Mongolia: a transitional society and the consequences for adolescent health

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Introduction

Mongolia is a nation in transition. Nearly eight years after the dissolution of their economic ties with the former Soviet Union, this landlocked Asian country is presently undergoing dramatic political, social and economic upheavals. As with other developing nations, the pathway to a democratic political system and a market-based economy is filled with uncertainty. As the Director of an adolescent health center that serves adolescents making 40,000 visits each year, the author recently visited Mongolia as a White House Fellow and a medical and policy expert from the World Health Organization. This paper will focus on how healthcare, and specifically adolescent healthcare, have been affected by the changes in Mongolia. It will present an analysis of the current state of adolescent health and propose solutions for reversing unfavorable health trends. It is the author's opinion that adolescents are particularly vulnerable to an unstable social climate given their emotional, physical and psychosocial changes. This paper is intended to provoke debate on the need for appropriate attention to adolescent healthcare in Mongolia and similar transitional societies.

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Background

The Republic of Mongolia is a land-locked country located between the former Soviet Republic of Kazakhstan and the People's Republic of China. The country is 1.565 million square kilometers—mostly semi-desert and desert with mountains in the west and southwest. Mongolia is so vast and so much of its land is uninhabitable that the nation has one the lowest population densities in the world[1]. The population of nearly two and half million people[2] is roughly divided in half between nomadic herdsmen[3] and urban dwellers.[4] Ethnically, the Mongolian people are 95% Mongol, and Mongolian is the official language.[5] Ulaanbaatar, the coldest capital in the world[6], is the largest urban center with a population of 600,000. The population of the next largest city, Darkhan, is approximately 92,500.[7] The nation is divided into 18 provinces, known as *aymag*, and 3 municipalities. The terrain is in many ways complimented by its equally arduous climate which remains below freezing for seven months of the year.[8]

History

Mongolia is the birthplace of one of the world's most successful conquerors, Ghenghis Kahn. Khan was prompted by ecological crisis, conflicts with neighboring countries and an injunction from the Sky God to seek domination of the world in the thirteenth century. He successfully carved out the largest contiguous land empire in history that stretched from Korea to Syria.[9] The collapse of the empire in 1368 ushered in several centuries of relative obscurity for the landlocked nation.

It was Mongolia's neighbors, Russia and China, that influenced much of the country's development in modern history. Having been conquered by the Chinese in 1757, Mongols did not achieve independence from them until 1911. During the next decade of instability, the nobility tried unsuccessfully to maintain power. In part because of continued suspicion of their former Chinese rulers, a small group of Mongols allied with the Russian Red Army and successfully overthrew the ruling nobility and Buddhist leadership. In 1924, they established the Mongolian People's Republic. For the next seven decades, socialist policies and Soviet economic support would influence virtually every aspect of Mongol development. With 90% of the country's trade dependent on the Communist bloc, the collapse of the Soviet Union and their complete withdrawal of economic aid

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from Mongolia in 1990 led to the most serious peacetime economic collapse of any nation in this century.[10,11]

Factors influencing deteriorating health

Mongolia responded to their economic collapse and the changing world order through a series of policies which established democracy and rapidly pushed the nation toward a market-based economy. While it is still too early to determine the long-term success of these policies, the short-term effects have included tremendous instability in health and social services. In order to examine these health issues, particularly as they relate to adolescents, it is useful to describe the economic factors, urban decay, changing lifestyles and educational crisis that are associated with them.

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The Economy. During the past seven years, the Mongol government has pushed for rapid economic reform. This reform has included privatization, market liberalization, and deregulation of all sectors including herding and agriculture.[12] The cessation of Soviet aid and the rush to capitalism led to the end of subsidies in housing and transportation and the dissolution of social and health services.[13] Whereas full employment was once virtually guaranteed and lifetime pensions were provided to all workers, these benefits have been subsequently abandoned.

Inflation caused the local currency, the tughrik, to reach a rate of 800 to the dollar in 1997 from its artificially pegged rate at less than 10 to a dollar during the Communist period.[14] As of spring of 1997, the average wage was 16,000 tughrik per month or less than half of what a family of four requires to live reasonably.[15] Currently, 36% of the population live below the poverty line. Officials estimate the unemployment rate to be 20% of the labor force, but unofficial estimates are as high as 50% or more in the cities.[16]

Urban Decay. Related to the economic turmoil of the past years, Mongolian society is experiencing a sudden decline in the quality of life in its major cities. The end of subsidized public housing and public transportation programs have contributed to an emerging homeless population. With the elimination of guaranteed employment and pension programs, crime and prostitution are also surfacing in Ulaanbaatar.

Children and adolescents are the most vulnerable victims of the urban decay. Health workers report a greater number of abuse cases in recent years. Unofficial estimates place the number of homeless children at close to 10,000.[17] These children are joined by beggars and homeless of all ages on winter nights in which temperatures can drop as cold as minus 40 degrees.[18]

In a 1996 survey, more than 70% of the population in Ulaanbaatar considered the quality of their lifestyle worse than in the period of Communist rule.[19] Largely because of the deteriorating urban conditions, Mongolia has become one of the only countries where more people are moving from the city to the country than in the other direction.[20]

Lifestyle. Opportunities are not any more abundant in the countryside than in the cities. The Gobi Desert is barren, and Mongolians must live nomadically in order to survive the exceedingly long winters. Despite these challenges, however, the number of families registered as herders have more than doubled in five years since the end of Communist rule.[21]

The break-up of large agricultural cooperatives into small units owned by individual farmers has also contributed to dramatic shifts in lifestyle. Single farmers have suddenly found themselves without resources, machinery and technical services. As a result, they have resorted to subsistence agriculture which is contributing to the school drop-out rates of children whose labor is crucial for family survival.[22]

Women have been particularly affected by these changes as the number of female households have increased due in part to a climbing divorce rate.[23] Urbanization has also contributed to women marrying at later years and a doubling of the number of women who have never married.[24]

Education. The recent years of economic transition have been damaging to educational services. Under the Communist government, primary education was compulsory. Eighty nine percent of the population completed 8th grade; 50% graduated from 10th grade; and 16% went on for more education. Mongolia at that time had a 97% literacy rate among the population older than 10 years.[25] Since then, an estimated 25% of children have dropped out of schools.[26] This trend has been most pronounced in the countryside where children are needed for herding and farming. As a result, schools are poorly supplied and suffer from a lack of adequately trained teachers.[27]

The emerging health crisis

The above factors have contributed greatly to an emerging health crisis. Whereas the Soviet Union had once designed, administered, staffed and funded the healthcare system of Mongolia, the Soviet collapse and the ensuing transitions in the Mongolian government have led to a breakdown of the entire system.[28] Hospitals today are understaffed as many of the Russian physicians have since returned to their native country.[29] In addition, the fleet of aeromedical helicopters and other aircraft which were crucial to providing healthcare services to the large nomadic population across the country have since fallen into a state of disrepair.[30] As a result, many of the rural healthcare clinics suffer from dwindling supplies and lack of outside assistance.

In addition, medical benefits are no longer available to the Mongolian people. Subsidies to widows, single parents, families and children have been reduced and maternity leave and child support are no longer guaranteed.[31] The nation continues to suffer from a lack of leadership in the health care industry and a dearth of policies to address the future of medical and education service provision. The situation is particularly daunting as healthcare is traditionally viewed as a losing business in nations emerging from communist rule. In summary, privatization has not been successful in assuring short-term stability in services.[32]

Health indicators

Health statistics and information for Mongolia are either nonexistent or limited by poor reporting. However, recent data form government surveys indicates the range of health disorders both to the population in general and more particularly to the adolescent subset who are the focus of this paper.

Life Expectancies and Mortality Rates. The life expectancy of a male in Mongolia is 60 years and a female is 62.5 years, which is comparable for developing countries.[33] The infant mortality rate is 60.6 per 1000, and the maternal mortality rate is 1.44 per 1000 and has been increasing during this decade.[34]

Nutrition. The shortages of agricultural products since the economic collapse have had negative consequences for nutrition. Vegetable consumption dropped in three years form 20.1 kg to 3.0 kg, potatoes from 23.3 kg to 7.0 kg., eggs from 28.8 kg to 2.9 kg, and fruit products from 9.4 kg to 1.4 kg.[35] While data on the nutritional consequences of these changes in consumption are not available, it is easy to speculate that children have been most affected by it. Statistics from National University of Mongolia also indicate a decrease in the number of houses which consume meat, a major source of protein.[36] This may be due, in part, to the steadily rising prices of meat.

Mental Health. The drastic changes during this decade have had consequences for mental health. Alcoholism has been steadily rising and is reported by women as the main reason for divorce.[37] The incidences of domestic violence have also increased contributing to larger numbers of women raising children as single parents and an increased number of children living on the streets.

Adolescent Health. The emergence of a market economy and the breakdown of social and educational services have had the most damaging effects on the health of adolescents. This is most manifest in the statistics that suggest an increase in unsafe sexual relations, a rise in prostitution, a growing number of rape cases, and rising pregnancy rates among this subset of the population.

In a recent survey on adolescent reproductive health by the Ministry of Health, 4674 adolescents between 5th and 10th grade answered a comprehensive questionnaire. The results of this survey provide a rare glimpse into how social and economic upheaval affect young people's attitudes about sexual choices. Of the 13-20 year olds surveyed, 30.6% reported having had sexual relations and the average age for first sexual experience was 16.98.[38]

What is alarming is the statistics surrounding survival sex and rape. More than five percent of the adolescents disclosed that they had sex for money. More than ten percent of females revealed that they had been forced to have sex. Seventy-seven percent of the girls who lived on the street at the time of the survey were having sex; and, the average age of their first sexual encounter was 13.96.

The increases in sexual activity among this age group have been associated with a decrease in the age of first pregnancy and an increase in the fertility rate.[39] More than six percent of adolescent females surveyed had become pregnant: 51% of these resulted in delivery; 25% were carrying at the time of the survey; 17% ended in abortion; and 8% ended in miscarriage.[40] Of the adolescents who were pregnant, 43% stated that they did not want to be pregnant.

In terms of birth control, knowledge of various contraceptive methods was lowest in the rural areas and highest in Ulaanbaatar. Knowledge was also notably low in the age group 15-19 and among women with lower education.[41] Of the adolescents surveyed, 25% stated that they did not know how to avoid pregnancy.[42]

In terms of avoidance of sexually transmitted diseases (STD) and AIDS, 52.8% of the adolescents surveyed knew that condoms could be use to prevent these diseases. However, 15.9% had never heard of STDs. 72.7% stated that they did not know the signs of STDs. Overall, 69% of those surveyed felt that information on family planning, pregnancy, birth control, STDs and AIDS was insufficient. In addition, 53.6% felt that reproductive health education should be made a part of their school curriculum.[43]

Recommendations

Mongolia faces a sobering challenge in the last few years of this century. It must maximize its resources, however limited, so that the quickness of economic change does not result in a population of mostly poor children becoming victims of a myriad of health and social problems. The unfortunate truth is that the sudden collapse of health policies and services that has occurred throughout this decade has made an entire generation more vulnerable to infectious disease, early pregnancy, homelessness and prostitution. A failure to address these problems may result in their entrenchment in the Mongolian cities and countryside.

Based on an extensive review of Mongolian healthcare services and a thorough review of the facilities, agencies and NGOs operating in the country, the following are urgent recommendations for improving adolescent healthcare:

1. The Ministry of Health should establish a comprehensive effort to address the health issues facing children and adolescents. Children and adolescents are a unique age group and they need special focus if these problems are to be addressed. The Ministry of Health must address the emerging psychosocial, emotional, medical and reproductive health problems among this age group by launching a comprehensive effort both in Ulaanbaatar and in the eighteen provinces. This effort must explore solutions for the diminishing educational, employment and recreational services that are available to these youth. Through the formation of a National Adolescent Health Planning Committee (below), this effort should draw on numerous resources on a government, NGO and community level.

2. A National Adolescent Health Planning Committee should be established. The Ministry of Health should create a task force to inventory and coordinate the activities of all youth-focused agencies. The committee should set national policies and guidelines and assume overall responsibility for child protection for both the central and local governments. The committee should also advocate on behalf of adolescent health by disseminating information to concerned parties such as other government ministries, agencies, NGOs, and international agencies. Representatives from these groups should be included in committee activities along with members of youth groups. The Committee should also work with the National University of Mongolia to maintain a research center that will provide continuous monitoring of the state of adolescent health in the country.

The role of an adolescent healthcare task force in a developing nation cannot be understated. Much like the healthcare coalitions and consortia that have been established in other countries, the task force provides an efficient way of setting national and local targets; avoiding redundancy and the wasting resources; monitoring progress in achieving healthcare goals; and identifying present gaps in services.

3. A cadre of school-based doctors should be developed. Adolescent healthcare providers in cities like New York and Los Angeles are learning that young people need to be engaged in health services where they congregate. While school attendance is declining in the Mongolian countryside, schools remain the loci for young people throughout the nation. Consequently, a team of health care providers should be established in Ulaanbaatar and in each of the provinces to either work out of schools or to visit schools on a regular basis. They should be knowledgeable about the special health needs of adolescents and be able to provide medical services and health educational programs for them. These doctors should pay particular attention to reproductive healthcare for both female and male students. The presence of a health providers in rural locations may also serve as a stimulus for motivating young people and their families to maintain an association with the schools.

Peer health educators should be trained on issues like reproductive health (e.g. pregnancy and family planning), and substance abuse, safety, general hygiene.

4. Peer health educators should be established. Studies have shown that the most effective communicators of information for adolescents are their peers. The Adolescent Reproductive Health Survey indicated that more youth (33.3%) approach their peers regarding sexual issues than any other category except for doctors and medical workers (34.9%).[44] Peer health educators should be trained on issues like reproductive health (e.g. pregnancy and family planning), and substance abuse, safety, general hygiene. These youth should be based at schools both in the Ulaanbaatar and in the provinces. They should be encouraged to develop unique methods for sharing valuable information, such as songs, role plays and theater. Youth who serve as educators can be provided incentives like special training in Ulaanbaatar, academic credits, and scholarships.

5. A health education curriculum should be established for kindergarten through 10th grade. In the reproductive health survey, a majority of adolescents felt that reproductive health information should be included in school curricula. Given the extent of emerging health problems, the Ministry of Health should establish a joint task force with the Ministry of Education to ensure that a comprehensive health education curriculum be included in each grade. This curriculum should cover topics such as safety (e.g. crossing streets, using bike helmets, etc.), general hygiene, oral health, nutrition and

physical fitness; tobacco, alcohol and drug abuse; pubertal development; sexual abstinence; teen pregnancy; family planning; and STD prevention. The task force should also designate additional youth agencies and social centers to provide educational programs.

6. Primary care physicians should be trained in adolescent health. The scarcity of medical personnel throughout the country needs to be addressed in general; however, the lack of primary care physicians who are knowledgeable in adolescent health may have great consequences for the well-being of the next generation of Mongols. Adolescent health has been recognized as having unique correlates which require training. Present primary care physicians should be trained on how to take comprehensive medical, mental and reproductive health histories and how to provide health information in an age-sensitive manner for adolescent patients. Primary care practitioners should also be trained to provide physical examinations, pelvic examination, pregnancy tests, and diagnoses and treatments for STDS. The health care providers should also be taught how to handle sensitive issues such as physical, emotional and sexual abuse as these have been growing in prevalence throughout the nation. In addition, primary care physicians in Ulaanbaatar and in each of the provinces should have access to a psychologist/social worker in order to provide counseling for certain clients with mental health problems.

7. STDs should be the focus of a nationwide educational campaign. Infectious diseases, like STDs and AIDS, pose a tremendous threat to adolescents and the population in general. Responsible sexual behavior needs to be encouraged before unsafe behavior and the resultant diseases become entrenched in the population. An education campaign should take place through school curricula, other youth centers, written materials, and even the media to educate the population on prevention, detection and treatment of STDs.

8. Teen mothers should receive immediate social and medical support. Once the cycle of teen pregnancy is established, it replicates each generation resulting in a major social disadvantage for the mothers and their children. Mongolian health officials have an opportunity to intervene before an increasing number of teenage girls become pregnant, drop out of school, and join an emerging class of the poor. The Ministry of Health should establish a Safe Motherhood Program. The program should provide early prenatal care, maternity care and other services for young mothers. Teen mothers should be encouraged to stay in school throughout their pregnancy and a social service agency in Ulaanbaatar should provide special programs for educating teen mothers about their pregnancy and family planning.

9. Government policies should focus on rehabilitation of street children. During the past seven years

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services for the surrounding community and are developed through partnerships with health, educational and social service agencies. For example, the Ministry of Education can

population of homeless children have beco example of the need for more effective social p

interventions. The National Adolescent Health Planning Committee (see Recommendation #2) should provide support to agencies that are working with street youth and encourage NGOs to develop programs that reach out to this subset of the population. Such support should be advocacy both within the Mongolian government and externally to international agencies for funding of special projects aimed at rehabilitating street youth. NGOs should be encouraged to open at least one shelter in each of the major cities so that these youth can find a safe place for temporary refuge and long-term rehabilitation. The Committee should also advocate for public support on behalf of street youth and establish a network of providers in the major cities to attend to medical, reproductive health, and health education needs of these children. In addition, outreach workers should be trained to provide counseling, information, services and referrals directly to youth on the city streets. Once shelters are formed, education and job training programs should be established to provide future opportunities for these youth.

10. Parents should receive special educational opportunities to learn about adolescent health. The adolescent survey revealed that children turn to their parents in lesser numbers than they do peers or medical doctors when an issues of reproductive health arises. This may in part be due to the fact that parents feel ill-equipped at addressing these issues to a new generation that is experiencing sexual relations at younger ages. The Ministries of Health and Education should include parents in their educational campaign aimed at children and adolescents. Special workshops, brochures and articles should highlight how parents can effectively talk to their children. These trainings should provide a better understanding of adolescent development, the importance of adolescent services, and how to diagnose basic health disorders.

11. Maintenance of education standards should be a national priority. Education is directly correlated with healthy behaviors and efforts to redress the increasing health problems needs to focus on providing educational opportunities. In order to accomplish this, academic standards should be established for each grade level. In addition, schools should receive appropriate funding so that they are both affordable and accessible. Campaigns should encourage all children to remain in schooling through high school. This campaign should also encourage pregnant youth to stay in school and to return as soon as possible after delivery.

12. Community schools should be developed. The Ministry of Education should consider expanding on traditional concepts of schooling. Because of the nomadic population and the pressures on adolescents to drop out, schools should develop as community schools rather than simply classrooms. Community schools provide numerous

partner with the Ministry of Health to station physicians in the urban schools and have them regularly visit rural schools in order to provide medical services. In addition, partnerships can be developed with NGOs and other agencies to emphasize other programs for children and their families, such as sports, creative arts, cultural entertainment, traditional activities, lectures, and workshops. The more activities focused around the schools, the more likely youth will remain in education.

include new and expanded surveys, statistical collection from medical facilities and schools, and interviews with youth focus groups both in the cities and in the provinces. Results should be made available to the public and be used for prioritizing future initiatives.

Conclusion

Adolescent health is a barometer for how effectively a nation is managing change. Like Mongolia, numerous countries are facing unstable political and economic climates. The problems suffered by adolescents in Mongolia symbolize the effects of these kinds of changes on a very vulnerable age group. During this decade of transformation, Mongolia has witnessed an increase in the prevalence of homelessness, teen pregnancy, STDs, school drop-outs, crime among young people, poverty, single parenting, and divorce. Nations should not accept these transitional "growing pains" as simply a by-product of market liberalization and democratic reform. After all, the unhealthy behaviors and conditions that become entrenched among the present adolescents and children will inevitably result in a loss of social, economic and cultural productivity as this generation matures. The overwhelming welfare, health care and prison costs of many industrialized nations demonstrate the potential consequences of failing to act on these matters.

The Mongolian government has the opportunity to initiate a series of responsible health initiatives that will reverse present trends before they strengthen or take on a cyclical pattern in the future. Given the great economic strain presently on the Mongolian government, this paper provides cost effective approaches to handling some of the most prevalent problems afflicting youth in the nation. The prerequisite for any of these approaches, however, is a commitment of leadership on the part of the government to establish priorities; coordinate local agencies; involve health, educational and social service groups; and continuously assess progress.

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maintain an ongoing survey of health indicators among adolescents. This will be important for highlighting areas that need focus and for monitoring progress in ameliorating present adolescent health disorders. This monitoring should

13. The media should be employed in effectively disseminating health information. The adolescent health survey revealed that one quarter of youth turn to media sources (e.g. books, newspapers) for information about their reproductive health.[45] Media can play a significant role in impacting a healthy future for Mongolia's younger generations. Newspapers, journals, radio and television should provide health education material and special youth programming. Topics should include reproductive health, oral health, infectious diseases, accident prevention, substance abuse, and healthy peer/parent/partner relationships. Media sources should also be encouraged to do public service announcements on behalf of different medical, social, and educational service providers so that youth know where to go with their questions and/or problems.

14. A cadre of health volunteers should be developed. Since 1990, there has been a severe deficiency in the numbers of health care workers in Mongolia mainly due to the collapse of Soviet economic and human resource support. However, even in nations with abundant skilled health care workers, volunteers are employed to perform numerous supplementary tasks. The Ministry of Health should seek to create a volunteer corps of health workers to participate in outreach, educational services, health training, peer hotlines, theater and other types of service provision. These workers should have professional supervision and management to support them in the development of health promotion activities, child protection services and advocacy roles.

15. Juvenile prison facilities should be separated from adult facilities. The steady increase in crime during this decade has resulted in more youth being imprisoned. The Mongolian government needs to address the lack of correction facilities designated for youth only. This is particularly important if these youth are to be rehabilitated. Adolescents need specialized services both physically and mentally and a failure to provide these services to the imprisoned will contribute to ongoing social problems with dangerous repercussions for health. A prison facility for youth provides an opportunity to develop educational and job training programs that can make a serious difference both economically and socially.

16. The Ministry of Health should continuously monitor adolescent health. The Ministry of Health should work with the National University of Mongolia and other NGOs to

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