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Prototype 3

A HANDY DESK REFERENCE FOR PRIMARY LEVEL HEALTH WORKERS

ADOLESCENT JOB AID

World Health Organization

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Prototype 3, November 2008

Department of Child and Adolescent Health and Development (CAH)

World Health Organization

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Contents

Introduction

What is the adolescent job aid?

It is a handy desk reference.

Who is the adolescent job aid intended for?

It is intended for health workers who provide primary care services (including promotive, preventive and curative health services) to adolescents. These health workers include doctors, midwives, nurses and clinical officers. The adolescent job aid takes into account that in most settings health workers will be providing health services to children and adults in addition to adolescents.

What is the purpose of the adolescent job aid?

Its purpose is to enable health workers to respond to their adolescent patients more effectively and with greater sensitivity. To do this, it provides precise and step wise guidance on how to deal with adolescents when they present with a problem or concern regarding their health and development.

What does the adolescent job aid contain?

It contains guidance on commonly occurring adolescent-specific conditions that have not been addressed in existing WHO guidelines (e.g. delayed menarche). It also contains guidance on some conditions that are not adolescent specific but occur commonly in adolescents (e.g. sexually transmitted infections and anxiety) and highlights the special considerations in dealing with these conditions in adolescents.

How does the adolescent job aid relate to other WHO guidelines?

It is consistent with and complementary to other key WHO guidelines including:

- *Integrated Management of Adolescent and Adult Illness*
- *Integrated Management of Pregnancy and Childbirth*
- *Decision making tool for family planning clients and providers*

How is the adolescent job aid organized?

Following this introductory section, it contains three parts:

Part 1: The clinical interaction between the adolescent and the health worker

Part 2: Algorithms to classify and manage common health and development conditions in adolescence

Part 3: Information for adolescents and their parents on important health and development issues in adolescence

How is the adolescent job aid to be used?

Firstly, familiarize yourself with its contents.

Part 1: Go over the dos and don'ts that this part contains, carefully, thinking through its implications for your work. Where possible, discuss this with your colleagues.

Part 2: Go over the list of algorithms that it contains. Choose one presenting complaint that you commonly encounter in your work and go through the algorithm carefully, thinking through what it guides you to in the ASK and LOOK, LISTEN, FEEL columns, in order to classify the condition. Then, go through how it guides you to manage each classification. Finally, go over the information to be provided to the adolescent and the accompanying adult as well the responses to frequently asked questions.

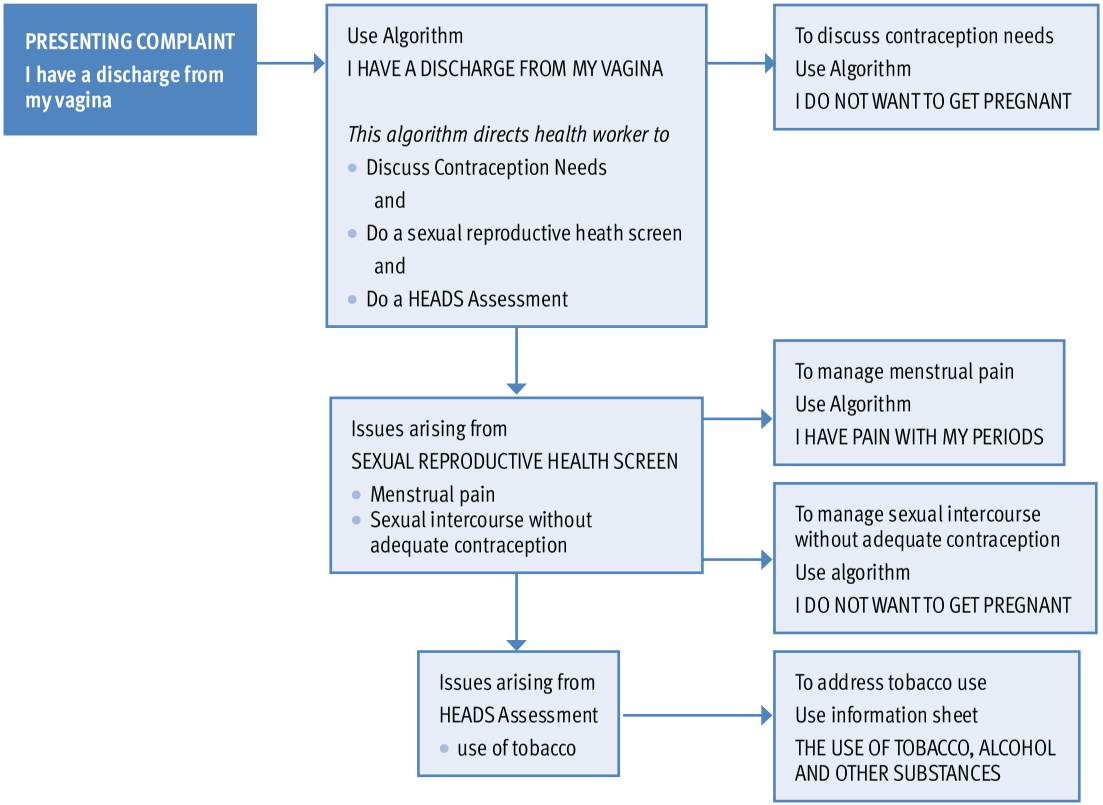
Part 3: Go over the list of topics that it contains. Choose any one topic and go over the messages it contains for adolescents and for their parents.

Secondly, begin using it in your work.

The starting point for each algorithm is the presenting complaint either by the adolescent or by his/her parents. As you go through the ASK and LOOK, LISTEN, FEEL columns, you are likely to be pointed to other algorithms to use. Go to them after you have completed the classification, defined the management approach to be used, provided information and responded to questions, if any. In this way, the adolescent job aid guides you to go beyond the presenting complaint to identify and deal with other problems that were not raised by the adolescent or his/her parents.

This is illustrated in the following chart.

Example of entry Points for use of algorithms and information sheets within the Adolescent job Aid



When you start using the adolescent job aid, take the time to go through each algorithm carefully. With practice, you will able to do this faster. You will also learn which issues you will need to spend time, on which ones you could go through quickly or even skip altogether.

Lastly, although the adolescent job aid contains over 25 algorithms of commonly occurring presentations, it does not cover all the presenting complaints that adolescents come with. This means that from time to time you will need to manage your adolescent patients using the complementary guidelines referred to earlier, or even using knowledge you gained in your medical or nursing training.

part 1

The clinical interaction between the adolescent and the health worker

This part of the adolescent job aid addresses the following issues:

1. The special contribution that you could make to health and development of your adolescent patients
2. Establishing rapport with your adolescent patients
3. Taking a history of the presenting problem or concern
4. Going beyond the presenting problem or concern
5. Doing a physical examination
6. Communicating the classification, explaining its implications, and discussing the management options
7. Dealing with laws and policies that affect your work with your adolescent patients

1. The special contribution that you could make to the health and development of your adolescent patient

What you should be aware of:

1. Adolescence is a phase in life during which major physical, psychological and social changes occur. As they encounter these changes, adolescents have many questions and concerns about what is happening to their bodies. In many places, adolescents are unable to share their questions and concerns, and to seek answers from competent and caring adults.

2. While adolescence is generally considered as a healthy time of life, it is also a period when many behaviours that negatively affect health both during adolescence and later in life, start. Furthermore, many adolescents die every year – mostly from unintentional injuries (e.g. car crashes), intentional injuries (suicide and interpersonal violence) and pregnancy-related causes.

3. Health workers like you have important contributions to make in helping those adolescents who are well to stay well, and those adolescents who develop health problems get back to good health. You can do this through:

- providing them with information, advice, counselling and clinical services aimed at helping them maintain safe behaviours and support them in modifying unhealthy ones;
- diagnosing/detecting and managing health problems and problem behaviours, and; and referring them to other health and social service providers, when necessary.

Health workers like you have another important role to play – that of change agents in your communities. You could help community leaders

and members understand the needs of adolescents, and the importance of working together to respond these needs

2. Establishing rapport with your adolescent patients

What you should be aware of:

1. Some adolescents may come to you on their own accord, alone or with friends or relatives. Other adolescents are brought to see you by a parent or another adult. Depending on the circumstances, the adolescent could be friendly or unfriendly with you. Also, depending on the nature of the problem or concern, the adolescent could be anxious or afraid.

2. Adolescents may be reluctant to disclose information on sensitive matters if their parents or guardians, or even spouses are also present.

What you should do:

1. Greet the adolescent in a cordial manner.

2. Explain to the adolescent that:

- you are there to help them, and that you will do your best to understand and respond to their needs and problems;
- you would like them to communicate with you freely and without hesitation;
- they should feel at ease and not be afraid because you will not hurt them;
- you want them to decide how much they would like to involve their parents or others
- you will not share with their parents or anyone else any information that they have entrusted you with, unless they give you permission to do so.

3. If the adolescent is accompanied by an adult, in the presence of the young person, explain to the accompanying adult that:

- you want to develop a good working relationship with the adolescent. At some stage you may need some time to speak to the adolescent alone.

3. Taking a history of the presenting problem or concern

What you should be aware of:

1. Many adolescent health issues are sensitive in nature

2. When asked by health workers about sensitive matters such as sexual activity or psychoactive substance use, adolescents may be reluctant to disclose information because of fears that health workers may scold or mock them.

What you should do:

1. *Start with non-threatening issues*: Start the clinical interview with issues that are least sensitive and threatening. The Adolescent Job Aid algorithms contain many direct questions that health workers need to ask to determine classification and subsequent management. However, if you were to ask an adolescent *"Are you sexually active?"* without first establishing rapport, the likelihood of obtaining any answer, leave along a true answer will be low. It is usually best to start with some introductory questions (e.g. about the adolescent's home situation) before proceeding to more sensitive topics such as sexual and reproductive health. Then when one is ready to commence questioning about sexual and reproductive health it is best again to start with the most non-threatening questions before proceeding to the more sensitive ones.

2. *Use the third person (indirect) questions* where possible: It is often best to first ask about activities of their peers and friends rather than directly about their own activities. For example, rather than ask a young man directly "Do you smoke cigarettes", you could ask *"Do any of your friends smoke?"* If the young man replies "Yes", you could then ask, *"Have you ever joined them?"* This can lead to other questions such as *"How often do you smoke?"* etc.

3. *Reduce the stigma around the issue by normalising the issue:* An adolescent who has an unwanted pregnancy or an STI may feel embarrassed and even ashamed. You can reduce the stigma around the issue by saying to the adolescent that, *"I have treated a number of young people with the same problem you have"*.

What you should be aware of:

Even with adequate training, many health workers are uncomfortable discussing sensitive matters with anyone, adults or adolescents.

What you should do:

1. The first step in dealing with this is being aware of the issue, and then trying to overcome it. It may be useful to reflect that your discussions with the adolescents, although uncomfortable, will help you identify the adolescent's needs and address their problems. It may be also be useful to discuss it with a colleague.

2. Learn as you go along. In the beginning you may use the questions listed in the Adolescent Job Aid as they are written. With time you may choose to modify them, using words and phrases that you are more comfortable with, using a more relaxed conversational style. You will also find that you will get faster with practice, and will learn which issues to spend time on, and which other issues you could address quickly.

4. Going beyond the presenting problem or concern:

What you should be aware of:

When adolescents seek help from a health worker, they tend to volunteer information about the health problem that seems most important to them (i.e. the presenting complaint). They may have other health problems and concerns but may not say anything about them unless directly asked to do so. In such a situation, the health worker would deal with the presenting complaint (e.g. fever and cough) and go no further thereby missing other existing problems.

What you should do:

You could consider using the HEADS assessment which could assist you to:

- detect health and development problems that the adolescent has not presented with;
- detect that the adolescent engages in unhealthy behaviours (such as injecting drug or having unprotected sexual activity) that contribute to health problems in the present or in the future;
- detect important factors in their environment that increase the likelihood of their engaging in unhealthy behaviours.

HEADS is an acronym for

- **H**ome
- **E**ducation/Employment
- **E**ating
- **A**ctivity
- **D**rugs
- **S**exuality
- **S**afety
- **S**uicide/Depression

In this way, you would get a full picture of the adolescent as an individual and not just a case of this or that condition. It would also identify the unhealthy behaviours and the factors in the adolescent's environment to address – yourself and in conjunction with other health and social service providers.

It is structured so that you could start the discussion with the most non-threatening sections. It starts by examining the home and the educational/employment setting. It then goes on eating, and then to activities. Only

then does it deal with more sensitive issues such as drugs, sexuality, safety and suicide/depression.

See the listing of "Information that can be obtained from a HEADS assessment at the end of this part of the Adolescent Job Aid.

If time does not permit you to do a full HEADS Assessment you will need to prioritise which sections of the HEADS Assessment you will do. You may choose to prioritise the sections which are most related to:

- Presenting complaint
  If a young person presents with an injury after a fall while drinking alcohol, you may prioritise the "Drugs" section of the HEADS screen.

and / or

- Important health issues in your local area
  If you are working in an area of high HIV prevalence you may prioritise the "Sexuality" section of the HEADS Assessment

5. Doing a physical examination:

What you should be aware of:

1. In order to make a correct classification, all the signs listed in the LOOK/LISTEN/FEEL column of the algorithms need to carefully checked for.

2. Some items in a physical examination are unlikely to cause embarrassment (e.g. checking the conjunctivae for anaemia); however, some other items are likely to do so (e.g. checking the vagina for the presence of abnormal discharge or sores).

As part of the physical examination check the following things:

- Temperature
- Pulse rate
- Presence of anaemia
- Presence of jaundice
- Presence of lymphadenopathy
- Presence of obvious over/undernutrition
- Any abnormal health and lung sounds
- Any evidence of swellings or tenderness in the abdomen
- Presence of teeth and gum problems
- Presence of skin problems

What you should do:

1. Before doing a physical examination:

- If the adolescent is with an accompanying person, reach an agreement as to whether he/she wants this person to be present during the examination.

- Inform the adolescent about what examination you want to carry out and the purpose of the examination.
- Explain the nature of the examination.
- Obtain the consent of the adolescent. (If the adolescent is below the legal age of being able to give consent, you will need to obtain the consent from a parent or guardian. However, even if you have obtained consent from parent of guardian, you should not proceed with the examination unless the adolescent agrees).

2. During an examination:

- Respect local sensitivities regarding gender norms (e.g. whether it is appropriate for a male health worker to examine a female patient). If needed, ensure the presence of a female colleague during the examination
- Ensure privacy (e.g. make sure that curtains are drawn, doors are shut and that no unauthorized person enters the room during the examination)
- Watch for signs of discomfort or pain and be prepared to stop the examination if needed.

6. Communicating the classification, explaining its implications, and discussing the treatment options:

What you should be aware of:

1. Informing your adolescent patients about the classification and explaining its implications on their health can help them become active partners in protecting and safeguarding their health.

2. Informing them about the different treatment options and helping them choose the one that matches their preferences and circumstances will increase the likelihood that they will adhere to the treatment.

What you should do:

1. When you have made a classification (i.e. a provisional diagnosis) you will need to communicate it and explain its implications to the adolescent.

Before doing so:

- check whether he/she wants to have the parent or other accompanying person present.

While communicating:

- demonstrate your respect and empathy to the adolescent through your speech and your body language (e.g. if the adolescent is with a parent or another accompanying person, address them both in turn)
- use words and phrases, and concepts that they are likely to understand
- periodically assess their understanding (e.g. by asking them to say in their own words, their understanding on a key issue).

2. Provide information on the implications of each treatment option and help the adolescent choose the one that is best suited to his/her needs.

While doing this:

- present all the relevant information
- respond to questions as fully and honestly as you can
- help them choose
- respect their choice even if it not the one you would have wanted them to make.

3. When providing medication, explain why they need to take it, and when and how they need to do. If prescribing medication, make sure that they will be able to find the money to buy it.

7. Dealing with laws and policies that affect your work with your adolescent patients:

What you should be aware of and do:

1. Ensure that you are fully aware of the laws and policies of your land.

2. Where appropriate, help your adolescent patients and their parents become aware of them.

3. As a law-abiding citizen, you have the responsibility to respect these laws and policies. As a health worker, you have an ethical obligation to act in the best interests of your adolescent patients. In your work with adolescents, you may find that in some situations, prevailing laws and policies may not permit you to do what is in the best interests of your adolescent patient (e.g. in some places, the provision of contraceptives to unmarried adolescents is illegal). In such situations, you may need to draw upon your experience and the support of caring and knowledgeable people to find the best way to balance your legal obligations with your ethical obligations.

I. Laws and policies that govern health service provision:

- Laws and policies that specify the age at which diagnostic tests (e.g. an HIV blood test) or clinical management (e.g. provision of contraception) can be done without the consent of an adult (but with the consent of the adolescent patient).
- Laws and policies on requirements to report infections (e.g. HIV) or assault (e.g. physical or sexual assault).
- Laws and policies that require partner notification (e.g. in the context of STI).
- Laws and policies that require a health worker to use government-approved standards and guidelines for clinical management.

II. Laws and policies on social issues that have a bearing on your work with adolescents:

- Laws and policies on protecting and safe guarding minors.
- The stipulated age of consent for sex and the stipulated age of marriage (and any discrepancies between the two)-
- The stipulated age at which tobacco and alcoholic products can be sold or purchased.
- Laws and policies on the possession and use of psychoactive substances.
- Laws and policies on homosexuality.

Information that can be obtained from a HEADS Assessment

Home	Where they live With whom they live Whether there have been recent changes in their home situation How they perceive their home situation
Education / Employment	Whether they study/work How they perceive how they are doing How they perceive their relation with their teachers and fellow students/employers and colleagues Whether there have been any recent changes in their situation What they do during their breaks
Eating	How many meals they have on a normal day What they eat at each meal What they think and feel about their bodies
Activity	What activities they are involved in outside study/work What they do in their free time – during week days and on holidays Whether they spend some time with family members and friends
Drugs	Whether they use tobacco, alcohol, or other substances Whether they inject any substances If they do so, how much do they use; when, where and with whom do they use them
Sexuality	Their knowledge about sexual and reproductive health About their menstrual periods Their thoughts and feelings about sexuality Whether they are sexually active; if so, the nature and context of their sexual activity Whether they are taking steps to avoid sexual and reproductive health problems Whether they have in fact encountered such problems (unwanted pregnancy, infection, sexual coercion) If so, whether they have received any treatment for this Their sexual orientation
Safety	Whether they feel safe at home, in the community, in their place of study or work; on the road (as drivers and as pedestrians) etc.. If they feel unsafe, what makes them feel so
Suicide / Depression	Whether their sleep is adequate Whether they feel tired Whether they eat well How they feel emotionally Whether they have had any mental health problems (especially depression) If so, whether they have received any treatment for this Whether they have had suicidal thoughts Whether they have attempted suicide

Sexual and reproductive health screen

Here is an example of how a health worker may take a sexual and reproductive health history.

Menstrual History

- Have your periods started yet?
- How old were you when your period started?

Pain during the periods

- Do you have pain with your periods?
- Does the pain prevent you from carrying out your daily activities?
- What do you do to ease the pain?

Excessive bleeding during the periods

- How many days do your periods last when they come?
- How many pads (or equivalent) do you use a day?

Regularity of the periods

- Are your periods regular? Do your periods come at the same time every month?
- How many days are there normally between your periods?

Knowledge about sexuality

- Have you learned about sexuality at school, at home or elsewhere?
- What have you learned?

(Questioning will depend on age and level of maturity of the adolescent)

Sexual Activity

- Depending on the social context, ask whether their friends have boyfriends/girlfriends, and then whether they do so themselves.
- Again depending on the context, ask whether their friends had had sex, and then whether they have done so themselves. (Be aware that the word "sex" may mean different things to different young people. Probe about penetrative sex, i.e. "Does he touch your genitals only" and "Does he put his penis in your vagina / mouth").

If sexually active... Contraception and pregnancy

- Do you know how one could get pregnant?
- Do you know how one could avoid getting pregnant?

- Are you currently trying to get pregnant?
- Are you currently trying to avoid getting pregnant?
- If so, what do you do to avoid getting pregnant?
- Do you know about contraceptive methods?
- If so, do you use any contraceptive method?
- Have you had sex in the last month?
- Is you period delayed? Have you missed a period?
- Do you any of the following symptoms of pregnancy: nausea or vomiting in the morning, and swollen and sore breasts?
- When was the last time you had sex?

If sexually active... Sexually Transmitted Infections

- Do you know what is an STI?
- Do you do anything to avoid getting an STI?
- Do you know about condoms? Do you use them when you have sex? If so, do you use them always? If not, why not? Where do you get the condoms?
- How many sexual partners have you had in last three months?
- Have you ever had an infection: sore, ulcer, swelling or discharge on/ of/ from genitals?
- If so, have you received any treatment for this?

part 2

- Algorithms
- Information to be given to adolescents and accompanying adults
- Responses to frequently asked questions

Delayed puberty: Male

Ask	Look/Feel/Listen	Symptoms & Signs
TIP for health worker: Say that you are now going to ask him some personal questions and reassure him that information will be kept confidential. Ask • How old are you? **Penis** • Has your penis increased in size since you were a small boy? If the size has increased – How old were you when you first noticed this? **Testes** • Have your testicles increased in size from when were you a small boy? If the size has increased – How old were you when you first noticed this? **Pubic hair** • Have you developed any hair on your body near your genital area? If he has pubic hair – How old were you when you first noticed this hair? **Chronic illness** • Do you have any long standing diseases? (Note: Probe if there are symptoms of longstanding fever, cough, diarrhoea, loss of weight etc.). **Do a Sexual Reproductive Health Screen** **Do HEEADSSS Assessment**	*TIP for health worker:* *Ensure privacy of the examination* setting. Check • Weight • Height Calculate • BMI (Body Mass Index) = weight /height^2 Check **Penis** • Size (if obese, retract the pubic fat pad to obtain accurate estimation of size) • Whether there are any anatomical variants (e.g. the opening of urethra is not at the tip of the penis) **Testes** • Size • Lump on testes • Swelling of testes **Pubic hair** • Presence of pubic hair **General Physical Examination** **Check for signs of chronic illness** **ALERT** *If any anatomical abnormality of the testes or penis are found on examination, refer*	• No enlargement of penis by age 14 years or • No enlargement of testes by age 14 years *or* • No pubic hair by age 15 years AND • Signs of undernutrition (BMI less than 5th centile for age) *or* • Signs or symptoms of chronic illness • No enlargement of penis by age 14 years or • No enlargement of testes by age 14 years *or* • No pubic hair by age 15 years AND • Not under nourished (BMI more than 5th centile for age) and • No signs or symptoms of chronic illness • He is 13 years of age or younger or • If 14 years of age or older, enlargement of penis has started or • If 14 years of age or older, testicular enlargement has started and • If 15 years of age or older, pubic hair present

Adolescent: My penis seems small compared to those of my friends. • My testicles are small. • I do not have any hair on my body.

Parent: My son's penis seems too small for his age. • My son's testicles seem very small. My son does not have body hair yet.

Classify	Manage	Follow-up
DELAYED PUBERTY **POSSIBLY DUE TO CHRONIC ILLNESS OR UNDERNUTRITION**	• Refer or treat underlying medical condition • Address the nutritional problems • (Refer to I AM TOO FAT/ I AM TOO THIN algorithm) • Advise him that pubertal development can be delayed due to chronic illness or undernutrition and that a health worker will need to reassess him once the chronic illness and / or nutritional issues have been treated	Follow up chronic illness as needed Follow up nutritional problems as needed Review pubertal development in 6 months
DELAYED PUBERTY **UNLIKELY TO BE DUE TO CHRONIC ILLNESS OR UNDERNUTRITION**	• Advise him that pubertal development is delayed for his age • Refer to an endocrinologist if possible • Reassure him that even though puberty is delayed, most boys will eventually develop and go through puberty. Stress that a small number do not and that is why he needs to be checked further. If also short, refer to I AM TOO SHORT algorithm	
NORMAL PUBERTY	• Reassure boys who are 13 years of age or younger that even if the signs of pubertal development have not appeared, he is within normal limits for age • Reassure him that most boys will eventually develop and go through puberty	

Information to be given to the adolescents or accompanying adults

1. What is the condition?

What do we mean by puberty?

As a child becomes an adolescent, the body starts preparing for parenthood. This stage which lasts for two to five years is called puberty. Chemicals produced by the body called hormones, trigger these changes. During puberty, there is an increase in height and weight, and in the musculature. There is also marked growth and development of the sexual organs, preparing the body for fatherhood. There are also associated changes such as the development of facial and body hair as well as acne.

When is puberty normally meant to occur?

There is significant variation in the timing of puberty between individuals. Puberty usually begins in boys when they are around ten years old and lasts till they are 15 or 16 years of age. However, for many boys, puberty does not start till after they are ten years old.

When do we say that puberty is earlier than normal?

We say that puberty is earlier than usual in a boy when certain changes take place before the age of ten years. These changes include the growth of hair on the face, hair appearing near the genitals and the growth of the penis and testes.

When do we say that puberty is later than normal?

We say that puberty is later than usual (or is delayed) in a boy when certain changes have not started to occur by a certain age. For example, if his penis has not started to increase in size by the age of 14 years, his testes have not started to enlarge by the age of 14 years or hair near his genital area has not started to appear by the age of 15 years.

2. What are the causes of this condition?

The most common cause of delayed puberty is due to the normal variation in the age at which boys can start puberty. Such variation often runs in the family, for example, the father of a boy who is starting puberty late may have himself started his puberty late. This normal variation needs no treatment. However, sometimes undernutrition can cause delays in puberty. It is important that the nutritional status is assessed and if problems are identified, they are dealt with. Sometimes, chronic illness can cause delays in puberty. Sometimes, chronic illnesses can cause delays in puberty as well. It is also important that this is asked about and looked for in history taking and physical examination.

3. What are the effects of this condition on your body?

Boys with delayed puberty also tend to be shorter than other boys of the same age. However, as their bodies go through puberty their height tends to catch up with that of their peers. In addition, there are psychological and social effects as well. Boys may feel anxious and isolated if their peers are taller and stronger than him.

4. What treatments are we proposing and why?

Delayed puberty

If your puberty is delayed your health worker may want to refer you to a specialist to confirm that the delay is due to the normal variation in the age when boys start puberty. If referral to a specialist is not possible, remember that almost all boys will still go through puberty even if it is at a later age than normal.

Frequently asked questions

Why is it that I have so little hair on my face and body?

Understanding the reason for the question:

The adolescent boy may be anxious about this, thinking that his condition may not be normal.

Points to make in responding to the question:

The amount of hair on the face and body varies from one family to another and from one age to another. The reason that you may not be having enough body hair for your age is that your puberty may be delayed. When this catches up, so will the hair growth. However if it is something running in your family it may not change. You have to learn to love your body the way it is and more over as you do have some hair, there is no reason for too much concern.

My penis and/or testes seem small when compared to those of my friends. Am I normal?

Understanding the reason for the question:

This question may come from the belief that the size of the penis determines the maleness of the person. The boy may be anxious about not being normal.

Points to make in responding to the question:

Two boys of the same age may have difference in the sizes of their penises depending on their family traits. This has nothing to do with maleness or sexual function of the organ. If you are still in your early years of adolescence (say less than 14 years) there is still time for further development.

Delayed puberty: Female

Ask	Look/Feel/Listen	Symptoms & Signs
TIP for health worker: Say that you are now going to ask her some personal questions and reassure her that information will be kept confidential. Ask • How old are you? **Breast development** • Have you noticed any change in the size of your breasts or any change in the size or colour of the area around your nipples? If breast development has started • How old were you when you first noticed these changes? **Pubic hair** • Have you developed any hair on your body near your genital area? If she has pubic hair • How old were you when you first noticed this? **Menstrual periods** • Have your periods started? *If her periods have started –* • How old were you when you had your first period? **Chronic illness** • Do you have any long standing diseases? (Note: Probe if there are symptoms of longstanding fever, cough, diarrhoea, loss of weight etc.). **Do a Sexual Reproductive Health Screen** **Do HEEADSSS Assessment**	*TIP for health worker:* Ensure privacy of the examination setting. Have a female colleague present if necessary. Check • Weight • Height Calculate • BMI (Body Mass Index) = weight /height^2 Check • Breasts – presence of breast tissue as well the colour and size of the area around the nipple • Pubic hair – presence of pubic hair **General Physical Examination** (Note as you do this, pay particular attention to any signs suggestive of a long standing illness)	• No breast development by age 14 years or • No pubic hair present by age 14 years or • Not menstruating by age 16 years or • It is more than five years since the first signs of breast development appeared and she has not yet had her first period *AND* • Under nourished (BMI less than 5th centile for age) *or* • Signs / symptoms of chronic illness • No breast development by age 14 years or • No pubic hair present by age 14 years or • Not menstruating by age 16 years or • It is more than five years since the first signs of breast development appeared and she has not yet had her first period and • Not undernourished (BMI more than 5th centile for age) and • No signs / symptoms of chronic illness She is 13 years of age or younger or • If 14 years of age or older, breast development has started and • If 14 years of age or older, pubic hair present and • If 16 years or older, menstruation has started and • Less than five years have passed since the first signs of breast development and her first period

Adolescent: My periods have not started yet. My breasts seem small compared to those of my friends. Am I normal?

Parent: My daughter's periods have not started yet. My daughter's breasts are too small for her age? Is my daughter normal?

Classify	Manage	Follow-up
DELAYED PUBERTY **POSSIBLY DUE TO CHRONIC ILLNESS** **OR** **UNDERNUTRITION**	• Refer or treat the underlying medical condition • Address the nutritional problems (Refer to I AM TOO FAT/ I AM TOO THIN algorithm) • Advise her that pubertal development can be delayed due to chronic illness or undernutrition, and that a health worker will need to reassess her once the chronic illness and / or nutritional problems have been addressed	Follow up chronic illness as needed Follow up nutritional problems as needed Review pubertal development in 6 months
DELAYED PUBERTY **UNLIKELY TO BE DUE TO CHRONIC ILLNESS** **OR** **UNDERNUTRITION**	• Advise her that pubertal development is delayed for her age • Refer to a gynaecologist or endocrinologist if possible • Reassure her that even though puberty is delayed, most girls will eventually go through puberty. Stress that a small number do not and that is why she needs to be checked further. If also short, refer to I AM TOO SHORT algorithm	
NORMAL	• Reassure her that even if the signs of pubertal development have not appeared, she is within normal limits for age • Reassure that most girls will eventually develop and go through puberty	Review every 6 months till signs of puberty appear

Information to be given to the adolescents or accompanying adults

1. What is the condition?

What do we mean by puberty?

As children grow and develop, there comes a stage when their bodies start preparing for parenthood. This stage, called "puberty", can last from two to five years. Chemicals in the body called hormones trigger these changes. As girls go through puberty, there is an increase in height and weight and there is a broadening of the hips. There are also associated changes such as the enlargement of the breasts and the appearance of body hair in the genital area and underarms, and pimples on the face and elsewhere. There is also marked growth and development of the sexual organs, in preparation for motherhood.

When is puberty normally meant to occur?

There is significant variation in the timing of puberty between individuals. For most girls, puberty usually begins at around 9 years of age and is usually complete by the age of 14 to 16 years. However, for many girls, puberty does not start till after they are 9 years of age.

When do we say that puberty is later than normal?

We say that puberty is later than usual (or delayed) in a girl when certain changes have not started to occur by a certain age. For example we say puberty is delayed if her breasts have not started to increase in size before the age of 14 years; there is no appearance of hair near her genital area by the age of 14 years, or her periods have not started by the age of 16 years.

2. What are the causes of this condition?

The most common cause of delayed puberty is the normal variation in the age at which girls start puberty. Such variation often runs in the family, for example, the mother of a girl who is late in starting her puberty may herself have started her puberty late. This normal variation needs no treatment. However, sometimes poor nutrition can cause a delay in puberty. It is important that the nutritional status is assessed and if problems are identified, they need to be dealt with. Sometimes, chronic illnesses can cause delays in puberty as well. It is also important that this is asked about and looked for in history taking and physical examination.

3. What are the effects of this condition on your body?

A girl with delayed puberty is likely to be shorter than other girls of the same age. However, as she goes through puberty her height is likely to catch up with that of her peers. Almost all girls with delayed puberty eventually develop normally and are able to live normal lives (including having children if they wish to).

4. What treatments are we proposing and why?

Delayed puberty possibly due to chronic illness or undernutrition

If your health worker tells you that your puberty has been delayed because of an underlying illness, it is important that you have this treated. It is also important that you had a healthy and adequate diet, to ensure that you go through puberty normally.

Delayed puberty not related to chronic illness or undernutrition

If your puberty is delayed your health worker may want to refer you to a specialist to confirm whether the delay is due to the normal variation in the age when girls start puberty.

Frequently asked questions

Why have my periods not started like my friends? Why are my breasts smaller than those of my friends?

Understanding the reason for the questions:

All adolescents – boys and girls – are concerned about whether what is happening to their bodies is normal or not. A girl with breasts which she perceives as being small may also want to know whether she is normal and whether her reproductive organs will be able to function normally in the future. She may also be concerned as to whether she will become physically attractive like her peers.

Points to make in responding to the question:

There is significant variation in the size of the breast between individuals. The size of your breast can depend on a number of things including, how far you are though the process of puberty (your development), and the normal variation in girls in the amount of fat deposited in their breasts.

Different girls go through puberty at different rates depending on their family traits and their nutrition. Almost all girls go through the process of puberty with no problems. Breast development is one of the early signs of puberty, and usually starts to occur a few years before the periods start. You will need to eat a healthy and nutritious diet, have adequate exercise and wait for your breasts to develop with time as you go through puberty. In most cases there is no underlying problem.

"I have a lot of pain during my periods"

Ask

TIP for health worker:
Say that you are now going to ask her some personal questions and reassure her that information will be kept confidential.

Pain

- Are you in pain now?
- Have you had this pain before?

If she has had the pain before:

- Does this pain usually come when you have your period or in the middle of your cycle?

Bleeding

- Are you bleeding now/having your period now?

If she is bleeding now:

- Is the bleeding like your normal period, or is it more scantly/more heavy?

Contraception

- Are you sexually active?

If sexually active:

- Do you use any contraception to prevent pregnancy?

If using contraception:

- What method do you use?

If using condoms:

- Do you use condoms every time you have sex?

If using Oral Contraceptive Pills

- Do you ever forget to take your pills?

Pregnancy

- Do you think you may be pregnant?
- Is your period late?
- Do you have any of these symptoms:
  - nausea or vomiting in the morning,
  - swelling or soreness in your breasts?

Do a general sexual reproductive health Screen

Do HEEADSSS Assessment

Look/Feel/Listen

TIP for health worker:
Say that you are now going to examine her. Ensure privacy of the examination setting. Have a female colleague present if necessary.

Abdominal Examination

Check for

- Lower abdominal tenderness

If there is tenderness,

- Is the tenderness mild / moderate / severe?
- Is there rebound tenderness?

- Abdominal mass

Pregnancy

If sexually active and she is:

- not using contraception correctly and consistently
- or her period is late
- or she has any symptoms of pregnancy

Look for signs of pregnancy

- Palpable uterus in the lower abdomen

Do a

- Pregnancy test

If pregnancy test is not available, and uterus is not palpable abdominally

Check for

- Enlarged uterus on vaginal examination.

If sexually active

- Check for signs of STI syndromes

General Physical Examination

Symptoms & Signs

In pain now

and

Pregnant

or

Possibly pregnant

- Sexually active *and*
  - Not using contraceptives correctly and consistently *or*
  - Period late *or*
  - Any symptom or sign of pregnancy

or

Bleeding now and bleeding is not like her normal period

or

Abdominal tenderness (moderate to severe, or rebound tenderness)

or

Abdominal mass present

Has had pain before with periods or mid-cycle

and

If in pain now,

- not possibly pregnant

and

- abdominal examination shows
  - mild or no tenderness,

and

  - no rebound tenderness,

and

  - no mass

and

If bleeding now,

- the bleeding is like her normal period

ALERT
If the abdominal pain is unrelated to the menstrual periods, use the abdominal pain algorithm.

Adolescent: I have a lot of pain during my periods.
Parent: My daughter has a lot of pain during her periods

Classify	Manage	Follow-up
POSSIBLE SURGICAL / GYNAECOLOGICAL CONDITION	Referral to surgeon or gynaecologist for opinion and assessment **TIPS for health worker:** *For any patient who is sexually active, regardless of diagnostic classification:* • *Counsel regarding future contraception and safer sex.* • *Offer HIV counselling and testing on site if available or through referral.*	
DYSMENORRHOEA / MID-CYCLE PAIN	**Treat Pain** **Hot fomentation** when she gets pain. If hot fomentation does not control pain Non Steroidal Anti Inflammatory medication **Ibuprofen** If weight more than 40 kg- 400 mg orally 4 times per day If weight less than 40 kg 200 mg orally 4 times per day Start medication as soon as pain begins. Continue medication until pain stops. Take medication with food Do not take medication for more than 7 continuous days. NOTE: Aspirin or paracetamol can be substituted but they are not as effective. If the above approach has been tried for 3 months with no improvement, or the intent is to combine pain management with contraception **Combined Oral Contraceptive** (Refer to prescriber guidelines) Advise her to continue with her normal daily activities as much as possible	Follow up after 3 months If there is no improvement with Ibuprofen, advise her to use a Combined Oral Contraceptive If there is no improvement after 3 months of Combined Oral Contraceptive, refer.

Information to be given to the adolescents or accompanying adults

1. What is the condition?
This is a pain that occurs just before or during the menstrual periods. It is a very common condition in girls and young women. The pain could be continuous or could come in bouts. It generally starts in the lower abdomen and moves to the lower part of the back and the inner part of the thighs. It is most severe in the early days of the period and gradually reduces in severity as the period continues.

2. What are the causes of the condition?
In girls and young women, the pain is not associated with an underlying medical problem in the majority of the cases. It is due to a natural chemical substance produced in the body during the periods, which cause the muscles of the uterus to tighten. The level of this chemical substance is higher in the first 2–3 days of the period; that is when the pain is most severe.

3. What are the effects of the condition on your body?
If the pain is very severe, it may be accompanied by headache, diarrhoea, nausea and vomiting. These symptoms too are caused by the action of the chemical substance.
If the pain is severe it can make it difficult for one to carry out daily activities. It can also affect one's mood. However, there are no long term negative effects of the pain or other symptoms.

4. What treatments are we proposing and why?
The aim of the treatment is to reduce the pain. The treatment is very effective and so further examination and laboratory tests are not needed in most cases.

There are two types of treatment:

- Medicines called non-steroidal anti-inflammatory drugs (NSAIDs) are given to reduce pain – these are safe and will not cause serious or lasting side effects. They should not be taken on an empty stomach, but preferably with or after meals or snacks. The medicines work best if taken as soon as menstrual pains start (even if that is before the bleeding actually starts).
- Oral contraceptive pills are given to regulate menstrual periods and reduce the pain. They do so by preventing the formation of eggs in the ovary. They too have no serious or lasting side effects.

5. What can you do?
The application of hot fomentation (i.e. the application of a hot water bottle or a warm pad of cloth on the abdomen and back) can help soothe the pain. If that does not help, you will need to take some medicines to reduce the pain.

Continue with your daily routine. This will help you to focus on other things. Of course, if the pain is severe this may not be possible to do. However, once the pain subsides with treatment, try to continue with your daily routine.

Frequently asked questions

Will I be able to have sex / have a child normally in the future?

Understanding the reason for the question:

The adolescent is anxious about this.

Points to make in the response:

Pain with menstrual periods does not affect one's ability to have a normal sex life or bear children.

My friends say this problem becomes less after childbirth. Is that right?

Understanding the reason for the question.

The adolescent wants to know whether this is true.

Points to make in the response:

The pain usually tends to lessen after a woman bears a child. This is believed to be due to the stretching of the cervix (the mouth of the uterus) during childbirth and the damage to some of the nerve fibres in the area.

"I bleed a lot during my periods"

Ask

TIP for health worker:

Say that you are now going to ask her some personal questions and reassure her that information will be kept confidential.

Menstrual periods

- Are you having your period / bleeding now?
- For how many days do your periods normally last?
- How many sanitary napkins / pads / tampons / other material do you soak per day during your periods?

Contraception

- Are you sexually active?

If sexually active

- Do you use contraception?
- If so, what type do you use?
- Do you use:
  - Intra Uterine Device (IUD) or
  - Depo medroxyprogesterone acetate (DMPA) injections?

If using condoms for contraception

- Do you use condoms every time you have sex?

If using Oral Contraceptive Pills:

- Do you ever forget to take your pills?

Pregnancy

- Do you think you may be pregnant?
- Have you missed a period or is your period late?
- Do you have any of these symptoms:
  - nausea or vomiting in the morning,
  - swelling or soreness in your breasts?

Anaemia

- Do you feel tired all the time?

Do a Sexual Reproductive Health Screen

Do HEEADSSS Assessment

Look/Feel/Listen

TIP for health worker:

Ensure privacy of examination setting.

Have a female colleague present if necessary.

Anaemia

Check for

- Palmar pallor
- Lower conjunctival pallor

Do a haemoglobin test (if available)

Pregnancy

If sexually active

and she is:

- not using contraception correctly and consistently
- or her period is late
- or she has any symptoms of pregnancy

Look for

- Palpable uterus in the lower abdomen

Do a

- Pregnancy test

If pregnancy test is not available, and the uterus is not palpable abdominally

Check for

- Enlarged uterus on vaginal examination.

Contraception method

If an IUD has been inserted previously, check to see or feel the thread (using a vaginal speculum, if available)

If sexually active
Check for Signs of STI syndromes

General Physical Examination

Symptoms & Signs

Bleeding now *and*

Pregnant *or*

Possibly pregnant

- Sexually active *and*
  - Not using any contraception correctly and consistently *or*
  - Period late *or*
  - Any symptom or sign of pregnancy

Needs more than 7 pads (or local equivalent) a day*, *or*

Bleeding lasts for more than 7 days, *and*

Haemoglobin less then 12gm%

Or, *if haemoglobin test is not available*

- Any symptom or sign of anaemia
  - always tired
  - or palmar pallor
  - or lower conjunctival pallor

and

Does not use IUD or DMPA

** Quantifying menstrual bleeding can be difficult. Do not evaluate based just on how many times she changes pads, rather on how many pads are / would be saturated over 24 hours.*

Consider the classification of Menorrhagia (excessive bleeding) in situations where the bleeding subjectively seems excessive and interferes with her life.

Needs more than 7 pads a day *or*
Bleeding lasts for more than 7 days *and*
Haemoglobin more than 12gm%

Or, if haemoglobin test is not available
No symptoms or signs of anaemia *and*
Does not use IUD or DMPA

Needs more than 7 pads a day *or*

Bleeding lasts for more than 7 days *and*

Uses IUD or DMPA

Needs less than 7 pads a day *and*

Bleeding lasts for 7 or less days

Adolescent: ◀(1) I bleed a lot during my periods. ◀(2) My periods last a long time.
Parent: ◀(1) My daughter bleeds a lot during her periods ◀(2) My daughter's periods last a long time

Classify	Manage	Follow-up
POSSIBLE THREATENED ABORTION OR ECTOPIC PREGNANCY	Refer for assessment and management Before referral, resuscitate as necessary ☞ **TIP for health worker:** *For any patient who is sexually active, regardless of diagnostic classification* *Counsel regarding future contraception and safer sex.* *Offer HIV counselling and testing on site if available or through referral.*	
MENORRHAGIA WITH ANAEMIA	**Regulate bleeding** • **Ibuprofen** – If weight is more than 40 kg: 400 mg orally 4 times per day – If weight is less than 40 kg: 200 mg orally 4 times per day (from the first day of the period till the heavy bleeding slows) *or* • **Tranexamic acid** 1 gm orally – 3 times a day during the period *or, If also intending to provide contraceptive cover:* • **Combined Oral Contraceptives** (For prescribing, refer to "I do not want to get pregnant" algorithm) *and* **Treat Anaemia** • **Iron-Folic acid** tablets 200 mg Start 1 tablet orally 3 times per day. Gradually increase to 3 tablets per day if there is no upset stomach. Treat for 3 months.	Review after 3 cycles **Bleeding** If no improvement with Ibuprofen or Tranexamic acid • Treat with Combined Oral Contraceptives *If no improvement with Combined Oral Contraceptive:* Refer **Anaemia** If haemoglobin is less than 12 gm % (or if symptoms / signs of anaemia): • Treat for anaemia for 3 more months. If bleeding is no longer heavy and still anaemic • Consider other causes of anaemia If haemoglobin more than 12 gm % (or no symptoms / signs of anaemia) • If bleeding is still heavy – Prevent anaemia (as indicated in the row below) Continue to review every 3 months.
MENORRHAGIA WITH NO ANAEMIA	**Regulate bleeding (as above)** *and* **Prevent anaemia** • **Iron-Folic acid** tablets 200 mg: 1 tablet orally 1 time per day for 3 months.	Review after 3 cycles. **Bleeding (as above)** **Anaemia (as above)**
MENORRHAGIA POSSIBLY ASSOCIATED WITH CONTRACEPTION METHOD **IUD OR DMPA**	**Regulate bleeding (as above)** *Note: Heavy bleeding is common in the first 6 months of DMPA use.* *and* **Treat / Prevent anaemia** *If anaemia is present:* Treat (as above) *If not:* Prevent (as above)	Review after 3 months. **IUD** *If heavy bleeding continues* Discuss the removal of IUD and starting alternate contraception **DMPA** *If heavy bleeding continues for more than 6 months.* Refer. **Anaemia** (as above)
NORMAL MENSTRUAL BLEEDING	Reassure her that she is well. **Prevent anaemia (as above)**	

Information to be given to the adolescents or accompanying adults

What is the condition?
In this condition one's menstrual bleeding is heavier than normal and is often irregular.

What are the causes of the condition?
In adolescents, the most common reason for this is that the body is still developing and is not fully mature yet. In the first few months after the menstrual periods begin, the body's method of regulating the periods is still developing and it is not uncommon for the periods to be irregular and for the bleeding to be heavy during this time. It can take several months for the periods to become regular.

Another cause of excessive bleeding can be DMPA (Depo medroxyprogesterone acetate) injections to prevent pregnancy or an Intrauterine Device (which is placed in the uterus to prevent pregnancy). It takes some time for the body to adjust to these methods, resulting in excessive bleeding in the first few menstrual periods.

Less commonly, bleeding disorders can cause excessive bleeding.

What are the effects of the condition on my body?
Excessive bleeding during one's periods can lead to a condition called Anaemia in which the 'thinned' blood is not able to carry adequate oxygen to the different parts of the body leaving the person feeling tired and weak.

What treatments are you proposing and why?
If you are anaemic we will treat you with iron and folic acid tablets. If you are not anaemic, we advise you to take iron and folic acid tablets in lower doses than for treatment, to prevent anaemia. Iron is better absorbed by your body if you are able to eat vitamin C rich foods when you take the tablets (e.g. oranges, grapefruit, papaya, mango, tomatoes or drink juices made from these foods).

In addition:

For patients who are not sexually active:

The aim of the treatment is to reduce the bleeding during the periods. The medication needs to be taken as prescribed during every menstrual period. Gradually, the bleeding will become normal and the medication will not be needed.

For patients who are sexually active and want to avoid pregnancy:

In this situation, the aim of the treatment is to reduce the bleeding and to prevent an unwanted pregnancy. The treatment will need to be continued for a period of 3–6 months and will eventually reduce the bleeding.

What can I do?
When the bleeding is heavy you will need to change your sanitary pads frequently.

You may find that you are tired. In that case take some rest. As far as you can, continue with your daily activities.

Frequently asked questions

Am I bleeding like this because something is seriously wrong with my body?

Understanding the reason for the question:

The adolescent wants to know if there is something wrong with her body.

Points to make in responding to the question:

Excessive menstrual bleeding occurs commonly in the first two 2 years after menstruation has started. In most cases, it is not associated with any serious underlying condition.

Can this type of bleeding prevent me from becoming pregnant?

Understanding the reason for the question:

The adolescent wants to know if this condition could prevent her from getting pregnant.

Points to make in responding to the question:

In most cases, heavy menstrual bleeding does not affect your ability to become pregnant—now or in the future.

How do I know that my periods are normal?

Understanding the reason for the question:

The adolescent wants to know whether her periods are normal.

Points to make in responding to the question:

There are three issues to look for:

- Firstly, how many days each period normally lasts. (Normally periods last between 2–7 days.)
- Secondly, how much bleeding occurs on each day of the periods? (A 'thumb rule' is that normally, seven or less pads are soaked daily and need to be changed).
- Thirdly, whether the periods occur in a cyclic manner. (Normally, the duration of a cycle is between 21–45 days during adolescence.)

"I have irregular periods / my periods have stopped"

Ask

TIP for health worker:
Say that you are now going to ask her some personal questions and reassure her that information will be kept confidential.

Irregular Periods

- How old were you when your periods started?
- Are your periods usually regular (do they come at the same time each month?)
- How many days are there usually between your periods?
- What is the most number of days between your periods?
- What is the least number of days between your periods?
- Do you have spotting or bleeding in between your periods? If so, does this occur frequently?

Contraception

- Are you sexually active?
- Are you currently using, or have you used within the last 6 months, any contraceptive method to prevent pregnancy *or* regulate your periods?
- *If currently using contraception:* What method do you use?
- *If using condoms to prevent pregnancy:* Do you use condoms every time you have sex?
- *If using Oral Contraceptive Pills to prevent pregnancy*: Do you ever forget to take your pills?

Pregnancy

- Do you think you may be pregnant?
- Is your period late?
- Do you have any of the following symptoms:
  - nausea or vomiting in the morning,
  - swelling or soreness in your breasts?

Do a general sexual and reproductive health screen

Do HEEADSSS Assessment

Look/Feel/Listen

TIP for health worker:
Say that you are now going to examine her. Ensure privacy of examination setting. Have a female colleague present if necessary.

If sexually active and she is:

- not using contraception correctly and consistently
- or her period is late
- or she has any symptoms of pregnancy

Look for signs of pregnancy

- Palpable uterus in the lower abdomen

Do a

- Pregnancy test

If pregnancy test is not available, and the uterus is not palpable abdominally

Check for

- Enlarged uterus on vaginal examination.

If sexually active
Check for signs of STI syndromes

General physical examination

ALERT
Moderate to severe undernutrition can result in periods becoming irregular.
If the patient appears under weight, use the algorithm "I am too thin/too fat".

Symptoms & Signs

Bleeding now *and*
Pregnant *or*
Possibly pregnant

- Sexually active *and*
  - Not using contraceptives correctly and consistently *or*
  - Period late *or*
  - Any symptom or sign of pregnancy

More than 2 years since first period *and*
Irregular periods

- No periods for the last 3 months *or*
- Menstrual cycle is usually less than 21 days or more than 35 days *or*
- Length between periods varies by more than 20 days from the shortest to the longest cycle *or*
- Frequent spotting / bleeding between periods

and Not using hormonal contraception

Currently, or within the last 6 months, using hormonal contraception

- Oral Contraceptive Pills or
- Depo-medroxyprogresterone acetate (DMPA) injections

and
Irregular periods

- No periods for the last 3 months *or*
- Menstrual cycle is usually less than 21 days or more than 35 days *or*
- Length between periods varies by more than 20 days from the shortest to the longest cycle *or*
- Frequent spotting / bleeding between periods

Less than 2 years since first period
and
Irregular periods (as above)

Menstrual cycle between 21 and 35 days *and*
Length between periods varies by less than 20 days from shortest to longest cycle *and*
Infrequent spotting / bleeding between periods

Adolescent: (1) I am having irregular periods. (2) I haven't had a period in a while. (3) I am having bleeding between my periods.

Parent: (1) My daughter is having irregular periods. (2) My daughter hasn't had a period in a while. (3) My daughter is having bleeding between her periods

Classify	Manage	Follow-up
POSSIBLE THREATENED ABORTION **OR** **POSSIBLE ECTOPIC PREGNANCY**	Urgent referral for assessment and management Before referral, resuscitate as necessary	
IRREGULAR PERIODS OR BLEEDING BETWEEN PERIODS POSSIBLY DUE TO UNDERLYING CAUSE (NOT ASSOCIATED WITH HORMONAL CONTRACEPTIVES)	Refer **TIPS for health worker:** *For any patient who is sexually active, regardless of diagnostic classification:* • *Counsel regarding future contraception and safer sex.* • *Offer HIV counselling and testing on site if available or through referral.*	
IRREGULAR PERIODS OR BLEEDING BETWEEN PERIODS ASSOCIATED WITH HORMONAL CONTRACEPTIVES	If using oral contraceptive pills If not taking oral contraceptive pills regularly • Assume no contraception cover and advise her to use alternate contraception, such as condoms, until she has been taking oral contraceptive pills regularly for at least 7 days If taking oral contraceptives regularly • If she is taking them for less than 4 months advise her that irregular bleeding is common during this time • If she is taking them for more than 4 months: Refer. If using Depo medroxyprogesterone acetate • If she has been using them for less than 6 months, advise that irregular bleeding is common during this time • If she has been using them for more than 6 months, refer	Advise her that you want to review her at 4 months after starting oral contraceptive pills or 6 months after commencement of DMPA injections If at review bleeding is still irregular: Refer.
MENSTRUAL IRREGULARITY OF EARLY ADOLESCENCE	Reassure her that irregular bleeding is common in the first two years after the first period and that her periods are likely to become regular with time.	Advise to return if periods do not become regular within two years of first period
NORMAL PERIODS	Reassure her that her menstrual pattern is normal	

Information to be given to the adolescents or accompanying adults

First please give information about normal menstruation as provided in part 3.

1. What is the condition?

One can say menstrual periods are **irregular** when the time between the first day of one period and the first day of the next period is usually less than 21 days or more than 35 days. They are also considered irregular if the time interval between the shortest and the longest menstrual periods differ by more than 20 days (e.g. some periods are 20 days apart, some are 41 days apart)

Bleeding in between periods happens when one has spotting or bleeding in between the usual menstrual periods.

2. What are the causes of the condition?

Menstrual irregularity of early adolescence

After the first period, it takes some time for the periods to become regular. In some cases, this may take up to two years. This is perfectly normal as the body of the adolescent girl matures.

Irregular periods or bleeding between periods associated with hormonal contraceptives

Bleeding in between periods can also happen in the first few months after starting certain types of contraception—oral contraceptive pills or depo medroxyprogesterone acetate (DMPA) injections. Bleeding can also occur if one does not take the contraceptive pills at the same time every day.

Irregular periods or bleeding between periods possibly due to an underlying cause

Sometimes irregular periods can be due to undernutrition. Less often, medical conditions, especially those that are related to an imbalance of hormones (i.e. natural chemicals produced by the body that help regulate periods) can cause irregular menstrual periods or amenorrhea.

3. What are the effects of the condition on your body?

If the **irregular periods** are not associated with underlying causes there are no adverse effects. Occasionally, underlying causes such as undernutrition, thyroid disease or a bleeding disorder can cause irregular periods. In this case the underlying cause will need to be treated.

Bleeding in between periods due to the commencement of the use of oral contraceptives pills or DMPA, or not using oral

contraceptive pills as prescribed do not have any long term consequences.

4. What treatments are we proposing and why?

Irregular periods or bleeding between periods possibly due to an underlying cause

If one's periods are irregular or have stopped due to undernutrition, we recommend eating healthy foods. If the cause is not due to poor nutrition, we recommend referral to a specialist who can advise on appropriate treatment.

Menstrual irregularity of early adolescence

This is common and the periods will usually become regular within two years of your first period. We recommend no further investigation and no treatment unless the periods are still irregular two years after the first period,

Irregular periods or bleeding between periods associated with hormonal contraceptives

If the irregular bleeding begins within the first few months of starting oral contraceptive pills or DMPA, we encourage you to continue taking the medication as prescribed. The bleeding is likely to become regular again within 3–6 months if the medication is taken correctly. If needed, there are certain medicines which can help relieve the bleeding associated with DMPA use.

5. What can you do?

Menstrual irregularity associated with early adolescence

As stated above, this is usually normal. There is no reason to be anxious. Unless your health worker has prescribed any specific medication, there is nothing that you need to do. If your periods do not become regular within two years after having your first period, you should return to your health worker for another assessment.

Irregular periods or bleeding between periods associated with hormonal contraceptives

If your health worker has found a cause of this bleeding that needs treatment, you need to complete this treatment. If your periods do not become normal after the treatment, you should see your health worker again.

"I do not want to get pregnant"

Adolescent: I do not want to get pregnant. Could you please advise me?
Parent: Could you please advise my daughter on how to avoid pregnancy?

Note for health worker: Please follow this flow chart to assess adolescent's contraception needs and advise.

Patient presents stating she wants to avoid pregnancy

Do a sexual reproductive health assessment

Assess the likelihood of already being pregnant

See algorithm: COULD I BE PREGNANT?

Assess the medical eligibility criteria for contraception

See table below: Medical conditions relevant to contraception use in adolescents

Discuss with the adolescent, the effectiveness of the available contraceptive options in preventing pregnancy

See table below: Contraceptive methods available for use in adolescents

Discuss with the adolescent, the effectiveness of the available contraceptive options in reducing the risk of STI and HIV

See table below: Contraception methods available for use in adolescents

Explain to adolescent the attributes of the different contraceptive options and help her identify the one that would be suited to her life circumstances and preferences

Advise how to use the contraceptive method of choice

If starting Combined Oral Contraceptive Pills, see below: Guidelines for starting Combined Oral Contraceptive Pills

Arrange follow up

Notes

Contraception in Adolescents

In general, adolescents are eligible to use any method of contraception and must have access to a variety of contraceptive choices. Many of the same eligibility criteria that apply to older clients also apply to young people.

Age alone does not constitute a medical reason for denying any method of contraception to adolescents. While some concerns have been expressed regarding the use of certain contraceptive methods in adolescents (e.g. the use of progestogen-only injectables by those below 18 years), these concerns must be balanced against the advantages of avoiding pregnancy.

Behavioural factors and social circumstances are important considerations in the choice of contraception for adolescents. Adolescents are a diverse group and the needs of individuals will differ greatly. An adolescent who is married, has a child and wants to delay having a second one will have very different contraception needs to an unmarried adolescent who may have a number of casual sexual relationships over a period of a few months. Further, the fact that the latter may need to conceal the fact that she is using contraception from her parents will affect what contraceptive methods she decides to use.

Groups and settings are also important. Some groups of adolescents everywhere, and most adolescents in some settings, are more vulnerable to the risk of **STIs, including HIV**. The need to prevent sexually transmitted infections should always be considered along with the need for contraception.

Expanding the range of contraceptive methods offered, can increased acceptance and satisfaction.

Proper **education and counselling** both before and at the time of method selection can help adolescents make well informed and voluntary decisions best suited ot their needs.

The **cost** of obtaining contraception needs to be considered as it can be prohibitive for some adolescents. Every effort should be made to ensure that the cost of contraception, as well as the cost of the service to provide the contraception, does not prevent an adolescent in obtaining the form of contraception which is most appropriate for them.

Medical Eligibility for Contraception in Adolescents

Some medical conditions need to be considered when providing contraception to young people. While some medical conditions are absolute contraindications for contraceptive methods, most are not. The medical conditions most relevant to young people are tabled below. For more detailed information refer to *Medical eligibility criteria for contraceptive use*, WHO, Third edition, 2004.

Medical conditions relevant to contraceptive use in adolescents

Medical Condition	Contraception Guide
Currently pregnant	Contraceptives not needed
Breast feeding Less than 6 weeks post partum	Hormonal contraceptives not to be used Use barrier methods
Breast feeding 6 weeks to 6 months post partum	Combined hormonal contraceptives not to be used unless other methods are not available Use progesterone only contraceptives or barrier methods
Less than 21 days post partum Not breastfeeding	Combined hormonal contraceptives not to be used unless other methods are not available
Immediately post septic abortion	Intra Uterine Device not to be used
Hypertension : systolic more than 160 and diastolic more than 100 mm Hg	Combined hormonal contraceptives not to be used. Depo-medroxyprogesterone acetate(DMPA) not to be used unless other methods are not available Use progesterone only contraceptives or barrier methods
Hypertension: systolic 140 -159 and diastolic 90-99 mm Hg	Combined hormonal contraceptives not to be used unless other methods are not available Use progesterone only contraceptives or barrier methods
History of Deep vein thrombosis or pulmonary embolus	Combined hormonal contraceptives not to be used Use progesterone only contraceptives or barrier methods
Known clotting disorders	Combined hormonal contraceptives not to be used Generally use progesterone only contraceptives or barrier methods
Migraine with aura	Combined hormonal contraceptives not to be used Use progesterone only contraceptives or barrier methods
Active viral hepatitis	Combined hormonal contraceptives not to be used Progesterone only contraceptives not to be used unless other methods are not available Use Barrier methods

Contraceptive methods available for use in adolescents

Effectiveness against pregnancy, protection against STI / HIV, availability, possible side effects, important counselling point, comments and some other considerations for the health worker

Method	Effectiveness against pregnancy Percentage of women experiencing unintended pregnancy within one year of use		Protection against HIV / STI	Availability
	As commonly used	Used correctly & consistently		
Combined Oral Contraceptives	8%	0.3 %	No	Requires a visit to clinic in most places.
Male condom	15%	2%	Yes	Easily available in most places. Restrictions apply to unmarried people in some place
Female Condom	21%	5%	Yes	Availability is limited in many places. High cost may be prohibitive
Diaphragm with Spermicide	16%	6%	May protect against gonorrhoea, chlamydia, no protection against HIV	Requires a visit to clinic for fitting. Availability is limited in many places
Spermicide	29%	18%	May protect against gonorrhoea, chlamydia, no protection against HIV	
Emergency Contraceptives (Progesterone only or combined oral Contraceptives)	N/A	Treatment initiated in less then 72 hours after unprotected intercourse reduces risk of pregnancy by at least 75%	No	Requires a visit to clinic in most places., though this is beginning to change
Progesterone only pills	8%	0.3%	No	Requires a visit to clinic in most places.

Side Effects	Important counselling points	Comments and considerations
May include nausea and headache	• Explain and demonstrate correct use • Explain side effects • Recommend also using condoms if there is a risk of STI / HIV	• Only protective against pregnancy if used correctly and consistently
No	• Explain and demonstrate correct use • Requires partner communication and negotiation • Requires supply at home	• Important method as it provides dual protection • Only provides dual protection when used correctly and consistently
No	• Explain and demonstrate correct use • Requires partner communication and negotiation • Requires supply at home	• Important method as it provides dual protection • Only provides dual protection when used correctly and consistently
No	• Explain and demonstrate correct use • Requires supplies at home	• Only provides dual protection when used correctly and consistently
Occasionally there is irritation; usually nothing	• Explain correct use • Explain side effects • Demonstrate use of condom or diaphragm • Requires supply at home	• Recommended for use with a condom or a diaphragm
May include nausea and vomiting (less with Progestogen only contraceptives)	• Explain side effects • Discuss initiation of a regular contraception method	• Important method when intercourse is unplanned or unprotected.
Fewer side effects than Combined Oral Contraceptive pills or long acting hormonal injections or implants	Explain correct use Requires strict daily regimen with less than 3 hours of variation in the time the pill is taken each day (to provide effective contraception) Explain the side effects Recommend also using condoms if there is a risk of STI / HIV	Good option for breast feeding women after first 6 weeks postpartum Only protective against pregnancy if used correctly and consistently Requires strict time regimen (less than 3 hours variation in time each day).

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Method	Effectiveness against pregnancy Percentage of women experiencing unintended pregnancy within one year of use		Protection against HIV / STI	Availability
	As commonly used	Used correctly & consistently		
Long acting hormonal, injectable or implants	3%	0.05 - 0.3%	No	Requires visit to health worker every 2 to 3 months
Copper Intrauterine device	0.8%	0.6%	No	Clinic visit required for insertion and removal of the intrauterine device
Fertility awareness based methods (periodic abstinence)	25% overall	1-9% depending on the method	No	Available at anytime to anyone
Abstinence and non-penetrative sex		0%	Yes	Available at any time to anyone
No method	85%	85%		

Side Effects	Important counselling points	Comments and considerations
May include irregular bleeding, amenorrhoea (periods may cease) or weight gain	• No daily regimen required • No supplies are needed at home • Explain the side effects • Often delay in return to fertility after discontinuation • Recommend also using condoms if risk of STI / HIV	• Important method for those who want to use a hormonal method without having to take a pill daily • Side effects are the main reason for discontinuation this method • If side effects occur, the method cannot be quickly discontinued
May include excessive bleeding or pain during menses	• Recommend also using condoms if there is a risk of STI / HIV • Fertility returns without any delay • No daily regimen required • No supplies are needed at home	• Not first choice of contraception for women under 20 years. Risk of expulsion may be higher in younger, nulliperous women. • Not a good choice for those at risk of STI/HIV
No	• Explain correct technique • Requires partner communication and negotiation • If there is a risk of STI / HIV recommend switching to condoms or using condoms as well	• Requires a high degree of motivation and self control • May be less effective in younger women with irregular menstrual cycles • May be difficult for couples who have sex infrequently
No	• Examples of safe sexual activities: hand-holding, hugging, kissing, mutual masturbation. • Emphasise need for condom or other method if penetrative sex is initiated	• Requires a high degree of motivation and self control • Counselling can help with issues of motivation and peer pressure

Guidelines for starting Combined Oral Contraceptive (COCs) Pills

If she is medically eligible to take COCs, the adolescent may be provided with the pills with appropriate instructions on when to start taking them.

Women who are having menstrual cycles

- She can start COCs within 5 days after the start of her menstrual bleeding. No additional contraceptive protection is needed.
- She can also start COCs at any other time, if it is reasonably certain that she is not pregnant. If it has been more than 5 days since menstrual bleeding started, she will need to abstain from sex or use additional contraceptive protection for the first 7 days of using COCs.

Women who are amenorrhoeic (not having periods)

- She can start COCs at any time, if it is reasonably certain that she is not pregnant. She will need to abstain from sex or use additional contraceptive protection for the first 7 days of using COCs.

Women who are postpartum and breastfeeding

- Women less than 6 weeks postpartum who are primarily breastfeeding should not use COCs.
- For women who are more than 6 weeks but less than 6 months postpartum and are primarily breastfeeding, use of COCs is not usually recommended unless other more appropriate methods are not available or not acceptable.
- If she is more than 6 months postpartum and amenorrhoeic, she can start COCs as advised for other amenorrhoeic women.
- If she is more than 6 months postpartum and her menstrual cycles have returned, she can start COCs as advised for other women having menstrual cycles.

Women who are Postpartum and not breastfeeding

- If her menstrual cycles have not returned and she is 21 or more days postpartum, she can start COCs immediately, if it is reasonably certain that she is not pregnant. She will need to abstain from sex or use additional contraceptive protection for the first 7 days of using COCs.
- If her menstrual cycles have returned, she can start COCs as advised for other women having menstrual cycles.
- For women less than 21 days postpartum, use of COCs is not usually recommended unless other more appropriate methods are not available or not acceptable.

Women who have had a recent abortion

- She can start COCs immediately post abortion. No additional contraceptive protection is needed.

The provision of emergency contraception and post-HIV exposure prophylaxis following unprotected Sexual Intercourse

A. Emergency contraception:

Counsel regarding the possibility of pregnancy

Counsel regarding the continuation of a possible pregnancy

Depending on the decision of the adolescent:

- Arrange to review a possible pregnancy in 4 weeks

or

- Provide emergency contraception
  Levonorgestrel 1.5 mg in single dose or
  Ethinylestradiol 100 mcg / **Levonorgestrel** 0.5 mg, Two doses 12 hours apart

  Note, if above tablets are not available locally, it is possible to take an a certain number of **regular Combined Oral pills or Progrestogen Only Pills** to achieve the dose required for effective emergency contraception.

  For example:
  Progesterone only contraceptives – Take 50 POC pills of Levonorgestrel 30mcg as single dose (equivalent of Levonorgestrel 1.5 mg) *or*
  Combined oral contraceptive
  – Take 4 COC pills of Ethinylestradiol 30 mcg / Levonorgestrel 150mcg (equivalent to Ethinylestradiol 120microg / Levonorgestrel 0.6mg)
  – Take another 4 COC pills 12 hours later

Emergency Contraception (EC) is not 100% effective

- To increase its effectiveness, EC pillsshould be taken **as soon as possible** after unprotected sexual intercourse. The longer the delay after unprotected sexual intercourse, the less effective the EC pills are likely to be. EC pills are not effective, if taken more than 5 days (120hours) after unprotected sexual intercourse.
- Vomiting can occur after EC pills are taken. Anti-emetics may be helpful.
- As EC pills are not 100% effective, it is important to arrange a **follow up** appointment in one month's time **to assess whether the adolescent is pregnant**.
- Relying on EC repeatedly to prevent pregnancy is not recommended. At the same time as prescribing/providing EC, the health worker should discuss **ongoing contraceptive needs** with the adolescent.

B. Post-HIV exposure prophylaxis:

If it is less than 72 hours since Unprotected Sexual Intercourse follow local guidelines for Post Exposure Prophylaxis to prevent HIV

Post-exposure prophylaxis (PEP) refers to the set of services that are provided to help prevent HIV infection in a person exposed to the risk of getting infected by HIV. In case the risk is as a result of sexual intercourse without a condom, or where the condom has broken or slipped off. PEP services might comprise first aid, counselling including the assessment of risk of exposure to the infection, HIV testing, and depending on the outcome of the exposure assessment, the prescription of a 28-day course of antiretroviral drugs, with appropriate support and follow-up.

The sooner after exposure antiretroviral medications are initiated, the more effective are in preventing transmission. Therefore, post-exposure prophylaxis should be initiated as soon as possible after exposure and no later than 72 hours after exposure. Local guidelines for provision of PEP will vary. Local guidelines may be based on factors such as local prevalence of HIV infection and availability of medication.

"Could I be pregnant?" (suspected pregnancy)

Ask	Look/Feel/Listen	Symptoms & Signs
TIP for health worker: It is important to speak with the young person both with and without the accompanying person. **Contraception and Pregnancy** • Do you think you may be pregnant? Why? • Are you sexually active? If sexually active • Do you do anything to prevent pregnancy? If using contraception, • What method do you use? If using condoms for contraception: • Since your last period, have you had sex without a condom at any time OR has the condom come off or broken while having sex? If so • Did this happen within the last 5 days? If using Oral Contraceptive Pills • Since your last period, have you ever forgotten to take your pill? If so • Have you had sex since your last period? Have you had sex within the last 5 days? • Is your period late? • Do you have of these symptoms: – nausea or vomiting in the morning, – swelling or soreness in your breasts? **Do a Sexual Reproductive Health Screen** **Do HEEADSSS Assessment**	*TIP for health worker:* Ensure privacy of examination setting. Have a female colleague present if *necessary.* **Pregnancy** If sexually active and she is: • not using contraception correctly and consistently • or her period is late • or she has any symptoms of pregnancy Look for • Palpable uterus in the lower abdomen Do a • Pregnancy test *If the pregnancy test is not available, and the uterus not palpable abdominally* Check for • Enlarged uterus and soft cervix on vaginal examination. If sexually active **Look for Signs of STI syndromes** **General Physical Examination**	Uterus enlarged on abdominal or vaginal examination & cervix soft to touch on vaginal examination *or* Pregnancy test positive Sexual intercourse within the last 5 days *and* Contraception not adequate • not using condoms each time she has sex • or condom has broken/come off during sex • or has not been taking oral contraceptive pills consistently since her last period *and* NOT classified as PREGNANT Sexual intercourse since last period, but not within the last 5 days *and* Contraception not adequate (as above) *and* Less than one month since her last period *and* NOT classified as PREGNANT Sexual intercourse since her last period, but not within the last 5 days *and* Contraception not adequate (as above) *and* Symptoms of pregnancy • Period late • or nausea / vomiting in the morning • or swelling or soreness in breasts *but* Not able to determine if uterus is enlarged and pregnancy test is not available Using contraception appropriately and consistently *and* No symptoms or signs of pregnancy Not sexually active

Adolescent: I have missed my periods. Could I be pregnant? I had sex last night without a condom. Could I be pregnant?

Classify	Manage	Follow-up
PREGNANT	Following counseling, provide antenatal care or abortion services (where they are legal) as appropriate OR refer	As appropriate
UNPROTECTED SEXUAL INTERCOURSE WITHIN THE LAST 5 DAYS	Counsel regarding the risk of possible pregnancy Counsel regarding options As appropriate: • Arrange for a review in 4 weeks to determine whether she is pregnant *or* • Provide **Emergency Contraception** – **Levonorgestrel** 1.5 mg in single dose *or* – **Ethinylestradiol** / **Levonorgestrel** (100 mcg/0.5 mg), two doses 12 hours apart If less than 72 hours since sex without a condom or condom has broken/slipped off, follow local guidelines for **Post Exposure Prophylaxis to prevent HIV**	Review in 4 weeks to assess outcome of possible pregnancy *Note: Emergency contraception is not 100% effective.* *It is important to review in 4 weeks to determine whether she is pregnant.*
UNPROTECTED SEXUAL INTERCOURSE SINCE THE LAST PERIOD, BUT NOT WITHIN THE LAST 5 DAYS	Advise her that although there are no signs of pregnancy it is too early to definitely say whether she is pregnant or not Discuss future contraceptive needs and advise. If she does want to become pregnant, advise her to abstain from sex or use condoms till it is determined whether she is pregnant or not.	Follow up every four weeks for 12 weeks or till it is obvious whether she is pregnant or not. If she is pregnant, manage as above.
UNPROTECTED SEXUAL INTERCOURSE WITH **SYMPTOMS OF PREGNANCY** **BUT** **TOO EARLY TO BE CERTAIN**	Counsel regarding likelihood of pregnancy If possible, refer her for pregnancy testing If referral is not possible, discuss future contraceptive needs and advise. If she does not want to become pregnant, advise her to abstain from sex or use condoms till it is determined whether she is pregnant or not. *A URINE PREGNANCY TEST CAN BE NEGATIVE FOR UP TO 2 WEEKS AFTER A MISSED PERIOD EVEN IF ONE IS PREGNANT. IF A PREGANCY TEST DONE BEFORE THIS TIME IS NEGATIVE AND IF SYMPTOMS OF PREGANCY PERSIST, THE TEST SHOULD BE REPEATED MORE THAN 2 WEEKS AFTER THE MISSED PERIOD.*	Review in 4 weeks to assess possible pregnancy. Follow up every month till it is obvious whether she is pregnant or not. If she is pregnant, manage as above
PREGNANCY UNLIKELY	Advise her that she is unlikely to be pregnant Discuss future contraception needs and advise	As needed for contraception
NOT PREGNANT	Discuss future contraception needs and advise	As needed for contraception

For any patient who is sexually active, regardless of diagnostic classification:
Counsel regarding future contraception & safer sex. Offer HIV counselling & testing on site if available or through referral.

Information to be given to the adolescents or accompanying adults

1. What is the condition?
Pregnancy is a normal condition in which a baby grows and develops in the womb of a woman. Pregnancy normally lasts for 9 months.

2. What are the causes of this condition? (How does a woman get pregnant?)
Pregnancy can occur in a woman between menarche (from the time her menstrual periods begin) and menopause (when her menstrual periods cease). During this period in a woman's life, her ovaries usually release an egg every month. This happens between 7 and 21 days before she has her next period. This tiny egg travels through one of the tubes that lead from each of her ovaries to one side of her uterus. If at the time the egg is nearing or in the uterus, the woman has sexual intercourse with a man, one of the many sperms that has been ejaculated into her vagina travels through the uterus and fuses with the egg to form a fertilized egg, which could get embedded in the wall of the uterus, and over time grow and develop into a baby.

Frequently asked questions

1. How does someone get pregnant?

Understanding the reason for the question:

The adolescent girl may have questions or doubts about this.

Points to make in responding to the question:

Pregnancy occurs when a man inserts his penis into his female partner's vagina and discharges semen within. The sperms in the semen travel up the vagina and into the uterus seeking to find and fertilize an egg that is released by the woman's ovary. The few drops of liquid which leave the penis before a man discharges semen contain sperms, and so pregnancy can occur when a couple have sex without a condom and the penis is withdrawn before ejaculation.

2. How is it that some people have sex without contraception some times and still do not get pregnant whereas others get pregnant after having sex only once?

Understanding the reason for the question:

The adolescent girl may be confused about this.

Points to make in responding to the question.

There are many factors that determine whether an act of sexual intercourse results in a pregnancy. For example, one key factor is the timing of sexual intercourse. If it takes place close to the time of ovulation (about 4 days before or after) the chances of getting pregnant are greater.

3. How is a pregnancy test done? How does it detect that someone is pregnant?

Understanding the reason for the question:

The adolescent girl may want to know what is done to test whether a girl/woman is pregnant.

Points to make in responding to the question.

A pregnancy test can be done using the urine or blood of a girl/woman who wants to confirm whether she is pregnant. The test measures the amount of chemical substance (hormone) in the urine or blood. This hormone is produced by the placenta, and its levels rise during pregnancy. Reliable and easy to use test kits are not available at pharmacies in many places. Using these kits, the test can be done at home by someone without medical or nursing training.

4. Can the pregnancy test result be negative even though someone is pregnant?

Understanding the reason for the question:

The adolescent girl may want to know whether a pregnancy test can detect pregnancy at all times.

Points to make in responding to the question.

Yes. The pregnancy test can be negative for up to 2 weeks after the last missed period. It then stays positive from 6 weeks to 12 weeks after the last missed period. After that it becomes negative again. It must be stressed that if the test is not done correctly, it could show a wrong result.

"I have a problem with the skin at the tip of my penis" (foreskin problems)

Ask

TIP for health worker:
Say that you are now going to ask him some personal questions and reassure him that information will be kept confidential.

Foreskin Problem

- What is the problem?
- Is your foreskin discoloured?
- Is your foreskin swollen?
- Do you have any discharge from under your foreskin?
- Is it possible for you to pull your foreskin back to completely uncover the head of your penis?
- Can you put your foreskin back to the normal position?

Symptoms of other STI syndromes

Do you have any other genital problems?

- Ulcer/sore on genitals
- Swelling in groin
- Pain on urination
- Scrotal pain/swelling

Other sexual and reproductive health issues

Do a sexual and reproductive health screen

Do HEEADSSS Assessment

Look/Feel/Listen

TIP for health worker:
Say that you are now going to examine him. Ensure privacy of examination setting.

Foreskin Problem

- Look at the head of the penis and the skin covering the head of the penis (foreskin) for signs of inflammation and possible infection
- Swelling
- Redness in people with light coloured skin
- Water/bloody/pus-like discharge.

Note: A little white/gray material underneath the foreskin (called smegma) is normal.

- Check to see if the foreskin can be returned to the normal position covering head of penis
- Check to see if the foreskin can be fully retracted to uncover the head of the penis

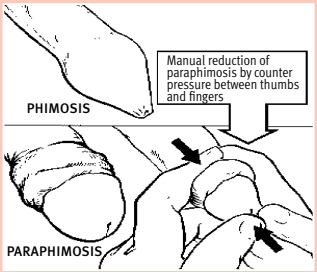
Signs of other STI syndromes

- Genital ulcer
- Swelling in groin
- Discharge from end of penis
- Scrotal swelling/tenderness

General Physical Examination

Symptoms & Signs

- The foreskin is retracted away from the head of the penis
- The foreskin cannot be pushed back to normal position
- The head of the penis is exposed
- The head of penis and foreskin beyond to tight area are swollen



- The foreskin cannot be fully retracted – i.e. the head of the penis cannot be fully uncovered
- No signs of inflammation/infection

- Signs of inflammation/infection present on the head of the penis and/or foreskin
- Discharge (whitish/yellowish) present under the foreskin and around the head of the penis
- Discharge is *not* from coming out from the urethra

Note: If the discharge looks like it is coming from the urethra, follow the 'I have discharge from my penis' algorithm

TIP for health worker:
Treat all classified STI syndromes using the appropriate algorithm. Encourage the adolescent to have all partner(s) within the last two months assessed whether symptomatic or not.

For any patient who is sexually active, regardless of diagnostic classification: offer HIV counselling and testing on site if available or through referral. Counsel regarding contraception and safer sex.

Adolescent: I have a problem with the skin at the tip of my penis.
Parent: My son has a problem with the skin at the tip of his penis.

Classify	Manage	Follow-up
PARAPHIMOSIS	• Give pain killers with or without sedation • Apply topical analgesia if available • Swab penis with mild antiseptic • Place an ice pack or a piece of clean cloth dipped in cold water on the penis • Compress area gently but firmly with one hand for a few minutes to squeeze out oedema • After a few minutes, gently but firmly try to pull the foreskin over the head of the penis • If unable to reduce manually, refer immediately	• If it recurs or there is significant phimosis, refer for surgical assessment and management
PHIMOSIS	• Apply topical steroid cream (e.g. Betamethasone 0.05%) twice a day for 2 to 4 weeks • Advise him to gently retract/push back the foreskin daily and gently wash the head of the penis with mild soap and warm water • Advise circumcision if significant phimosis persists	Advise him to return in one month. If there is no improvement, refer for surgical assessment and management
BALANITIS/ BALANOPOSTHITIS	Advise him to retract/push back gently the foreskin daily and gently wash the head of the penis with mild soap and warm water. Advise him to avoid using strong soaps or detergents. Advise him to apply • **Co-trimoxazole** antibiotic ointment to the affected area 3 times daily for 5 days or • **Clotrimazole** cream twice daily to affected area for 7 days (if it looks more like a fungal/ candida infection) *Note: Balanitis/ balanoposthitis can be caused by **bacteria** or **fungus/candida**. In bacterial infection the skin looks glossier and uniformly red. In fungal/candida infection there are white patches that are stuck onto the skin and there are patches of eroded, itchy red skin*	Advise him to return in 1 week if there is no improvement: If the inflammation looks more like a **bacterial** infection: • **Co-trimoxazole** tablet (Trimethoprim 80 mg/ Sulfamethoxazole 400 mg) If the weight is more than 50 kg: 1 tablet twice daily for 5 days If the weight is 19–50 kg: 1 tablet twice daily for 5 days *or* If the inflammation looks more like a **fungal/candida** infection, and if not already prescribed: • **Clotrimazole** cream Twice daily to affected area for 7 days

Information to be given to adolescents and/or accompanying guardians

1. What is the condition?

Phimosis is a condition in which the skin in the front of the penis (foreskin) cannot be pushed back/retracted away from the head of the penis.

Paraphimosis is a condition in which the foreskin, once pushed back/retracted away from the head of the penis cannot be pulled forward to its original position over the head of the penis.

Balanitis is an inflammation of the head of the penis.

Balanoposthitis is an inflammation of the head of the penis as well as of the foreskin.

2. What are the causes of the condition?

Phimosis can be due to the way in which the foreskin developed. It can also be due to scarring from inflammation or infection.

Paraphimosis results from the foreskin being forcibly pushed back away from the head of the penis.

Balanitis and Balanoposthitis are caused by inflammation and infection resulting from poor hygiene – from not routinely retracting and cleaning under the foreskin. The infection can be due to fungus or bacteria.

These conditions are often associated with phimosis.

Note: None of the above conditions are sexually transmitted or caused by normal handling of the genitals or by masturbation.

3. What treatments are we proposing and why?

Phimosis:

Topical steroids can help reduce inflammation, and may help you to push your foreskin behind the head of your penis. If this is a recurrent problem or the medication does not help, we will refer you for circumcision which is a surgical procedure to remove the foreskin of the penis.

Paraphimosis:

We will give you medicines to reduce the pain and swelling.

We will also apply cold packs on your penis to reduce the swelling. Once that happens, we will try to gently pull the foreskin back over the head of the penis.

If we are unable to do this, we will send you for surgery. It is important that this be treated promptly to avoid any permanent injury to the head of the penis.

After the swelling has gone down we recommend that you be circumcised to prevent this from happening again.

Balanitis and Balanoposthitis:

We will give you an ointment or medicine by mouth to treat the infection.

4. What can you do?

Phimosis or Balanitis/Balanoposthitis:

Gently push the foreskin back to uncover as much of the head of the penis as is comfortably possible – *do not* use force. Clean with mild soap and warm water. Do this daily until you are easily able to push and pull the foreskin over the head of the penis. You may see a little white "debris" – this is normal but also needs to be cleaned to remove it. When the condition is better, retract the foreskin and clean the exposed head of the penis with mild soap and warm water about 1–2 times a week. *Never use strong soaps or disinfectants!* They could damage the delicate skin and result in pain and discomfort.

Paraphimosis:

Follow the advice given to you by the health worker.

Frequently asked questions by adolescents

How should I clean my penis?

Points to make in the response:

You need to wash your penis and scrotum, just like other parts of the body.

If you are circumcised, applying soap and washing your penis when you have a shower or a bath will help keep it clean. If you are not circumcised, you will need to pay a little extra attention to keeping your penis clean. You will need to pull the foreskin back as far as it can go and gently wash the head of the penis and the exposed underside of the foreskin before pulling it back again. If you do not do that, body secretions and urine can accumulate under the foreskin causing irritation and possibly infections as well.

Do not use strong chemicals such as disinfectants to clean your penis. They could damage the delicate skin and result in pain and discomfort.

Can washing the penis protect me from all kinds of infections?

Understanding the reason for the question:

The patient may want to know if washing the penis could prevent sexually transmitted infections.

Points to make in the response:

Washing the penis after you have sex will not protect you from sexually transmitted infections, including HIV. Disease-causing germs could enter the body even when you are clean. Using a condom correctly every time can reduce your risk of sexually transmitted infections when having sex.

If I cannot pull the foreskin forward and backward, could I have a problem in having sex?

Points to make in the response:

You could have discomfort and pain when having sex, if your foreskin cannot be pulled easily over the head of the penis and back again.

Why did I get this infection even though I did not have sex?

Understanding the reason for the question:

The patient wants to know how he could have got this infection.

He may be anxious about having got a sexually transmitted infection without having had sex.

Points to make in the response:

Some kinds of genital infections are sexually transmitted, some are not.

What you have does not appear to be a sexually transmitted infection.

It appears to have occurred because the penis and foreskin have not been kept clean enough and/or because the foreskin is scarred to the penis and needs to be stretched to relieve the scarring.

"I have pain in my scrotum/ I have injured my scrotum"

Ask	Look/Feel/Listen	Symptoms & Signs
TIP for health worker: *Say that you are now going to ask him some personal questions and reassure him that information will be kept confidential.* **Pain in the scrotum** Did the pain start after you were injured? How were you injured? (Note: Probe to asses whether the injury to the scrotum was significant). Is the pain on one side or on both sides? Is your scrotum swollen? Has the colour of your scrotum changed? **Sexual activity** Are you sexually active? **Symptoms of STI syndromes** Do you have any other genital problems? • Ulcer/sore on genitals • Swelling in groin • Discharge from tip of penis • Pain on urination **Other sexual and reproductive health issues** Do a general sexual and reproductive health screen **Do HEEADSSS Assessment**	*TIP for health worker:* *Say that you are now going to examine him. Ensure privacy of examination setting.* LOOK /FEEL: Check for signs of inflammation • Discoloration (red/blue) of scrotum in people with light coloured skin • Swelling of scrotum • Swelling of testis • Tenderness (pain on gently pressing) • Fluid in scrotum (haematocele) *TIP for health worker:* *Check whether there is swelling of the scrotum and of the testes. Swelling of the **testes** is much more significant.* Check if the testis on the affected side is retracted (raised up higher than the non-affected side) Check for discharge from the tip of the penis. If not present but the patient reports having discharge, ask him to gently squeeze the penis, pressing towards the tip. Look for the presence of any other genital problem (e.g. ulcers on the penis or groin swelling). **Signs of other STI syndromes** • Genital ulcer • Swelling in groin • Discharge from the tip of the penis General physical examination	• Pain and swelling in scrotum *and* • No history of significant trauma *and* • Pain is unilateral *and* • Swollen testis Note: The features associated with torsion are: 1. Testis is usually extremely tender 2. Testis is usually retracted 3. Scrotum is usually swollen and discoloured in people with light coloured skin • Pain and swelling in scrotum *and* • Onset of pain with significant trauma *and* • Swollen testis *or* • Fluid collection in scrotum (haematocele) • Pain or swelling in scrotum *and* • Onset of pain with significant trauma *and* • Testes not swollen *and* • No fluid collection in scrotum (There may be discoloration of the scrotum) • Pain or swelling in scrotum *and* • No history of significant trauma *and* • No swelling of testis • No retraction of testis *and* • Sexually active *or* • Urethral discharge present • Pain or swelling in scrotum *and* • No history of significant trauma *and* • No swelling of testis • No retraction of the testis *and* • Not sexually active • No urethral discharge

TIP for health worker:

Treat all classified STI syndromes using the appropriate algorithm. Encourage the adolescent to have all partner(s) within the last two months assessed whether symptomatic or not.

For any patient who is sexually active, regardless of diagnostic classification: offer HIV counselling and testing on site if available or through referral. Counsel regarding contraception and safer sex.

Adolescent: I have pain in my testes/scrotum / I have injured my scrotum
Parent: My son has pain in his testes/scrotum / My son has injured his scrotum

Classify	Manage	Follow-up
HIGH PROBABILITY OF TORSION OF TESTIS	**Urgent referral for surgical opinion** Provide analgesia Note: Surgical exploration of testis should happen within 4–6 hours to save the testis	
HIGH PROBABILITY OF SIGNIFICANT INJURY	Urgent referral for surgical opinion Provide analgesia	
LOW PROBABILITY OF SIGNIFICANT INJURY	Provide analgesia	Advise the patient to return if pain or swelling worsens
ORCHITIS/EPIDIDYMITIS/ URETHRITIS MAY OR MAY NOT BE PRESENT **HIGH PROBABILITY OF STI**	Treat for Gonorrhoea **Cefixime** 400mg single dose orally AND Chlamydia **Azithromycin** 1gm single dose orally *OR* **Doxycycline** 100mg twice daily orally for 7 days	Reassess after 1 week, sooner if worse. If there is no improvement, refer.
ORCHITIS / EPIDIDYMITIS **NOT AN STI**	Provide analgesia / anti-inflammatory medication	Advise patient to return for review if there is: • Increasing swelling or • Increasing pain

Information to be given to adolescents and/or accompanying guardians

1. What is the condition?
Torsion is a condition where the cord that contains the tube which carries the sperms from the testes to the urethra as well as blood vessels gets twisted.

Injury to the scrotum, if severe enough, can cause bruising inside the scrotum or injury to the testes.

Epididymitis is an **infection** of the epididymis (small tubes at the back of the scrotum). **Orchitis** is an infection of the testes.

2. What are the causes for the condition?
Torsion occurs because of incomplete or slightly faulty development of the tissues in the scrotum.

Injury can be unintentional (e.g. during sports) or intentional (i.e. violent assault).

Infections of the epididymis/testes may or may not be sexually transmitted. Mumps is an example of an infection that is not sexually transmitted; gonorrhoea is an example of one that is sexually transmitted.

3. What are the effects of the condition?
Torsion may or may not be complete. In some cases, the torsion is intermittent (i.e. the twisted tissue untwists by itself). If the torsion is complete (meaning that the blood supply to and from the testis is completely cut off), this could have serious consequences including permanent damage to the testis if the torsion is not untwisted within 4–12 hours (the sooner the torsion is untwisted the higher chance of saving the testis but by 24 hours there is little chance of salvaging the affected testis).

Injuries can result in pain and discomfort. If severe, they could result in serious and permanent damage to the testis if not surgically treated.

Infections can result in pain and discomfort. If severe, and if left untreated, they could result in an inability of the testis to produce sperm.

In all of the above, if one testis becomes damaged, one can still have normal sexual relations and still produce sperm from the other testis.

4. What treatment are we proposing?
Suspected cases of **torsion** should be referred for urgent surgical treatment. Sometimes we may be able to untwist the torsion without surgery first. Even if this is successful, surgery is still needed to fix the cord so it does not twist again. The cord on the other side should also be fixed, as there is a risk that that side will twist too. We also advise painkillers to help treat the pain.

Mild **injuries** are treated with painkillers and dressings. Severe ones may require surgery.

Infections are treated with painkillers and, in case of bacterial infections, with antibiotics.

5. What can you do?

For all patients:

Please complete the treatment as advised. Stopping the medicine before you have completed the treatment (even if you feel better) could cause the problem to come back. Come back for review as advised.

In addition, for patients who are classified as having a scrotal swelling resulting from a sexually transmitted infection:

(i) Please avoid sex until you have completed the advised medication and are completely cured.

(ii) Please discuss with your partner(s). All partners within the last 2 months should be treated not only for their health, but also to protect you from getting reinfected.

(iii) Using a condom correctly every time you have sex will greatly reduce your risk of getting sexually transmitted infections.

(iv) Consider being tested for other sexually transmitted infections such as HIV.

Frequently asked questions by adolescents

Understanding the reasons for the questions:

In all these questions the adolescent is anxious to know how the condition may affect their future life.

Will I be able to become a father/mother in the future?

Points to make while responding to the question:

For all classifications **except orchitis and torsion**: If the problem is detected early and treated properly, there is little likelihood of long-term problems. If the condition has remained undetected for a while or has been treated improperly/inadequately, it could affect your ability to father a child. It is difficult to definitely know if this has happened.

For **torsion**: If the problem is detected and treated within 4–6 hours, there is little likelihood of long-term problems. If the condition remains untreated for more than 24 hours, the affected testis is likely to be permanently damaged. However, having one functioning testis would still allow you to have a normal sex life and father children.

For **orchitis**: This infection could affect the ability to father a child. It is difficult to definitely know if this has happened.

When could I have sex again?

Points to make while responding to the question:

You can have sex again after you have completed your treatment and are completely cured. If it is likely that you have a sexually transmitted infection, before you have sex again, it is important that your partner also gets treatment and is completely cured. If not, you are likely to get the infection again from him/her.

Will I become completely cured?

Points to make while responding to the question:

Treatment for torsion and trauma can result in a complete cure. Infections that are caused by bacteria can be completely cured with medicines (antibiotics). However, infections which are caused by viruses (another type of germ), as in the case of orchitis, cannot be cured with medicines and the infection's possible long-term effects on the testes cannot be prevented with medicines. However, the infection and discomfort will resolve on its own in a few days.

Notes

"I have discharge from my penis/pain on urination"

Ask	Look/Feel/Listen	Symptoms & Signs
TIP for health worker: Say that you are now going to ask him some personal questions and reassure him that information will be kept confidential.	*TIP for health worker:* Say that you are now going to examine him. Ensure privacy of examination setting.	**Discharge from urethra present on history and / or on examination.** or **Pain on urination** *Note: History of discharge from urethra alone is enough to confirm the diagnosis, even if discharge is not evident at the time of examination.*
Urethral Discharge/Pain Do you have discharge from the tip of your penis? Do you have discharge from under the foreskin? Do you have pain on urination? **Symptoms of other STI syndromes** Do you have any other genital problems? • Ulcer/sore on genitals • Swelling in groin • Scrotal pain/swelling **Other sexual and reproductive health issues** Do a general sexual and reproductive health screen **Do HEEADSSS Assessment**	**Urethral Discharge/Pain** Look for • Discharge from opening of the urethra • Discharge from under foreskin If you do not see any discharge, ask the patient to gently squeeze the penis, pressing towards the tip. [You may squeeze it yourself if he permits.] *Note: a little white/grey material underneath the foreskin (called smegma) is normal.* **Signs of other STI syndromes** Look for • Genital ulcer • Swelling in groin • Scrotal swelling / tenderness **General Physical Examination**	Discharge from under foreskin on history or examination may or may not be present and No discharge from urethra and No pain on urination

Adolescent: I have discharge from my penis *or* I have pain with urination.
Parent: My son has discharge from his penis *or* my son has pain with urination.

Classify	Manage	Follow-up
PROBABLE STI: • **GONORRHOEA** • **CHLAMYDIA**	Treat for • **Gonorrhoea** – Cefixime 400mg as a single dose orally AND • **Chlamydia** – Azithromycin 1 gm as a single dose orally – *or* Doxycycline 100 mg twice daily orally for 7 days	Inform the patient to return in one week if symptoms persist. If there is no improvement, • If the patient did not complete full course of medication: Treat again. • If the patient was possibly reinfected or the partner(s) were not treated: Treat the patient and partner(s) again. • If the patient and partner(s) completed full course of medication: Treat patient and partner(s) for **trichomoniasis**. • **Metronidazole** 2 gm as a single dose orally or 400–500 mg orally 2 times a day for 7 days. Reassess after another week: Refer if symptoms persist.
NORMAL	Reassure the patient If there is discharge from under the foreskin: Advise regarding hygiene	

TIP for health worker:

Treat all classified STI syndromes using the appropriate algorithm. Encourage the adolescent to have all partner(s) within the last two months assessed whether symptomatic or not.

For any patient who is sexually active, regardless of diagnostic classification: offer HIV counselling and testing on site if available or through referral. Counsel regarding contraception and safer sex.

Information to be given to adolescent and accompanying parent

1. What is the condition?
This is an infection of the urethra, the tube which carries the urine from inside the body to the outside. It is likely that this infection has occurred as a result of having sex without a condom or without proper use of a condom.

2. What are the causes of the condition?
This infection can be caused by germs that cause gonorrhoea, chlamydia and trichomonisasis.

3. What are the effects of the condition on your body?

Immediate effects:

In some people, there may be no symptoms at all. In other people, urethral infection may cause a discharge from the penis, pain on passing urine and/or passing urine more frequently. There may also be itching and burning around the opening of the penis.

Long-term effects:

If left untreated the infection can move from the urethra to the testis and cause pain and swelling there. The infection could also be carried to other parts of the body such as the joints and cause inflammation there.

4. What treatments are we proposing and why?
The aim of the treatment is to determine the cause of the infection and to treat it with the right medication.

5. What can you do?
For those patients who are classified as having an urethral discharge resulting from sexually transmitted infection:

(i) Please complete the treatment as advised. Stopping the medicine before you have completed the treatment (even if you feel better) could cause the problem to come back. Please come back for review after one week if symptoms persist.

(ii) Please avoid sex until you have completed the advised medication and are completely cured.

(iii) Please discuss with your partner(s). All partners within the last two months should be treated not only for their health, but also to protect you from getting reinfected.

(iv) Using a condom correctly every time you have sex will greatly reduce your risk of getting sexually transmitted infections.

(v) Consider being tested for other sexually transmitted infections such as HIV.

Frequently asked questions by adolescents

Understanding the reasons for the question:

In all these questions the adolescent is anxious to know how a current STI may affect their future life.

Will I be able to become a father in the future?

Points to make while responding to the question:

If an infection is detected early and treated properly, there is very little likelihood of any long-term problems.

If the infection has remained undetected for a long time and has been treated improperly/ inadequately, it could affect your ability to father a child. It is difficult to definitely know if this has happened.

Will I become completely cured?

Points to make while responding to the question:

The kind of infection that you have is usually caused by bacteria — a type of germ that can be definitively cured. If the infection does not clear up with the treatment you are given or if the problem recurs, please come back for assessment and treatment.

"I have a sore on my genitals"

Ask	Look/Feel/Listen	Symptoms & Signs
TIP for health worker: Say that you are now going to ask him/her some personal questions and reassure him/her that information will be kept confidential.	*TIP for health worker:* Say that you are now going to examine him/her. Ensure privacy of examination setting. For young women, have a female colleague present if needed.	Only vesicle(s) present.
Ulcer on Genitals • Do you have vesicles (blisters)? • Do you have ulcers (sores)? • Is/are the sore(s) recurring?	**Ulcer on Genitals** Look for • Vesicles on genitals • Ulcers on the genitals	
Symptoms of other STI syndromes Do you have any other genital problems? • Swelling in groin • Discharge from vagina • Discharge from tip of penis • Pain on urination (male) • Scrotal pain/swelling	**Signs of other STI syndromes** Look for • Swelling in groin • Vaginal discharge • Discharge from tip of penis • Scrotal swelling/tenderness	
Other sexual and reproductive health issues Do a general sexual and reproductive health screen	**General Physical Examination**	
Do HEEADSSS Assessment		Genital ulcer present. Vesicles may or may not be present.
		No vesicle present. No genital ulcer present.

TIP for health worker:

Treat all classified STI syndromes using the appropriate algorithm. Encourage the adolescent to have all partner(s) within the last two months assessed whether symptomatic or not.

For any patient who is sexually active, regardless of diagnostic classification: offer HIV counselling and testing on site if available or through referral. Counsel regarding contraception and safer sex.

Adolescent: I have a sore on my genitals. **Parent:** My son/daughter has a sore on his/her genitals.

Classify	Manage	Follow-up
PROBABLE STI: • **HERPES SIMPLEX VIRUS TYPE 2 (HSV2) LIKELY** • **SYPHILIS CANNOT BE EXCLUDED**	Treat for **HSV2** If this is a first-time infection: – **Acyclovir** 200 mg orally 5 times a day for 7 days or 400 mg orally 3 times a day for 7 days – *or* **Valaciclovir** 1 gm orally twice a day for 7 days – *or* **Famcyclovir** 250 mg orally 3 times a day for 7 days If this is a recurrent infection: – **Acyclovir** 200 mg orally 5 times a day for 5 days or 400 mg orally 3 times a day for 5 days – *or* **Valaciclovir** 500 mg orally twice a day for 5 days – *or* **Famcyclovir** 125 mg orally 3 times a day for 5 days	Reassess after 1 week; sooner if worse. If there is no improvement, refer.
	• *Where HSV treatment is in limited supply, treatment should be reserved for patients with severe infection (which is often associated with HIV infection).* • *Avoid these medications in pregnant or breastfeeding women.*	
	AND • Consider treatment for syphilis	
	• *Where available, check Rapid Plasma Reagin (RPR). Treat for syphilis if RPR positive and not already recently treated for syphilis.* • *If RPR is not available, treat for syphilis if not already recently treated for syphilis.*	
PROBABLE STI: • **SYPHILIS AND CHANCROID LIKELY** • **HSV2 CANNOT BE EXCLUDED**	Treat for **syphilis** **Benzathine penicillin**, 2.4 million IU, intramuscular injection, as a single dose AND Treat for **chancroid** **Ceftriaxone**, 250mg intramuscular injection, as a single dose *or* **Azithromycin** 1 gm as a single dose orally *or* **Erythromycin** >50kg--500mg orally 4 times a day for 7 days 19–50 kg—250 mg orally 4 times a day for 7 days	Reassess after 1 week; sooner if worse. If the ulcer is fully healed, no further treatment. If it is improving but not resolved, continue treatment for 7 more days. If there is no improvement, refer.
	• *Treat for HSV2 where prevalence is 30% or more, adapt to local policy.* • *Treat for granuloma inguinale (donovanosis) and lymphogranuloma venereum where these conditions are prevalent, adapt to local policy.*	
NORMAL	Reassure the patient	

Information to be given to adolescent and accompanying parent

1. What is the condition?
An ulcer is a break or opening of the skin causing a sore. A vesicle is a small sac-like structure filled with clear fluid.

2. What are the causes of the condition?
Ulcers and vesicles on the genitals are commonly caused by sexually transmitted infections. They may be painless (e.g. syphilis) or painful (e.g. chancroid).

3. What are the effects of the condition on your body?
In some cases the condition begins as a vesicle and then becomes an ulcer. In other cases the ulcer appears without being preceded by a vesicle. Depending on the condition, the ulcer may or may not be painful.

In some conditions, ulcers may disappear without treatment, whereas in others they tend to persist and worsen until treated.

In some conditions, the disease-causing germs pass from the genitals to other parts of the body causing rashes and fevers and, in the case of syphilis, damage to the heart and brain after many years.

Sexually transmitted infections, and especially those which cause ulcers, increase the likelihood of getting or passing HIV infection.

4. What treatments are we proposing and why?
The aim of the treatment is to determine the cause of the infection and to treat it with the right medication.

5. What can you do?
For those patients who are classified as having a genital ulcer/vesicle resulting from a sexually transmitted infection:

(i) Please complete the treatment as advised. Stopping the medicine before you have completed the treatment (even if you feel better) could cause the problem to come back. Please come back for review after one week, sooner if worse.

(ii) Keep any ulcers/vesicles clean and dry.

(iii) Please avoid sex until you have completed the advised medication and are completely cured.

(iv) If you have been classified as having syphilis or chancroid, please discuss with your partner(s). All partners within the last three months should be treated not only for their health, but also to protect you from getting reinfected.

(v) Using a condom correctly every time you have sex will greatly reduce your risk of getting sexually transmitted infections.

(vi) Consider being tested for other sexually transmitted infections such as HIV.

Frequently asked questions by adolescents

Understanding the reasons for the question:

In all these questions the adolescent is anxious to know how a current STI may affect their future life.

Will I be able to become a father/mother in the future?

Points to make while responding to the question:

The types of infections that cause sores on the genitals generally do not impact your ability to become pregnant/father a child. However, other kinds of sexually transmitted infections can affect your ability to become pregnant/father a child.

When could I have sex again?

Points to make while responding to the question:

You can have sex again, after you have completed your treatment and are completely cured. If it has been advised that your partner be treated, it is important that he/she complete treatment and is completed cured before you have sex again. If not, you are likely to get the infection again from him/her. Always avoid having sex with anyone who has genital sores.

Will I become completely cured?

Points to make while responding to the question:

Sexually transmitted infections that are caused by bacteria (e.g. syphilis, chancroid) can be completely cured. However infections that are caused by viruses (another type of germ) cannot be cured. Some of them, such as Herpes, recur from time to time causing discomfort for a few days. Others such as HIV have serious long-term effects on health.

"I have a swelling in my groin"

Ask

TIP for health worker:
Say that you are now going to ask him/her some personal questions and reassure him/her that information will be kept confidential.

Swelling in groin

Do you have/have you recently had any:

- Ulcers in the genital area?

Local Skin Infection

Do you have:

- Local skin trauma, e.g. scratches, cuts or rashes on your feet, legs or buttocks?
- Local skin infection e.g. boils, swelling or redness on your feet, legs or buttocks?
- Fever?

Symptoms of other STI syndromes

Do you have any other genital symptoms?

- Ulcer/sore on genitals
- Discharge from vagina
- Discharge from tip of penis
- Pain on urination (male)
- Scrotal swelling

Other sexual and reproductive health issues

Do a general sexual and reproductive health screen

Do HEEADSSS Assessment

Look/Feel/Listen

TIP for health worker:
Say that you are now going to examine him/her. Ensure privacy of examination setting. For a young woman, have a female colleague present if needed.

Check

- Temperature of patient

Swelling in groin

Look for

- Swelling in the groin (inguinal swelling)
- Signs of infection within the groin swelling:
  - Warmth
  - Redness in people with light coloured skin
  - Tenderness
  - Fluctuance (i.e. it feels as if there is some liquid inside the swelling)
- Genital ulcers

Local Skin Infection

Look for

- Local skin trauma, e.g. scratches, cuts or rashes
- Local skin infection – boils, swelling or redness, tenderness and warmth to touch

Signs of other STI syndromes

- Genital ulcer
- Vaginal discharge
- Discharge from tip of penis
- Scrotal swelling

General Physical Examination

Symptoms & Signs

- Inguinal swelling present

and

- Sexually active

and

- No genital ulcer present

and

- No local skin infection on examination as likely cause of inguinal swelling

---

- Genital ulcer present

- Inguinal swelling present and

and

- Signs of infection within swelling present

and

- No genital ulcers

and

- Local skin infection present

or

- Local skin trauma on examination *with* history of fever or temperature of patient is more than 38.5°C

- No inguinal swelling present

or

- Small, mobile inguinal swelling (s) present without signs of infection

Adolescent: I have a swelling in my groin.
Parent: My son/daughter has a swelling in his/her groin.

Classify	Manage	Follow-up
INFECTED LYMPH GLAND (BUBO): **PROBABLE** • **LYMPHOGRANULOMA VENEREUM** **AND/OR** • **CHANCROID**	Treat for • **Lymphogranuloma venereum** – **Azythromycin** 1 gm as single dose orally once a week for 3 weeks – *or* **Doxycycline** 100 mg orally twice daily for 21 days or Erythromycin 500 mg orally 4 times daily for 21 days and • **Chancroid** – **Ceftriaxone**, 250mg intramuscular injection, as a single dose – *or* **Azithromycin** 1 gm orally, as a single dose – *or* **Erythromycin** – If the weight is more than 50kg: 500mg orally 4 times a day for 7 days – If the weight 19–50 kg: 250 mg orally 4 times a day for 7 days AND • **Granuloma inguinale** (donovanosis) where it is prevalent in line with local policy. A fluctuant swelling may need to be aspirated. Do not incise it.	Follow-up every 1–2 days The bubo may need to be drained. . If fully resolved in 1 week, no further treatment. If the patient improving but not resolved, continue treatment for 7 more days. If there is no improvement after 2 weeks of treatment or the patient is getting despite treatment, refer.
GENITAL ULCER	Follow **"I have a sore on my genitals"** algorithm	
INFECTED LYMPH GLAND **SECONDARY TO LOCAL SKIN TRAUMA OR LOCAL SKIN INFECTION**	Treat skin infection/infected lymph gland • **Cloxacillin** 500 mg capsule: 4 times daily x 7 days A fluctuant swelling may need to be aspirated. Do not incise it. Refer if: • There are signs of systemic illness • Mass in groin is large and fluctuant • Skin infection is extensive • Skin/groin infection persists despite having already taken a course of oral antibiotics	Review after 1–2 days. Refer if there is no improvement
NORMAL—NO SWELLING **OR** **NORMAL—REACTIVE ADENOPATHY**	Reassure the patient	

TIP for health worker:

Treat all classified STI syndromes using the appropriate algorithm. Encourage the adolescent to have all partner(s) within the last two months assessed whether symptomatic or not.

For any patient who is sexually active, regardless of diagnostic classification: offer HIV counselling and testing on site if available or through referral. Counsel regarding contraception and safer sex.

Information to be given to adolescent and accompanying parent

1. What is the condition?
Lymph glands are present in many places in the body including the groin (other places include the neck and armpit). Lymph glands serve to 'filter' out germs and dead cells from the blood.

Reactive lymphadenopathy is a condition in which lymph glands become enlarged, but not infected, as they work to filter germs from scratches, cuts, rashes and infections of the skin.

Infected lymph gland: In this condition, a lymph gland itself becomes infected. In severe infections, pus is formed and in addition some of the tissue of the lymph glands can be broken down leading to the presence of some fluid.

2. What are the causes of the condition?
Infected lymph glands are caused by bacteria (a type of germ). Some of the germs that cause this condition are sexually transmitted, some are not.

3. What are the effects of the condition on your body?
Reactive lymphadenopathy generally does not cause any short or long-term problems.

Infected lymph glands can cause pain and discomfort. If the infection is not treated, the sores and the groin swelling can get much worse and even when they heal, scarring will result. The infections can also be associated with fever and body pain.

4. What treatments are we proposing and why?
Reactive lymphadenopathy generally does not require treatment. Sometimes the cuts, rashes or boils on the feet, legs or buttocks that caused the reactive lymphadenopathy need to be treated.

Infected lymph gland: The aim of the treatment is to determine the cause of the infection and to treat it with the right medication. If there is some fluid (pus and broken-down tissue), it may need to be drained with a syringe, which can help relieve the infection as well.

5. What can you do?
For those patients who are classified as having **infected lymph gland**:

(i) Please complete the treatment as advised. Stopping the medicine before you have completed the treatment (even if you feel better) could cause the problem to come back. Please come back for review in 1–2 days.

(ii) If we have drained the infected gland please keep the area clean and dry.

For those classified as having a Infected lymph gland due probably due to STI (chancroid, lymphogranuloma venereum):
In addition to points (i) and (ii) above:

(iii) Please avoid sex until you have completed the advised medication and are completely cured.

(iv) Please discuss with your partner(s). All partners within the last three months should be treated not only for their health, but also to protect you from getting reinfected.

(v) Using a condom correctly every time you have sex will greatly reduce your risk of getting sexually transmitted infections.

(vi) Consider being tested for other sexually transmitted infections such as HIV.

Frequently asked questions by adolescents

Understanding the reasons for the question:-

In all these questions the adolescent is anxious to know how a current STI may affect their future life.

Will I be able to become a father/mother in the future?

Points to make while responding to the question:

The types of infections that cause swollen or infected lymph glands generally do not impact your ability to become pregnant/father a child. However, other kinds of sexually transmitted infections can affect your ability to become pregnant/father a child.

Will I become completely cured?

Points to make while responding to the question:

Infected lymph glands are usually caused by bacteria (a type of germ), which generally can be completely cured.

"I have an abnormal discharge from/ burning or itching in vagina" (for non-pregnant women)

Ask	Look/Feel/Listen	Symptoms & Signs
TIP for health worker: *Communicate that you are now going to ask her some personal questions and reassure her that information will be kept confidential.*	*TIP for health worker:* *Communicate that you are now going to examine her. Ensure privacy of examination setting. Have a female colleague present if needed.*	Lower abdominal pain or tenderness and Risk of emergency present
Vaginal discharge Could you please describe the nature of your discharge? • *Colour*: Is the discharge clear, white or green/grey/yellowish? • *Consistency*: Is the discharge thin, curdy or thick? • *Odour*: Does the discharge have a bad smell? • *Itching or burning*: Do you have itching or burning sensation in the vagina? • *Lower abdominal pain*: Do you have pain in the lower abdomen? If lower abdominal pain is present: Assess *risk of emergency* —Missed / overdue period —Recent delivery / abortion / miscarriage —Abnormal vaginal bleeding **Assess** High *risk for gonorrhoea/ chlamydia*: • Believes she has been exposed to STI • Partner with discharge from tip of penis • Multiple recent sexual partners • Is from a population group or comes from an area with known high prevalence* * Note: This needs to be based on local epidemiology	**Vaginal discharge** Look at the opening of the vagina and surrounding tissue (vulva). Look for • Discharge —Colour —Consistency —Odour • Inflammation —Redness, swelling or scratch marks Feel for • Tenderness of lower abdomen (gentle pressure that causes pain) If there is lower abdominal pain: • Assess *surgical / gynaecological risk* Feel for —Guarding —Rebound tenderness —Abdominal mass If there is a history of sexual activity, do a manual vaginal examination Feel for —Tenderness on movement of the cervix Do a vaginal speculum examination Check —the mouth of the cervix for discharge —friability (easily bleeds when touched) and redness of the cervix	Abnormal discharge • Colour - Whitish/Yellowish/Greyish/ Greenish *or* • Bad odour *or* • Consistency thick or curdy and Lower abdominal pain *or* cervical motion tenderness present *and* No risk of emergency present
		Abnormal discharge (as above) and No lower abdominal pain *or* cervical motion tenderness and Cervical discharge or friability present on speculum exam or Risk factors for gonorrhoea chlamydia present
		Abnormal discharge (as above) and • Vaginal burning/itching or vulvar erythema and No lower abdominal pain or cervical motion tenderness and No cervical discharge or friability on speculum exam and No risk factors for gonorrhoea/chlamydia

Adolescent: I have an abnormal discharge from my vagina. ♦have a burning/itching sensation in my vagina.

Parent: My daughter has an abnormal discharge from her vagina. ♦My daughter has a burning/itching sensation in her vagina.

Classify	Manage	Follow-up
POSSIBLE EMERGENCY NEEDING SURGICAL / GYNAECOLOGICAL ATTENTION	Refer for surgical or gynaecological opinion Resuscitate as necessary before referral	
PELVIC INFLAMMATORY DISEASE (PID) **PROBABLE** **GONORRHOEA, CHLAMYDIA AND/OR ANAEROBIC BACTERIA**	Treat for • Gonorrhoea —**Cefixime** 400 mg as a single dose orally and • Chlamydia —**Azythromycin** 1g as a single dose orally —or **Doxycycline*** 100 mg twice daily orally for 7 days *(*avoid in pregnancy)* and • Anaerobic bacterial infection —**Metronidazole** 400–500 mg twice daily orally for 14 days	Advise her to return in 1-2 days. If there is no improvement, refer
CERVICITIS **PROBABLE** **GONORRHEA OR CHLAMYDIA** **BACTERIAL VAGINOSIS AND TRICHOMONIASIS ALSO LIKELY**	Treat for • **Gonorrhoea** as above and • **Chlamydia** as above and • **Bacterial vaginosis** and **trichomoniasis** —**Metronidazole** 2 gm as a single dose orally or 400-500 mg orally 2 times a day for 7 days	Advise her to return after 1 week if symptoms persist. • If patient did not complete full course of medication, treat again • If patient was possibly reinfected or partner(s) were not treated, treat patient again and treat partner(s) • If patient and partner(s) did complete full course of medication, refer
VAGINITIS WITH PROBABLE CANDIDIASIS **BACTERIAL VAGINOSIS AND TRICHOMONIASIS ALSO LIKELY**	Treat for • **Bacterial vaginosis** and **trichomoniasis** (as above) and • **Candidiasis** —**Fluconazole** orally 150 mg as a single dose —*or* **Miconazole** 200 mg vaginal suppository —*or* **Clotrimazole** 2 X 100mg tablets (i.e. 200 mg) placed in the vagina once daily for 3 days	Reassess after 1 week if not improved. • If patient did not complete full course of treatment, treat again • If patient completed full course of treatment, treat for gonorrhea and chlamydia Reassess in 1 more week, refer if no improvement

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Ask	Look/Feel/Listen	Symptoms & Signs
Symptoms of other STI syndromes • Genital ulcer • Inguinal swelling **Other sexual and reproductive health issues** Do a general sexual and reproductive health screen **Do HEEADSSS Assessment**	**Signs of other STI syndromes** • Genital ulcer • Swelling in groin **General Physical Examination**	
		Abnormal discharge (as above) and No vaginal burning/itching or vulvar erythema and No lower abdominal pain or cervical motion tenderness and No cervical discharge or friability on speculum examination and No high risk factors for gonorrhoea/chlamydia
		The discharge is clear and consistency is thin and There is no pain, itching or burning in the vagina and The discharge is presenting in an adolescent who has not started her menstrual periods yet but is pubescent (i.e. has some breast development and some pubic hair) or The discharge is cyclic (there is some increase in the discharge about one week after the menstrual period and it becomes thicker during the middle of the cycle).

☞ *TIP for health worker:*

Treat all classified STI syndromes using the appropriate algorithm. Encourage the adolescent to have all partner(s) within the last two months assessed whether symptomatic or not.

For any patient who is sexually active, regardless of diagnostic classification: offer HIV counselling and testing on site if available or through referral. Counsel regarding contraception and safer sex.

Classify	Manage	Follow-up
VAGINITIS **PROBABLE BACTERIAL VAGINOSIS** **PROBABLE TRICHOMONIASIS**	Treat for **bacterial vaginosis** and **trichomoniasis** as above	Reassess after 1 week if not improved. • If patient did not complete full course of treatment, repeat treatment. • If patient completed full course of treatment, treat for candidiasis or gonorrhea and chlamydia. Reassess in 1 more week, refer if no improvement
NORMAL VAGINAL DISCHARGE	Reassure the patient.	

Additional information for the health worker on classification and management of vaginal discharge

A complaint of **abnormal vaginal discharge**—abnormal in terms of quantity, colour or odour—most commonly indicates a **vaginal infection (vaginitis)** whether sexually transmitted (trichomoniasis) or not (bacterial vaginosis, fungus). Less often, vaginal discharge can be a result of sexually transmitted **cervical infection (cervicitis)** caused by gonorrhoea or chlamydia. It is difficult to identify cases of cervicitis without appropriate diagnostic tests (which are expensive and not readily available) or a speculum examination.

All non-pregnant adolescents with any history of having had sex and presenting with abnormal vaginal discharge should receive treatment for bacterial vaginosis and trichomoniasis. Additional treatment for candidiasis is indicated if signs are present (see above).

Additional treatment for cervical infection is indicated if signs or risk factors are present (see above) or if the patient is from a population group or area with high gonorrhoea/chlamydia prevalence.

For those treated for gonorrhea and chlamydia—all sex partners within the past 2 months should be treated with the same treatment regimen whether they are symptomatic or not.

Please note that there are special considerations in the pregnant patient with vaginal discharge:

- Normal discharge is more abundant during pregnancy
- Candidiasis is more common during pregnancy
- Discharge and spotting may indicate ectopic pregnancy or threatened abortion. Fever, bleeding, abdominal pain and amniotic fluid leakage are signs of infection of the amniotic sac or sepsis. If pregnancy complications have been ruled out, treat all women with abnormal vaginal discharge for candidiasis, trichomoniasis, and bacterial vaginosis (note that treatment for bacterial vaginosis is different in pregnancy—metronidazole 200-250 mg orally 3 times a day for 7days). Recurrence in a patient who has appropriately completed therapy should be treated for candidiasis again.

Information to be given to adolescent and accompanying parent

1. What is the condition?

Normal vaginal discharge is clear, thin and has no smell (or only a slight smell). It is normal for the discharge to become slightly cloudy and sticky, and less in quantity during the middle of each menstrual cycle.

Vaginitis is an infection in the vagina which can result in a change in the colour, consistency and/or smell of the discharge. As a result of the infection, the vagina and vulva (area around the opening of the vagina) can sometimes be irritated.

Cervicitis is an infection of the cervix (opening of the womb or uterus) which often

results in abnormal vaginal discharge and sometimes pain or bleeding with sex.

Pelvic inflammatory disease (PID) is a condition in which infection of the cervix has spread into the uterus and/or the adjoining tubes and has set up an inflammation. PID often causes lower abdominal pain and can also result in abnormal vaginal discharge.

2. What are the causes of the condition?
Normal vaginal discharge is caused by the secretion of glands that line the walls of vagina. **Vaginitis** is caused by bacteria and fungi, that may be sexually transmitted or may occur as a side effect of mediation (e.g. antibiotics or oral contraceptive pills), douching (washing with inside of the vagina with water, other liquids or soaps) or as a result of changes in the body (e.g. during pregnancy). The exact cause of the infection or whether it is sexually transmitted, is not always known.

Cervicitis and **PID** are caused by bacteria that are usually sexually transmitted.

3. What are the effects of the condition on your body?
Normal vaginal discharge does not cause any negative effects on the body.

Vaginitis can cause pain, itching or discomfort in and around the vagina.

Cervicitis can cause pain or bleeding with vaginal intercourse and abnormal vaginal discharge. It can result in PID.

PID can cause abnormal vaginal discharge and/or abdominal pain. It can result in adverse effects such pregnancies that occur outside of the womb in the adjoining tubes and infertility.

4. What treatments are we proposing and why?
The aim of the treatment is to determine the types of germs that cause the infection and to treat it/them with the right medication.

5. What can you do?
For those patients who are classified as having **normal vaginal discharge**:

(i) Please avoid douching or washing the inside of the vagina with water or any other products. This could cause irritation and could also wash off the body's natural protective mechanism thereby increasing the likelihood of some kinds of vaginitis.

For those patients who are classified as having **vaginitis**:

In addition to point (i) above:

(ii) Please complete the treatment as advised. Stopping the medicine before you have completed the treatment (even if you feel better) could cause the problem to come back. Please come back for review after one week if symptoms persist.

(iii) Please avoid sex until you have completed the advised medication and are completely cured.

(iv) Using a condom correctly every time you have sex will greatly reduce your risk of getting sexually transmitted infections.

(v) Consider being tested for HIV.

For those patients who are classified as having **cervicitis** or **PID**:

In addition to points (i)-(v) above:

(vi) Please discuss with your partner(s). All partners within the last 2 months should be treated not only for their health, but also to protect you from getting reinfected.

Frequently asked questions by adolescents

I have some vaginal discharge. How can I know whether it is normal or not normal?

Understanding the reasons for the question:

The adolescent wants to know what is normal and what is not.

Points to make while responding to the question:

Normal vaginal discharge is clear, thin in consistency becoming thicker during the middle of the menstrual cycle and cyclic (there is some increase in the discharge about one week after the menstrual period begins). It also has a mild smell. Normally, there should be no pain, itching or burning in the vagina. Any change in the colour, consistency, quantity and smell may be due to an infection. If in doubt, see a health worker for advice.

Can douching my vagina (i.e. washing it with water or with products such as soap) help to prevent any infections or other problems?

Understanding the reasons for the question:

Douching is a traditional practice is many places. The adolescent may have been told conflicting things about its value and wants to clarify this.

Points to make while responding to the question:

It is better to avoid douching as it tends to wash away the body's natural protective secretions. Using products such as soap inside the vagina can cause irritation and lead to pain and discomfort. Just wash the outer part of the genital area every time you go to the toilet and pat it dry with a clean cloth or paper towel.

Will I be able to become a mother in the future?

Understanding the reasons for the question:

The adolescent is anxious to know how a current infection may affect their future life.

Points to make while responding to the question:

Cervicitis and PID that are detected early and treated properly, and vaginitis are unlikely to cause long term problems. If on the other hand, cervicitis or PID have remained undetected for a long time or have been treated improperly/inadequately, they could affect your ability to have a child. It is difficult to definitely know when this has happened.

Will I become completely cured?

Understanding the reasons for the question:

The adolescent is anxious to know how a current infection may affect their future life.

Points to make while responding to the question:

Vaginitis, cervicitis and PID are generally caused by bacteria and fungi—infections caused by these germs can be definitively cured.

Notes

"Could I have HIV?"

Ask

TIP for health worker:
Say that you are now going to ask him /her some personal questions and reassure him / her that information will be kept confidential.

Why do you think you could be infected with HIV?

TIP for health worker:
Allow the adolescent to speak without interrupting. This is an opportunity to learn about his/her understanding of how one could get HIV.

Symptoms associated with HIV infection

- Do you have / have you had recently
  - Noticeable weight loss
  - Prolonged diarrhoea
  - Prolonged cough
  - Prolonged fever
  - Painless purple bumps on your skin or in your mouth
  - White patches in your mouth
  - Painless swellings in your glands
  - Prolonged cough

Illness associated with HIV infection

- Have you ever been diagnosed with tuberculosis?

Risk factors for HIV infection

- Do you use a condom every time you have sex?
- Have you had many sexual partners?
- Has your partner had other partners?
- Do you use a condom every time you have sex?
- Have you had unprotected sex in last 72 hours?*
- Do you / have you inject(ed) drugs?

Symptoms of STI syndromes

- Do you have / have you had?
  - Sore / ulcer on your genitals
  - Discharge from your vagina
  - Discharge from your penis
  - Scrotal pain / swelling

Do a general sexual and reproductive health screen

Do HEEADSSS Assessment

Look/Feel/Listen

TIP for health worker:
Say that you are now going to examine him/her. Ensure privacy of examination setting. For young women, have a female colleague present if needed.

Signs associated with HIV infection

Check for

- Weight loss more than10% (if previous weight is available)
- Kaposi lesions (painless purple lumps on the skin or upper palate of mouth)
- Fungus infection in the mouth
- Generalized lymphadenopathy
- Evidence of serious infection

Signs of STI syndromes

Check for

- Genital ulcer
- Swelling in groin
- Discharge from vagina
- Discharge from penis
- Scrotal swelling

TIP for health worker:
Current or past STI constitutes risk factor for HIV infection

Do a General Physical Examination

TIP for health worker:

$$\%\ \text{Weight Loss} = \frac{(\text{Old Weight} - \text{New Weight}) \times 100}{\text{Old Weight}}$$

Symptoms & Signs

Any symptom associated with HIV infection

or

Any illness associated with HIV infection

or

Any sign associated with HIV infection

(With or without identified risk factors)

Any risk factor for HIV infection

and

No symptoms associated with HIV infection

and

No illness associated with HIV infection

and

No signs associated with HIV infection

No risk factor for HIV infection

and

No symptoms associated with HIV infection

and

No illness associated with HIV infection

and

No signs associated with HIV infection

Adolescent: I think I may have HIV?
I had sex last week and I am worried that I may have HIV

Classify	Manage	Follow-up
POSSIBLE HIV INFECTION CAUSING SYMPTOMS, SIGNS OR ILLNESSES COMMONLY ASSOCIATED WITH HIV INFECTION	Explain the classification If available on site, provide HIV testing and counselling If not available on site refer to a facility that offers HIV counselling and testing Provide counselling on safer sex / HIV risk reduction Treat any HIV related illness that have been identified (Refer to AMAI Guidelines)	
AT RISK FOR HIV INFECTION	Explain the classification • Provide counselling on safer sex / HIV risk reduction If available on site, provide HIV testing and counselling If not available on site refer to a facility that offers HIV counselling and testing	
HIV INFECTION UNLIKELY	Explain the classification • In generalised HIV epidemics, recommend HIV testing and counselling Provide counselling on safer sex / HIV risk reduction in all cases ☞ *TIP for health worker:* *Treat all classified STI syndromes using the appropriate algorithm. Encourage the adolescent to have all partner(s) within the last two months assessed whether symptomatic or not.* *For any patient who is sexually active, regardless of diagnostic classification: offer HIV counselling and testing on site if available or through referral. Counsel regarding contraception and safer sex.*	

Information to be given to adolescents and accompanying adults

Information to be provided and issues to be discussed before an HIV test is carried out:

What is an HIV test?
An HIV test is a blood test which detects the presence of natural chemicals (antibodies) that the body produces in response to the presence of HIV germs in the body. These antibodies are produced by the body 8-12 weeks after being infected with HIV.

What does a positive or a negative HIV test result mean?
An HIV positive test result means that the person who has been tested has HIV infection. An HIV negative test result means that the person who has been tested does not have HIV infection.

However, as mentioned above, the antibodies that are detected by the HIV test are not produced by the body until 8-12 weeks after infection with HIV. Therefore, in the three months after infection occurs, the HIV test can still be negative although the person tested has HIV infection.

Why should you consider having an HIV test?
There are at least four good reasons for having an HIV test:

- Health workers can provide effective medicines to prevent HIV germs from multiplying in the body which is what causes one to actually feel sick because of the HIV infection.
- Health workers can provide medicines to prevent or treat other problems resulting from the effects of HIV on the body (e.g. tuberculosis).
- If a woman who is infected with HIV wants to have a baby, she can be given medicines to reduce the likelihood of the HIV infection passing from her body to that of the baby (in her womb).
- Knowing whether one is HIV infected or not can help one to take the necessary steps to protect both oneself and others from infection.

Remember! A person who is infected with HIV can look and feel healthy. This person can transmit HIV infection to others!

If you decide to have an HIV test what can we assure you?
Firstly, we assure that we will not share the results of the test with anyone. Secondly, we assure you that we will provide you with the care and support that we can, and in addition will direct you to other sources of care and support.

One issue that you will need to consider!
It would be useful to consider whom you would inform if you were found to have HIV. Parents and other members of your family as well as friends can be a valuable source of support. Try to identify one or two persons whom you like and trust, and could turn to for help.

Checking the adolescent's understanding:
If you have the time, it would be useful to check the adolescent's knowledge and understanding on the following issues.

What is HIV?
- How is HIV spread (and how it is not spread)?
- How could HIV be prevented?
- What are the effects of HIV on the body?

- What is it that health workers can offer to people who have been found to have HIV?

Information to be provided and issues to be discussed before the HIV test results are disclosed:

- Recall the discussion on the meaning of a positive and negative test result.
- Enquire whether the adolescent has considered whom to share the result with.
- Empathize with the adolescent, saying that you are aware that waiting for the test result must have been hard. Assure him/her of your support.

If the result is positive (i.e. it confirms that the person has HIV infection):

- Share the test result.
- Appreciate that the 'bad' news is likely to trigger a strong reaction; empathize with and comfort the adolescent.
- Check the adolescent's understanding on the implications of the test result and provide further explanation if needed.
- Discuss whom they would share the result with.
- Explain what support services could be provided.
- Explore what immediate support (s)he needs.
- Indicate when (s)he could come back for further discussion and management of the HIV infection.

Tip for the health worker
See IMAI guidelines for HIV infection management.

If the test result is negative (i.e. it confirms that the person does not have HIV infection):

- Share the test result.
- Appreciate that hearing the news – even the good news – is likely to trigger a reaction in the young person; give the adolescent some time to calm down.
- Check the adolescent's understanding on the implications of the test result and provide further explanation if needed.
- Stress the importance of taking steps to continue staying HIV negative by protecting himself/herself and indicate what support you could provide for this.

Tip for the health worker
In case the exposure occurred less than three months prior to the HIV test, explain that a negative result could mean either that the adolescent is not infected with HIV, or that infection has occurred but that antibodies to HIV have not yet been produced by the body. Advise a repeat HIV test in 6-8 weeks.

Notes

part 3

Information to be provided to adolescents and their parents

Part 3 of the adolescent job aid contains information on the following key topics relating to the health and development of adolescents:

1. **Healthy eating**
2. **Physical Activity**
3. **Sexual activity**
4. **Emotional well being**
5. **The use of tobacco, alcohol and other substances**
6. **Unintended injuries**
7. **Violence and abuse**

On each topic, you will find some general information followed by a set of key messages for adolescents and for their parents.

When adolescents seek help from you for a problem or a concern, they are likely to be open to information and advice. Use this opportunity to present them with information in this part of the adolescent job aid, making sure that it is appropriate to their stage of development and circumstances. If you have time, check their understanding and provide any additional information or clarification that they might need.

Use every opportunity that arises to inform and educate parents, and to respond to questions and concerns that they might have. Explain to them that as their sons and daughters grow and develop they will need to make decisions on issues such as diet, physical activity, dealing with stressful situations, sexual activity, or the use of tobacco, alcohol or other substances. Adolescents whose parents discuss these issues with them are more likely to make choices that protect them as well as others. Stress to them that while discussing these issues can be uncomfortable, it is still very important to do.

Always take into account the willingness of your adolescent patient to involve his or her parents in the discussions, as well as the adolescent's age, stage of development, and social circumstances.

1. Healthy eating

Adolescents need a healthy diet to grow and develop, and to function optimally.

A healthy diet consists of

- A sufficient amount of food to meet a young person's energy needs
- A variety of foods balanced across the major food groups.

There are five basic food groups

- Starchy foods: Rice, cereals, noodles, potatoes, pasta,
- Fruit and Vegetables
- Milk, yogurt, cheese
- Meat, fish, poultry, eggs, nuts, legumes
- Foods and drinks high in fat and or sugar

1. Balanced food intake

A young person should eat a diet balanced across the five food groups.

They should:

- eat plenty of vegetables, legumes and fruits
- eat plenty of cereals (including breads, rice, pasta and noodles), preferably wholegrain
- include lean meat, fish, poultry and/or alternatives
- include milk, yoghurt, cheeses and/or alternatives *and*
- Limit foods high in fat or sugar
- Choose foods low in salt

The relative proportion of the five groups is depicted in the diagram at right.

2. Too little food

If a young person does not have enough to eat, they will be underweight. This will affect their growth and development. Young women who are underweight tend to have smaller children.

3. Too much food

If a young person eats too much food, particularly food high in fat and sugar, this can lead to them becoming overweight. Being overweight can cause low self esteem and health problems during adolescence and later life.

Balanced food intake across food groups

Messages for adolescents

1. Eating a sufficient amount and a wide variety of healthy foods is important for you to grow and develop normally.
2. You should eat lots of rice / cereals and noodles, as well as lots of fruits and vegetables. You should also have some meat in your diet as well as milk, yoghurt or cheese.
3. You should limit the amount of food you eat which contains a lot of fat or sugar.
4. While it is important that you eat enough so make sure that you grow, it is important that you do not eat so much that you become overweight as this is not good for your health.

Messages for parents

What you should know:

1. Your son or daughter needs to eat a sufficient amount and a wide variety of healthy foods so that they grow and develop normally
2. Your son or daughter does not need to eat different foods from the rest of the family. The easiest way you can get your son or daughter to eat a healthy diet is for your whole family to have a healthy diet
3. If your son or daughter develops healthy eating habits during their adolescent years, these habits are likely to continue for the rest of their lives.

What you should do:

1. Provide your son or daughter with good role models. Prepare healthy meals for yourself and all the family.
2. Talk to your son or daughter about healthy foods and healthy eating.

2. Physical activity

Regular physical activity has important physical, mental and social benefits both during adolescence and later in life. Physical activities include sports such as football and exercise such as jogging. They also include regular daily activities such as walking to school and work done at home (e.g. fetching water) or at work (e.g. painting a room).

Messages for adolescents

Around sixty minutes of physical activity on most, if not all days, can provide you with the following benefits:

Physical benefits

- It will help your bones and muscles grow and develop.
- It will help you remain (or become) fit and trim.

Mental benefits

- It can help to build your self confidence and self esteem.
- It can help you study and work better.
- It can help you calm down when you are anxious, sad or angry.

Social benefits

- Participating in sports can help you meet people and develop a sense of camaraderie.
- It can also help you learn how to play by the rules, how to cooperate with members of your team, and how to deal with both victory and defeat.

Too little activity can lead to overweight and associated health problems. Too much activity, not balanced with an adequate diet, can lead to poor growth and development.

Messages for parents

What you should know:

1. Many adolescents need to be encouraged to build in some regular physical activity in their daily lives.
2. Developing this habit in adolescence and maintaining it into adulthood will help them prevent health problems that inactivity contributes to such as high blood pressure and diabetes.

What you should do:

1. Encourage your son or daughter to have regular physical activity for around 60 minutes on most, if not all days. Encourage them to match their physical activity with an adequate diet.
2. Provide incentives and opportunities for your son or daughter to have regular physical activity.
3. Provide your son or daughter with a good role model, by having regular physical activity yourself.

3. Sexual activity

Sexual activity often begins during adolescence, within or outside marriage. Many adolescents become sexually active before they know how to protect themselves from unwanted pregnancies and sexually transmitted infections.

Adolescents need help to understand the changes that their bodies are going through. They also need support to deal with the thoughts and feelings that accompany their growing maturity and to make well-informed and well-considered decisions to begin sexual activity. They also need advice and support to resist pressure to have sex against their will. Adolescents need to be well aware of the problems they could face through too early and unprotected sexual intercourse, and about what they could do to avoid unwanted pregnancies and sexually transmitted infections. They also need to be able to obtain the health services they need to avoid health problems, and to get back to good health if and when they experience health problems.

Messages for adolescents

1. Many adolescents, including older adolescents, have not started having sexual intercourse (i.e. the insertion of the penis into the vagina, mouth or anus). The decision to start to have sexual intercourse is an important one. Wait till you feel ready to do so. Do not begin because other people want you to do so.
2. Even if you have already had sexual intercourse in the past, it is important that whenever you have sex you feel ready and comfortable about this.
3. Talk to your friends, parents or other trusted adults about how to make decisions about sexual activity, and about how to resist pressure from others to have sex.
4. As far as you can, avoid being with people or in places where you could be forced to have sex against your will.
5. Be aware that there are ways of having and giving sexual pleasure that carry no risk of becoming pregnant or getting a sexually transmitted infection. This includes kissing, caressing and touching/rubbing genitals. (Contrary to popular belief, handling your genitals does not lead to any negative effects).
6. If you decide to have sexual intercourse, always use a condom from start to finish.

7. If you have had sexual intercourse without a condom or other form of contraception, it is possible that you may be pregnant or have a sexually transmitted infection, including HIV. You should seek help from a health worker as soon as possible. Most sexually transmitted infections can be treated with simple medicines. In some cases, pregnancy and HIV can be prevented.
8. If you suspect that you may be pregnant, or have got a sexually transmitted infection, seek help from a health worker.

Messages for parents

What you should know:

1. While many adolescents wish that they could talk to their parents about their changing bodies and about sex, they feel uncomfortable to do so. So, they turn to other sources for information. Unfortunately, much of what they learn from these sources is misleading and incorrect.
2. Some people believe that talking with adolescents about sex will lead them to have sex. This is not true. In fact, adolescents who talk with their parents are more likely to postpone sex till they are ready, and to protect themselves and others when they do begin.

What you should do:

1. As your son or daughter grows and develops from childhood into adolescence, provide them with information on an ongoing manner about their changing bodies and about sex. Ask them if they have any questions or concerns. Show them that you are open to talk to them about this subject.
2. Explain that sexual feelings are normal, but that having sex should be a well-thought through decision.
3. Explain that abstaining from sex is the only completely sure way to prevent pregnancy and sexually transmitted infections.
4. Talk to your son or daughter about how to prevent pregnancy and sexually transmitted infections, even if you have stressed the importance of abstaining from sex till they are ready. Explain that while there are different options for contraception, only condoms, if used properly, can reduce the risk of both pregnancy and sexually transmitted infections.
5. Discuss the pressures that they could face to have sex before being ready for it. Discuss how they could resist such pressures.
6. Encourage them to seek help from a health worker for advice and support if and when they need to do so.

4. Emotional well being

Adolescence is a time of enormous changes in life—physical, psychological and social. These changes can be stressful. Experiencing anxious, sad and angry thoughts and feelings is often a normal part of adolescence. However, if thoughts or feelings persist for more than several days, and especially if they prevent someone from being able to carry out their normal daily activities, this may be an indication of a mental health problem.

Many adolescents suffer from mental health problems such as anxiety and depression. These problems cause pain and suffering. Some adolescents harm themselves as a result of these problems. Sadly, suicide is a leading cause of death among adolescents. However, as with other illnesses, health workers can help young people with mental health problems and prevent premature death from suicide.

Messages for adolescents

1. Adolescence is a time of enormous change in one's life. These changes can be stressful.
2. Spending time every day doing things that you enjoy, being with people whom you like and doing some physical activity can help to prevent and reduce stress.
3. Feeling anxious, sad or angry from time to time is normal. Talking to friends, your parents or other trusted adults can be helpful. They can give you comfort and support, and help you to think things through clearly.
4. Do not use tobacco, alcohol or other substances as a way of coping when you are under pressure, or are feeling anxious, sad or angry. Alcohol and other substances can make feelings of depression and anxiety worse. You may become addicted to these substances.
5. Do not act hastily or impulsively when you are under pressure or are feeling anxious, sad or angry. You may be tempted to pick a fight or ride a motorcycle fast as a way to deal with these feelings. This will put you and others at great risk of injury.
6. If you have sad, anxious or angry thoughts and feelings every day for several days and especially or if they affect you from doing your daily activities (for example, doing your school work), or if you have thoughts of harming yourself or others seek help from a health worker.

Messages for parents:

What you should know:

1. Adolescence is a time when young people acquire the skills they need to become independent adults. During this time many adolescents appear to reject their parents' guidance, and withdraw from the close attachment they had with them when they were younger. This can be difficult for parents to accept. However, all adolescents still need, and benefit greatly from, the support and guidance of parents. Feeling needed by and being valued by one's family can give a young person a positive sense of well being.
2. Adolescents need to develop the skills to cope with the stresses and strains of everyday life, as well as emotions such as sadness and anger in a healthy way. They also need to know that they can ask their parents for help when they find that they cannot cope by themselves.
3. With prompt diagnosis and effective treatment, adolescents with many mental health problems can get back to good health and to productive lives.

What you should do:

1. Make every effort to communicate with your son or daughter. Encourage them to share their hopes and expectations, fears and concerns with you. Show interest in their activities and viewpoints. Show that you care for them through your words and actions. Let them know that you will always be there to support them when needed. Encourage them to contribute to family and community activities.
2. Talk to your son or daughter about healthy ways of dealing with the stresses and strains of everyday life, such as doing activities that they find relaxing, being with people they like, and doing some physical activity.
3. Warn them of the dangers of using tobacco, alcohol or other substances as a means of dealing with negative thoughts and feelings. Also, warn them that when they are upset they could do things – such as picking a fight or driving dangerously – which could cause harm to themselves or others. Talk to them about the importance of asking for help when they feel that they cannot handle their problems by themselves.
4. Be watchful for changes in the mood or behaviour of your son or daughter. Common signs of stress or mental illness include: changes in sleeping patterns, changes in eating patterns, decreased school attendance or performance, difficulties in concentration, a persistent lack of energy, frequent crying or persistent feelings of helplessness, hopelessness, sadness and anxiety, persistent irritability, frequent complaints of headache or stomach ache and the excessive use of alcohol or other substances. If any of these changes are marked or last for several days, seek help from a health worker.
5. Seek help from a health worker immediately, if your son or daughter has thoughts of harming or killing himself/herself or others.

5. The use of tobacco, alcohol and other substances

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Adolescence is a time of curiosity and experimentation. It is a time when many young people experiment with tobacco, alcohol and other substances. They do this for different reasons – to act older, to fit in with friends, to express their independence, to rebel against adults, and to relieve stress.

The use of tobacco, alcohol and other substances can lead to negative health consequences both during adolescence, and into adulthood.

1. Tobacco use stains fingers, lips and teeth; tobacco causes bad breath and makes hairs and clothes smell. Smokers tend to be less fit and get short of breath more easily, so they can't keep up with their friends. Tobacco also causes problems later in life – notably cancer and heart disease.
2. Alcohol, even in small amounts, can impair judgement. Alcohol causes people to do things that they would not normally do, such as: driving dangerously, being verbally or physically violent, or having unprotected sexual activity. Many young people die from motor vehicles crashes, injuries or violence when consuming alcohol. The consumption of large quantities of alcohol in a short period of time can cause liver damage and stomach bleeding.
3. Using cannabis, heroin, amphetamines or cocaine can cause immediate and long term damage to the brain, liver, kidney and lungs. Injecting drugs greatly increases the likelihood of getting HIV.
4. Drugs like tobacco, heroine, amphetamines and cocaine can be highly addictive. Most people who are addicted to drugs start their drug use during their adolescence.

Messages for adolescents:

1. Do not be pressured into using tobacco, alcohol or other substances by people around you, or by images in the cinema, on television etc.
2. Talk to your friends or parents about drugs you may have seen or have been offered. You should discuss how you could avoid using these substances.
3. If you do use alcohol or other substances that can impair your judgement, avoid driving a car, motorcycle or bicycle while under the influence of these substances.
4. If you have started using alcohol or substances, seek help from your friends, your parents or and adult that you trust.
5. If you do use alcohol, or other substance that impair judgement, do so with a friend. Avoid using drugs when alone. You are more likely to overdose and die if you take drugs alone. You are more likely to be a victim of crime or violence when using drugs if you are not with friends.

Messages for parents

What you should know:

1. Increasing the awareness of your son or daughter of the dangers of substance use, and making them aware of the influence that peers and media can have, can help your son or daughter avoid substance use.
2. Early detection of substance use, followed by counselling by health workers has been shown to be effective in motivating adolescents to give up their use.

What should you do:

1. Talk to your son or daughter about the dangers of using tobacco, alcohol or other substances. Do this in early adolescence. Do not wait till their use has started.
2. Discuss with your son or daughter the influence that peers and media have on young people initiating substance use. Explain to them the importance of deciding what is best for themselves.
3. Make clear what your expectations regarding their behaviour are. Provide a good role model through your own behaviour.
4. Be watchful for signs of substance use by your son or daughter. If and when you notice them, discuss the matter, and together seek help from a health worker.

6. Unintended injuries

Injuries are a leading cause of death and disability among adolescents. Many adolescents die or are seriously hurt as a result of road traffic crashes (including as riders of bicycles and motorcycles, drivers of cars, as passengers and as pedestrians). Many adolescents also lose their lives through drowning and falls. Injuries can occur anywhere – in homes, places of study and work, on the roads and elsewhere in the community. But they can, and should be, prevented.

Messages for adolescents

There are several things that you could do to reduce the chance that you will be killed or hurt as a result of an injury:

Road traffic crashes:

1. When driving a car always use a seat belt. When riding a motorcycle or bicycle, always use a helmet. They may feel uncomfortable and may not look attractive to you, but they can save your life.
2. Learn and respect the traffic rules as a bicycle or motorcycle rider or a car driver.
3. Never drive or ride if you have been consuming alcohol or other substances that affect your thinking.
4. Never get into a car or on a motorcycle if the driver/rider has been consuming alcohol or other substances.
5. Never drive or ride when you are upset.
6. Pay attention to the traffic when you are walking on a footpath or a dirt track alongside a road.
7. Both as a driver/rider and as a pedestrian, be particularly attentive when it is dark, or if visibility could be hindered by rain or fog. If available, use bright clothing or reflective materials to alert drivers of your presence.

Drowning:

1. Learn to swim, if there are opportunities to do so.
2. Avoid getting into water above your waist if you do not know how to swim.
3. Even if you are an able swimmer, do not swim when you have consumed alcohol or other substances.

Messages for parents

What you should know:

1. You could help you son or daughter avoid injuries by discussing the risks of this with them, and by teaching them how to avoid injuries to themselves and to others.
2. Ensuring that they know how to respond if and when someone is injured could save lives
3. Working with family and community members to make your home and community – including places of study and work – safe, will reduce the likelihood of your son or daughter, as well as others, being injured.

What you should do:

1. Discuss with your son or daughter, the risks and consequences of injuries. Teach them what they could do to reduce the likelihood of injuries. Clarify your expectations of their behaviour, and demonstrate good behaviour through your own example.

Road traffic crashes:

1. Talk to your son or daughter about the importance of not driving/riding if they are under the influence of alcohol or other substances. Help them make a plan for what to do in case the driver of their car/rider of their motorcycle has consumed alcohol or other substances. Talk to them about the importance of paying attention to traffic as a driver or as a pedestrian, especially when poor light, rain or fog hinder visibility.

Drowning:

1. Encourage your son or daughter to learn to swim. Insist that they do not get into water above their waist if they do not know how to swim. Stress to them that they should never swim if they have consumed alcohol or other substances, even if they are able swimmers.
2. Talk to them also about whom to contact if someone is seriously injured.
3. Work with family and community members to make your home and community a safer place (e.g. by petitioning local authorities to install/repair street lights in your neighbourhood).

7. Violence and abuse

Violence and abuse are leading causes of death, disability and emotional trauma for adolescents. Violence and abuse can be physical, psychological or sexual. Adolescent girls, as well as boys, can be the victims of all types of violence and abuse, including sexual violence and sexual abuse. Violence can occur in the home of the adolescent as well as in the community. Violence can be perpetrated by parents, family members, as well as other adults and adolescents who may be known or unknown to the adolescent. In many cases, the perpetrators make the victims feel that they have no option but to accept violence. In addition to the physical effects, violence can have psychological and emotional effects that can be severe and long-lasting. But violence can be prevented and when it occurs it needs to be responded to.

Messages for adolescents

1. Talk to your parents or other responsible adults about what you could do to avoid experiencing violence.
2. As far as possible, avoid being in places where you may experience violence or with come into contact with violent people.
3. If you find yourself in a situation where you feel threatened, walk away as quickly as you can.
4. Disagreements and disputes can occur from time to time. If they do occur, try to stay calm and deal with them in a non-violent manner. Do your best to avoid provoking violence or responding to provocation with violence. Threatening people with guns, carrying knives and other weapons and using them could have disastrous consequences for you and others.
5. If someone is trying to force you to have sex, make it clear through your words and actions that you absolutely do not want it. Leave the place as quickly as you can and call for help if necessary.
6. If you have been physically or sexually assaulted or coerced into doing something you do not want to do, bring this to the attention of your friends, parents or other responsible adults. They could give you the care and support you need, help prevent this from happening again, and help bring the perpetrators to justice.

Messages for parents

What you should know:

1. Discussing the issue of violence with your son or daughter can help them to protect themselves from violence. It may make them more likely to seek help if they have been the victim of violence.
2. Working with other parents and others to fight violence in your community could make a difference to the lives of your son or daughter and also to the many other children and adolescents.

What you should do:

1. Talk with your son or daughter about violence. Be a good role model and don't use violence in dealing with issues with your son or daughter
2. Inform them of the need to deal with disagreements and disputes (if and when they occur) in a peaceful manner,
3. Inform them of the dangers of carrying, or using weapons and threatening people with weapons.
4. Inform them of the importance of avoiding places where violence is likely to occur or people who may be violent.
5. Discuss with them the option of walking away if they find themselves in a threatening situation.
6. Discuss with them how to clearly refuse unwanted sexual advances through words and actions
7. Discuss with them who they would call for help if it was needed.
8. Work with members of your community to create awareness of the dangers of violence, to prevent it from occurring and to bring perpetrators to justice.

For further information and publications please contact:

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