psychologist - Dentist - Counselors - Health Education Officers - Medical Social Worker - Dietitian - Speech & Language Therapist - Adolescent Occupational Therapist - Physiotherapist	• Number of FMS/MO trained in Adolescent Health per district/ state/ national • Number of Adolescent Paediatrician per region • Number of clinics with Nutritionist. • Number of allied health personnel (FSKB) trained on adolescent health (post basic/ sub-specialization)	• At least one community representative Panel Penasihat Kesihatan trained in Adolescent Health in each district by 2020 • At least one FMS/MO with special interest in Adolescent Health per district by 2020 • At least one Nutritionist per clinic. • All other personnel, at least one per district with special interest in Adolescent Health by 2020 • At least two Adolescent Paediatrician per region by 2020 (6 for the whole country) • At least two Child & Adolescent Psychiatrist per state hospital and one Child & Adolescent Psychiatrist per hospital with specialist • At least one Adolescent Gynaecologist per state hospital and hospital with specialist.	NGO's Private Sector Etc.

Activities	Indicators	Target	Agencies
• <u>At Community Level (Home & Shelters)</u> - Healthcare Providers - Social worker - Youth worker - Volunteers eg 1M4U, panel penasihat, KOSPEN - Community leaders eg. Ketua Kampung - Religious leaders/teachers - Counselor - Care giver • <u>At School/ Institution/ colleges Level</u> - Healthcare Providers - Nutritionist - Male & Female Counselors - Teachers trained in sexual reproductive module - Peer educator support group eg. Doktor Muda, Program Rakan Sebaya - Social worker - Religious officer/ teachers - Care taker	• Number of schools with Nutritionists.	• One Nutritionist at primary and secondary schools with more than 2000 students. (Note: Number of schools with more than 2000 students can be referred at EMIS, BPPDP, MOE)	As above

Activities	Indicators	Target	Agencies
2. Support **continuous training on Adolescent Health** in 5 priority areas for all categories of health care providers through **formal and informal** trainings, such as: • In-service training / CME / CPD / Echo-training at state, district level and schools • Area of interest in adolescent health - **Short attachments** to health clinics/ hospitals/ universities, locally and abroad - **Fellowship Programmemes** for all providers in adolescent health - **Certificate Courses** - **Credential & Privileged trained personnel** as resourced person Ado. Health (Similar HIV Counseling) - **Subspeciality** on adolescent health among public health physician • **Training at the community level for community** empowerment on Adolescent Health (Eg. KOSPEN, Panel Penasihat Kesihatan, etc.)	• No. of trainings conducted • No. of staff/ relevant stakeholders/ community representative trained • No. of peer educators trained • No of healthcare providers credentialed as resourced person for Adolescent Health (e.g paramedic – post basic, doctors- attachment)	• At least one training on Adolescent Health per state/ district annually • At least 1000 of all medical staffs/ relevant stakeholders in primary care to be trained in Adolescent Health annually • At least one multidisciplinary team per state as a resourced personnel on Adolescent Health by 2020	MOH MOE MOWFCD MORRD LPPKN JKM JLKN AADK NGO's Etc. Relevant Agencies

Activities	Indicators	Target	Agencies
3. **Update and strengthen** existing structured training programme/ **curriculums for undergraduate/ postgraduate / paramedic / allied health sciences and teachers** training curriculum • To revise the training programme/ curriculum of MOE/ MOH to be more relevant to current needs. • Incorporate Adolescent Health as a curriculum in Teachers Training Colleges, Nursing Colleges and Medical Assistant Colleges. • To develop Adolescent Health modules for community. Eg. Modul Panel Penasihat Kesihatan • To develop Counseling Module on Prevention Programme for HIV, Drugs and Sex for school • To review and update regularly all adolescent health related manuals/ guideline. Eg. - HEADSS Module - Adolescent Health Care - Counseling the Adolescent - Doktor Muda	• Number of tertiary institutions with adolescent health curriculum. • Number of the Adolescent Health Module for community developed.	• Adolescent Health curriculum to be incorporated in basic/ post basic/ degree/ postgraduate medical, nursing and medical assistant health curriculum by the year 2020 • At least one Adolescent Health Module for community (PPK) developed by 2015.	MOH MOE Etc.

Activities	Indicators	Target	Agencies
- PROSTAR Module - Quit Smoking Manual - Alcohol brief intervention module - Adolescent manual for the community ie parenting skills/ crisis management/legal issues - Etc.			
Time Frame 2015-2020			
Agencies All relevance agencies			
Overall Expected Outcomes Refer Page 30			

NATIONAL PLAN OF ACTION FOR ADOLESCENT HEALTH PROGRAMME

STRATEGY 4 : ADOLESCENT HEALTH INFORMATION SYSTEM

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

Rationale

Effective programme planning, implementation and evaluation require on-going information on adolescent health 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 to provide early warning of risk behavior, morbidity and mortality trending to assist in continuous improvement of programme planning, implementation, monitoring and evaluation.

Objective

Establish and strengthen database for adolescent health to assist planning, monitoring and evaluating of Adolescent Health Programme

Activities	Indicators	Target	Agencies
1. Review and **strengthen Health Management Information System (HIMS)** for adolescent. • Identification of variables and formation of a comprehensive database that can be updated and shared. • Monitor trends in morbidities among adolescent within health facilities to collect specific information related to priority areas. Eg. STI, teenage pregnancy, depression, suicide, obesity, anaemia, etc.	• Develop and establishment of an adolescent health database in identified priority areas • Conduct pilot project in TPC areas to develop adolescent health comprehensive database in priority areas by 2016 • Number of drug users among adolescent registered in the MYAADK system	• Identification of a set of adolescent health related variables within priorities areas by 2015 • One pilot project conducted in TPC areas to establish adolescent health comprehensive database in priority areas by 2016 • 100 % adolescent drug users that receive treatment and rehab from AADK registered.	MOH MOE MOIA/AADK MOWFCD/ LPPKN/JKM PDRM JKM DOS JPN

Activities	Indicators	Target	Agencies
• Conduct pilot projects in TPC areas to develop adolescent health comprehensive database in priority areas • Establish a national nutrition surveillance system for school children (primary & secondary) • Utilise System MYAADK for profiling drug users among adolescents			
2. **Facilitate mechanism for data collection** Develop softcopy (eg. excel format) for registration of current data ie PKR101, PKR 201	• Establishment of linkage of the database through online system in Sabah and Sarawak (eg, i-remaja)	• Establishment of linkage of the database through online system in Sabah and Sarawak by 2016 (eg. *i-remaja*)	MOH
3. **Facilitate mechanism for data sharing** • **Intra ministerial collaboration** Sharing of data between relevant health facilities, hospital, and inter-department in the ministry of health.	• Report on adolescent health produced and disseminate annually. • Liaison officer on adolescent health information / data by various agencies	• At least two reports on adolescent health produced and disseminate annually • One liaison officer on adolescent health information / data per agencies	MOH MOE MOIA/AADK MOWFCD/ LPPKN/JKM PDRM JKM DOS JPN Etc.

Activities	Indicators	Target	Agencies
• **Inter ministerial agencies** - Identify agencies compiling data on adolescents issues - 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.			As above
Time Frame 2015-2020			
Agencies All relevance agencies			
Overall Expected Outcomes Refer Page 36			

NATIONAL PLAN OF ACTION FOR ADOLESCENT HEALTH PROGRAMME

STRATEGY 5 : RESEARCH AND DEVELOPMENT

GOAL : ENHANCING RESEARCH IN ADOLESCENT HEALTH AND DEVELOPMENT BASED ON PRIORITIES AREAS

Rationale

Research is an integral part of evidence based policy development and service delivery. However availability of adolescent specific information is limited for designing appropriate policies, plans and programmes. Periodic research and studies are necessary for measuring impact and the effectiveness of programmes. This is important to ensure the appropriate and optimum use of available resources

It is vital to disseminate the research finding from various agencies to relevant stakeholders for policy development, programme planning, monitoring, management and evaluation. This issue needs to be addressed effectively in the National Adolescent Health Plan of Action.

Objectives

i. To promote, support and conduct research in the 5 priority areas (SRH, Nutrition, Phyical Health, Mental Health, Risk behavior)

ii. To utilize the research findings in policy development, programme planning, monitoring, management and evaluation.

Activities	Indicators	Target	Agencies
1. Strengthen the **role and function of 'Clearinghouse'** in the identified priority areas	• Number of output on adolescent health related research gaps within the priority areas annually	• One gap analysis output on adolescent health related research annually	MOH UM UKM UPM USM UiTM etc.

Activities	Indicators	Target	Agencies
2. TWG Research shall **annually:** • **Analyze the gaps** within the identified priority areas, from the established Adolescent Health Clearinghouse. • Identify the relevant agencies for the implementation of **identified research scopes** • Identify the sources of **research grant** for the research in the identified priority areas. • Conduct periodic and comprehensive national nutrition surveys with components: - Food Intake - Anthropometry - Biochemical Assessment - Clinical Assessment	• Number of research project based on identified gaps conducted by each institution annually • Number of grant for the research project based on identified gaps approved annually for each institution • Number of surveys conducted	• One research project based on identified gaps annually by each university/ institute/ agency • Ministry Of Health (MOH) : - National Health Morbidity Survey (NHMS). Mental health children <16 yrs old every 4-yrs: 2015, 2018. - Global School Based Health Survey (GSHS) every 4-yr 2016, 2020. - Global Youth Tobacco Survey (GYTS) - National Nutrition Surveys once every 5 years nationwide covering all age group. • National Family and Population Board (LPPKN): - National Family and Population Survey 10 yearly. 2014, 2024, etc - *Risk and Protective Factor of SRH Among Adolescent In Sabah and Sarawak 2014/2015* - Pre and Post Survey *PEKERTI@ PLKN yearly* - Pre and Post Survey *PEKERTI@ Sekolah* 2014-2018	MOH MOE MOWFCD LPPKN MCMC UM UKM UPM USM UiTM Private Sector Etc.

Activities	Indicators	Target	Agencies
		- "Youth Intervention Studies : Good Practices of Youth Intervention Programme In Malaysia" 2014-2016 • Local universities. Eg. UM, UKM, UPM, USM, UiTM. • Other agencies. Eg. MCMC, Private Sectors. • One grant for research project based on identified gaps annually	
3. **Disseminate the findings of research** through appropriate information channels to the relevant policy makers, programme managers, and others concerned persons and agencies.	• Number of publication and presentation from the identified research projects by each institution annually	• One publication and one presentation on the identified research projects annually by each university/ institute	UM UKM UPM USM UiTM etc.
4. **Utilization of research into policy development, programme planning, monitoring, management and evaluation**	• Number of evidence base policies/ programmes derive from research findings	• At least one evidence base policies/ programmes derive from research findings annually.	
Time Frame Annually (2015-2020)			
Agencies All relevant agencies			
Overall Expected Outcomes Refer Page 30			

NATIONAL PLAN OF ACTION FOR ADOLESCENT HEALTH PROGRAMME

STRATEGY 6 : STRATEGIC ALLIANCES WITH RELATED AGENCIES

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

Rationale

It is vital to identify and establish a mechanism at national, state and district level to improve and strengthen the coordination and collaboration among related government and non-government related agencies through smart partnership and shared responsibility.

Objectives

i. To advocate adolescents health as the national agenda focusing on the identified priorities areas
ii. To promote and strengthen collaboration between government, non-government agencies and private sectors within identified priorities areas
iii. To create awareness to relevant agencies on the provisions of existing international convention /framework/ legal and local policy signed or ratified by Government
iv. To advocate the National Family Policy as the overarching basis in all policies/ programmes/ activities by all ministries and agencies.

Activities	Indicators	Target	Agencies
1. **Adolescent related issues** to be presented as an agenda in *Majlis Sosial Negara* (MSN)/ equivalent/ related platforms at all levels as and when appriopriate. Eg:	• Number of strategic papers presented in MSN/ identified platforms	• At least one strategic papers presented in in MSN/ identified platforms per year	MOH MOE MOWFCD MYS MOIA

Activities	Indicators	Target	Agencies
• Increasing percentage of ever had sexual intercourse/ pre-marital sex / unsafe sexual behavior. • Negative effect of internet/social media toward behavior. • Increasing crime among adolescents. • Unhealthy eating practices. • Negative effects of 24 hours facilities (eateries/ futsal/etc). • Increasing sedentary lifestyles • Controlled environment (time, place, frequency, enforcement) on entertainment during national celebration day (new year/ special days/ free concert/ etc). • Curtailing market access to tobacco, tobacco products and alcohol for eg taxation advertisement and point of sales.			MSC MCMC JPM JAKIM JKM AADK PDRM NGO's - MMA - MAAH - FRHAM - WCC - PIBG Private Sector Etc.
2. Advocate the **utilization of existing joint committees to address** adolescent health issues at national, state and district levels e.g. • National Social Council (MSN) as platform.	• Number of collaborative project/ programmes/ activities with other related agencies in a year • Number of adolescents participating in *Programme Penghayatan Agama* • Number of private sector participating in CSR for adolescent health	• At least one collaborative project/ programme/ activities with other related agencies in a year • Number of adolescents participating in Programme Penghayatan Agama • At least one private sector participating in CSR for adolescent health annually	MOH MOE MOWFCD MYS MOD MOIA MSC

Activities	Indicators	Target	Agencies
• *Jawatankuasa Induk 3K* • Country Coordinating Meeting on HIV/AIDS • *Majlis Promosi Kesihatan Mental* • *Majlis Keselamatan Makanan dan Pemakanan Kebangsaan* (MKMPK) • *Briged Sukarelawan Khidmat Negara* (BSKN) • National Coordinating Committee on Food and Nutrition (NCCFN) • *Majlis Perundingan Belia Negara/ Negeri* • *Majlis Penyelaras dan Perundingan Kanak-Kanak* • *Pasukan Pelindung Kanak-Kanak* (District Level) • *Jawatankuasa Bertindak (Focal Point) Menangani Gejala Sosial* • PIBG • AADK • Etc.	• Number of policy making committees related to adolescent health involving / incorporating adolescents as members at national levels • Increase in percentage of participation in BSKN. • Number of proposals from *Parlimen Belia Malaysia* responded by respective agencies • Number of Council (MKMPK) meetings • Number of NCCFN meetings	• At least one committees involving / incorporating adolescents as members at all levels • Increase in percentage of participation in BSKN. • Number of proposals from *Parlimen Belia Malaysia* responded by respective agencies • At least once a year • At least twice a year	MCMC JPM JAKIM JKM AADK PDRM NGO's PIBG Private Sectors Etc.

Activities	Indicators	Target	Agencies
3. **Networking with and secure resources / funding** from related **international bodies, local agencies and private sectors** for adolescent health programmes in schools and community. e.g. • Doktor Muda • PROSTAR • PROSIS • PBSS • PLKN • Program Rakan Muda • Program Klik Dengan Bijak • Cybersafe in schools • Etc.			
4. Advocate and encourage **adolescent involvement** and participation in adolescent related programme / activities and committees eg: • *Majlis Perwakilan Kanak-Kanak* • *Programme Latihan Khidmat Negara (PLKN)*	• Number of adolescents participate in related programme/ activities/ committees	• At least 100,000 adolescent per year	As above

Activities	Indicators	Target	Agencies
• *Briged Sukarelawan Khidmat Negara (BSKN)* • *Rakan Muda* • *Parlimen Belia Malaysia* • Etc.			
5. Support and **collaborate** in the provision of a**dolescent friendly health services and programmes** by various agencies • Regular updating of current Adolescents Health Resource Directory • Strengthen the referral network across and within agencies to facilitate services and care for the adolescents • Support in establishing a rapid interactive mechanism for addressing adolescent health issues / problems through ICT e.g. - Social Media : Facebook/ Twitter/ Instagram/ YouTube. Etc. - Myhealth website portal *"Ask The Expert"*	• Availability of Adolescent Health Resource Directory to all major adolescents health providers	• Availability of Adolescent Health Resource Directory to all major adolescents health provider	As above

Activities	Indicators	Target	Agencies
- *www.klikdenganbijak.my* (MCMC) - *Talian Nur /* Child Line (15999) • Expand *Klik Dengan Bijak/* Cybersafe Programme on internet safety in schools by MCMC / partners. • Etc.			
6. **Promote existing adolescents health facilities** eg: • *Kompleks Rakan Muda* • *Kompleks Belia dan Sukan* • *Gimnasium Rakyat* • *Gelanggang futsal* • *Cafe@TEEN* • *Pusat Aktiviti Kanak-Kanak* • *Pusat Khidmat Keluarga, Social dan Komuniti* • *Nutrition Information Centre (Pusat Maklumat Pemakanan)* • Etc.	• Number of Nutrition Information Centres with dedicated Nutritionists.	• One Centre per state with dedicated Nutritionist.	As above

Activities	Indicators	Target	Agencies
7. Establishment of **new adolescent facilities.** eg 'Ilaj Home for HIV/ AIDS (general population), Projek Generasiku Sayang etc.	• Number of new facilities that include adolescent as target group	• At least one per year	As above
8. **Create awareness t**hrough dialogues / meetings / workshop / briefing / training etc **regarding the existing international conventions/ framework signed or ratified by government** eg: • Convention on the Rights of the Child (CRC) • Framework Convention for Tobacco Control (FCTC) • Dialogues with Ministry of Education, Ministry of Youth and Sports and other related agencies in the implementation of FCTC related to adolescents programme • Global Alcohol Network (globALC Net) • Convention to Eliminate All Forms of Discrimination Against Women (CEDAW) • Etc.	• Number of dialogues/ meetings/ workshop/ briefing/ training • Number of programme base on FCTC article incorporated with adolescents programme	• At least one dialogues/ meetings/ workshop/ briefing/ training per year • At least one programme/ agency	As above

Activities	Indicators	Target	Agencies
9. Advocate and create **awareness** through dialogues/ meetings/ workshop/ briefing/ training etc **regarding National Family Policy**. • Create awareness among civil societies and public through campaigns • Integrate component of National Family Policy into policies, programme, activities of other agencies	• Number of dialogues/ meetings/ workshop/ briefing/ training	• At least one dialogues/ meetings/ workshop/ briefing/ training per year	As above
Time Frame 2015 – 2020			
Agencies All relevance agencies			
Overall Expected Outcomes Refer Page 30			

NATIONAL PLAN OF ACTION FOR ADOLESCENT HEALTH PROGRAMME

STRATEGY 7 : LEGISLATION

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

Rationale:

Legislation and its enforcement by various agencies is important to promote the health and wellbeing of adolescent in a supportive environment. Relevant agencies should work in smart partnership to support policies and legislations that facilitate adolescent health and development in all the identified priority areas

Objectives

i. To ensure the consistent enforcement of legislations that promote the health and development of adolescent in the identified priority areas
ii. To raise level of awareness of the laws concerned among enforcement implementation stakeholders, parents/guardians, adolescents and the public in general
iii. To ensure the laws and the administrative guidelines are in tandem with the needs and issues involving adolescents in the identified priority areas.

Activities	Indicators	Target	Agencies
1. Training of relevant stakeholders on Adolescent Health related laws • Engaging with all the enforcement stakeholders via more **coherent cooperation** particularly in the following areas:	• Number of enforcement / prosecutions related to risky behaviour • Number of convictions	• Reduction of accidents involving adolescents by 50% within 5 years • Reduction of deaths from various causes	MOH AG's Chamber MOE MOWFCD MOHR

Activities	Indicators	Target	Agencies
- Sexual reproductive health matters - Selling of cigarettes to children below 18 - Transgressions of the Road Traffic Act - Truancy amongst school children - Selling of Alcohol to person below • Provide trainings for the enforcement and implementation stakeholders • Training of trainers on legal awareness for healthcare providers/ relevant stakeholders • Advocate for **enforcement of adolescent friendly environment in courts, police lock-ups, detention centre/ institutions and prisons** - Strengthen Witness Support Service - Video Link Evidence in Court Presiding - Immediate access to lawyer and family	• Number of training and Health Inspectors trained on smoking/ Food Act by *Unit Inspektorat Perundangan,* BKP, MOH. • Training of police on Panel Code / Child Act - PDRM	• Enforcement stakeholders well trained by 2020	MOLH MOTCA MEWC MOI JPM MCMC JAKIM JKM PDRM NGO's -Eg. FOMCA

Activities	Indicators	Target	Agencies
2. Create awareness on adolescent health related laws among public and adolescents. • **Engage with the mass media** both mainstream and social media • Create awareness among public and teens on adolescent related law • **Support the inclusion of adolescent rights and legal matters** pertaining to adolescent health in the **school** curriculum including sex education • Promote the development of **IEC materials on rights** and laws related to adolescents health such as : - Penal Code (especially statutory rape and sec 113 child below 12) - Child Act 2001(duties of doctors/ protectors) - Convention on the Right of the Child (CRC) - WHO Framework Convention On Tobacco Control (FCTC)	• Increase in the number of awareness programmes/ activities (including documentaries/ films/ dramas) PDRM- awareness campaign • Number of student involve in disciplinary problem/ misconduct.– MOE • Number of child and adolescent abuse cases - JKM	• Increase awareness of stakeholders, parents, guardians, adolescents and the public in general about the laws related to adolescent health – (Number of Seminar/ Workshop) • Reduction in number of student involve in disciplinary problem/ misconduct • Reduction of child and adolescent abuse cases	As above

Activities	Indicators	Target	Agencies
- Tobacco Control Regulation 2004 - Road Transport Act 1997 (minimum age to drive / ride and usage of helmets/ seatbelts) etc • To **conduct survey** on legal awareness among various stakeholders			
3. **Reviewing and reform the relevant laws and administrative guidelines**. Eg. Guidelines for judges in exercising their discretionary powers in applications for under-age marriages 4. 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 • **Support in advocating for review and enforcement of existing laws** related to adolescent such as :- - Road Transport Act 1997 - Road Transport Act 1997 - Tobacco Control Regulation 2004	• Number of policies formulated related to adolescent health and development • Number of laws and regulations formulated related to adolescent health and development • Amendment of Tobacco Control Regulation on the Definition	• Laws and the administrative guidelines take into consideration the needs and issues involving adolescents • 1 Amendment	As above

Activities	Indicators	Target	Agencies
- Regulaion 361, Food Regulation 1985 - Penal Code (abortion / sexual relations / sex crimes) - Child Act 2001. - Children and Young Persons' Employment Act 1966 - OSHA 1994 - Persons with Disability Act 2008/ *Akta Orang Kurang Upaya 2008* - *Akta / Enakmen Tatacara Mal Mahkamah Syariah* (to add a condition/ prerequisite for medical report upon application for below age marriages) - Law Reform (Marriage and Divorce) Act 1976 - Expedite the gazettement of Tobacco Bill - Mental Health Policy - Mental Health Act - Encourage and promote the use of Guideline of Media Reporting on Suicide - Protect adolescent from being victimized by media and commercial and sex industries			

Activities	Indicators	Target	Agencies
- Reviewing Tobacco Control Regulation 2004 on the definition of "OBD" (*Orang Belum Dewasa)* - Amendment of regulation for local authority/ municipality to ban 24 hours eating outlet. - Advocate for implementation of existing rules/regulations / laws related to housing and development to be adolescent friendly: o every housing estate should have recreational facilities such as playground, community hall, nursery etc o Minimum 3 bedroom house with lounge for all house design in Uniform Building by-Law o Maintenance of public infrastructure in safe and usable condition o Advertisement/ display point of sale			
Time Frame 2015-2020			
Agencies All relevant agencies			
Overall Expected Outcomes Refer Page 30			

12. ACKNOWLEDGEMENTS

The Family Health Development Division, Ministry of Health would like to express our thanks to the following individuals for their contributions to reviewing this plan of action:

Advisors :

To' Puan Dr. Safurah bt. Jaafar
Senior Consultant Public Health Physician
Director
Family Health Development Division
Ministry of Health Malaysia

Dr. Hjh Faridah bt. Abu Bakar
Consultant Public Health Physician
Deputy Director
Family Health Development Division
Ministry of Health Malaysia

Contributors

MINISTRY OF HEALTH

1.	Dr. Nik Rubiah bt Nik Abdul Rashid	Consultant Public Health Physician Family Health Development Division Ministry of Health
2.	Dr. Sharol Lail Sujak	Deputy Director Oral Health Division Ministry of Health
3.	Dr. Hj Omar b. Mihat	Head of NCD Sector Mental, VIP and ATS Sector, Disease Control Department Ministry of Health
4.	Dr. Saidatul Norbaya bt. Buang	Public Health Physician Family Health Development Division Ministry of Health
5.	Dr. Noridah bt. Mohd Salleh	Public Health Physician Family Health Development Division Ministry of Health

6. Dr. Sheila Marimuthu	Consultant Child and Adolescent Pediatrician Kuala Lumpur Hospital
7. Tuan Peh Suan Yong	Legal Advisor Officer Legal Advisor Office Ministry of Health
8. Tuan Mohamad Fazin b. Mahmud	Legal Advisor Officer Legal Advisor Office Ministry of Health
9. Dr. Noor Ani bt. Ahmad	Public Health Physician Institute for Public Health Ministry of Health
10. Dr. Rosnah bt. Ramli	Public Health Physician Non-Communicable Disease Control Department, Ministry of Health
11. Dr. Nazrila Hairizan bt. Nasir	Consultant Family Medicine Specialist Putrajaya Health Clinic Presint 9, Putrajaya
12. Dr. Wan Fadhilah bt. Wan Ismail	Consultant Family Medicine Specialist Mahmoodiah Health Clinic, Johor Baharu, Johor.
13. Dr. Siti Nurbaya bt. Shahir	Public Health Physician NCD/CVS Diabetes Unit Disease Control Department Ministry of Health
14. Dr.Salina bt. Md Taib	Public Health Physician HIV/STI Sector Disease Control Department Ministry of Health
15. Dr. Jafanita bt. Jamaludin	Public Health Physician Medical Development Division Ministry of Health
16. Dr. Nurashikin bt. Ibrahim	Public Health Physician Mental Health Unit Ministry of Health

17. Dr. Azriman b. Rosman	Public Health Physician Mental Health Unit Disease Control Department Ministry of Health
18. Dr. Wan Roslida bt. Othman	Public Health Physician Health Informatic Centre Ministry of Health
19. Dr. Rokiah bt. Mohd	Public Health Physician Pulau Pinang State Health Department Ministry of Health
20. Dr. Asits b. Sanna	Public Health Physician Sabah State Health Department
21. Dr. Nazatul Shima bt. Mokhtar	Public Health Physician Primer Health Unit State Health Department Melaka
22. Dr. Radziah bt. Mohamad	Public Health Physician Family Health Development Unit Sarawak State Health Department
23. Dr. Ismail b. Lasa	Consultant Public Health Physician Kuala Langat District Health Office Selangor
24. Cik Azila bt. Azmi	Health Education Officer Health Education Division Ministry of Health
25. En. Md Sabtuah b. Mohd Royali	Health Education Officer Family Health Development Division Ministry of Health
26. Pn. Ainan Nasrina bt. Ismail	Senior Assistant Director Nutrition Division Ministry of Health
27. Ms. Gui Shir Ley	Senior Assistant Director Nutrition Division Ministry of Health

28. Pn Noriah Sujad	Senior Assistant Secretary Training Management Division Ministry of Health
29. Pn. Pises a/k Busu	Principle Assistant Director Institute for Health Behavioural Research Ministry of Health
30. Pn. Sharifah Hascindie Syed Omar	Senior Federation Lawyer Legal Advisor Office Ministry of Health

OTHER AGENCIES

31. En. Chua Choon Hwa	Deputy Director Policy Of Women, Family And Community Division Ministry Of Women, Family And Community Development
32. Pn. Elvira bt. Shamsuddin	Deputy Director Department Of Digital Literacy Malaysian Communications and Multimedia Commission
33. En. Rohmad b. Fakeh	Deputy Director RTM Strategic Planning Section, Department of Broadcasting Ministry of Information, Communication & Cultural
34. En. Sabran b. Abd Bahar	Deputy Director Rakan Muda Development Division, Ministry of Youth and Sport
35. Pn. Manorancitham A/P Rathnam	Director National Training Services Department Ministry of Defends.
36. Cik Tan Huey Ning	Assistant Director Curriculum Development Centre Ministry of Education

37. Hj. Hisham b.Muhammad	Senior Supervisor Weekday School Management Division Ministry of Education, Putrajaya
38. Pn. Nor Elyanis bt. Mohd Yusoff	Inspector Sexual / Child Violence Investigation Department Malaysian Royal Police Force
39. Pn. Rosliza bt. Abdul Latif	Senior Assistant Director Family, Social and Community Malaysian Islamic Development Department, Putrajaya
40. Pn. Rosmiyawati bt. Anwar	Senior Assistant Director Department of Statistics
41. Pn. Ida Suzita bt. Sabu	Assistant Director Child Division Social Welfare Department
42. En. Ismail b. Kasan	Social Welfare Officer Planning and Policy Development Division Social Welfare Department
43. En. Kamal Azira b. Hassan	Senior Federation Lawyer Attorney General's Chambers
44. En. Nazir b. Mohamad	Assistant Director Prevention Division National Agency Against Drugs
45. Dr. Hamizah bt. Hassan	Human Reproductive Division, National Population and Family Development Board
46. Dr. Farah Nini bt. Dusuki	Senior Lecturer Law Faculty University of Malaya
47. Dr. Nafiza bt. Mat Nasir	Senior Medical Lecturer Medical Faculty UiTM, Shah Alam

48. Dr. Azriani bt. Abdul Rahman	Lecturer School of Medical Science Health Campus University of Science Malaysia
49. Dr. Razlina bt. Abdul Rahman	Senior Lecturer School of Medical Science Health Campus University of Science Malaysia
50. Dr. Mymoon bt. Alias	Deputy Presiden Malaysian Association for Adolescent Health (MAAH)
51. Pn. Saira Shameen	Program Adviser United Nation Population Fund (UNFPA)
52. Ms Lim Hwei Mian	Head Program Federation of Reproductive Health Associations Malaysia (FRHAM) Subang Jaya, Selangor
53. En. Jaafar b. Daud	Public Relation Officer Public Relation & Health Pengasih Malaysia
54. Pn. Manohara A/P Subramaniam	Manager Malaysian AIDS Council Kuala Lumpur
55. Prof. Madya Datuk Hj. Mohamad Ali Hassan	*Majlis Permuafakatan, Persatuan Ibu Bapa & Guru Nasional* (PIBGN)

EDITORS

1.	Dr. Hjh. Faridah Bt. Abu Bakar (Advisor)	Consultant Public Health Physician Deputy Director Family Health Development Division Ministry of Health
2.	Dr. Nik Rubiah Nik Abdul Rashid	Consultant Public Health Physician Family Health Development Division Ministry of Health
3.	Dr. Nurhayati Mardiah bt. Manut	Senior Assistant Director Family Health Development Division Ministry of Health
4.	Tn. Hj Zainudin b. Yunus	Chief Assistant Medical Officer Family Health Development Division Ministry of Health
5.	Pn. Meme Norraya bt. Yahya	Matron Family Health Development Division Ministry of Health
6.	En. Norzamberi b. Mohd Khan	Senior Assistant Medical Officer Family Health Development Division Ministry of Health
7.	En. Mohamad Yazlie Aizat Bin Yang Ramli	Social Research Officer Family Health Development Division Ministry of Health