

Orientation Programme on Adolescent Health for Health-care Providers

Facilitator Guidelines for

Module G

**Sexually transmitted
infections in
adolescents**

Sessions and activities	Page	Time	Materials and resources
<p>Session 1 MODULE INTRODUCTION</p> <p>ACTIVITY 1-1 Module objectives ACTIVITY 1-2 Spot checks</p>	G-7	10 min	Handout for module G Slides G1-1, G1-2
<p>Session 2 THE SCOPE OF STIs IN ADOLESCENTS</p> <p>ACTIVITY 2-1 Mini lecture ACTIVITY 2-2 Plenary discussion</p>	G-9	15 min	Flipchart G1 Slides G2-1, G2-2, G2-3
<p>Session 3 FACTORS CONTRIBUTING TO STIs IN ADOLESCENTS</p> <p>ACTIVITY 3-1 Mini lecture ACTIVITY 3-2 Plenary discussion</p>	G-11	20 min	Flipchart G2 Slides G3-1, G3-2, G3-3
<p>Session 4 THE CONSEQUENCES OF STIs IN ADOLESCENTS</p> <p>ACTIVITY 4-1 Mini lecture</p>	G-13	15 min	Slide G4-1
<p>Session 5 FACTORS HINDERING PROMPT AND CORRECT DIAGNOSIS OF STIs IN ADOLESCENTS</p> <p>ACTIVITY 5-1 Group work ACTIVITY 5-2 Plenary feedback and discussion</p>	G-14	30 min	Flipcharts G3, G4 Slides G5-1, G5-2

Sessions and activities	Page	Time	Materials and resources
Session 6 MANAGEMENT OF STIs IN ADOLESCENTS ACTIVITY 6-1 Mini lecture ACTIVITY 6-2 Group work ACTIVITY 6-3 Plenary discussion	G-16	55 min	Slides G6-1, G6-2, G6-3, G6-4
Session 7 PREVENTION OF STIs IN ADOLESCENTS ACTIVITY 7-1 Mini lecture ACTIVITY 7-2 Role play	G-19	25 min	Slide G7-1
Session 8 MODULE REVIEW ACTIVITY 8-1 Review of spot checks ACTIVITY 8-2 Orientation Programme Personal Diary (OPPD) ACTIVITY 8-3 Review of objectives ACTIVITY 8-4 Reminders and closure	G-21	10 min	Flipchart G5 Slides G1-1, G1-2
180 min			

Module checklist

The module checklist contains important information including reminders, tips, materials and equipment you need to run this module. We recommend that you review the following checklists in advance.

- Module advance preparation
- Materials and audio-visual equipment.

MODULE ADVANCE PREPARATION

- Make sure you have copies of the handout(HO) for distribution to all the participants;
- Collect local data on prevalence of sexually transmitted infections, and summarize them for use during the module;
- You may want to consider adapting scenarios and role plays to the local culture, as needed
- Ensure that the flipcharts are ready for the group-work tasks;
- Ensure that the facilitators are clear about their respective roles during their designated session(s).

MATERIALS AND AUDIO-VISUAL EQUIPMENT

• Materials:

STANDARD

- Handout
- Slides
- Flipcharts
- VIPP cards
- Spot checks
- Mood Meter
- Matters Arising Board
- Orientation Programme Personal Diary (OPPD).

MODULE-SPECIFIC

- Local data on the prevalence of STIs
- Country-specific adaptation of scenarios and role plays.

• Equipment:

- Video/slide projector or overhead projector
- Flipcharts with blank sheets
- Masking tape, pins or glue
- Name tags
- Coloured markers
- Notepads
- Markers
- Pens.

Module overview

This optional module in the OP complements the core modules.

We recommend that you review this section of the *Facilitator Guide* before conducting the module on STIs in adolescents. We also recommend that you also review Part I of the overall *Facilitator Guide*. It is important that you feel comfortable in using the teaching and learning methodology described in the guide, so that participants derive maximum benefit from the OP.

Session 1

Module introduction



ACTIVITY 1-1

MODULE OBJECTIVES

Welcome the participants to the module.

Explain that the aim of this session is to provide an overview of the module, including the objectives.

Explain that this module is one of four optional modules on adolescent sexual and reproductive health. The others are: module H. *Care of adolescent pregnancy and childbirth*, module I. *Unsafe abortion in adolescents*, module J. *Pregnancy prevention in adolescents*. In addition there is a separate module N. *HIV/AIDS in adolescents*¹.

Mention that this module contains 8 sessions, which will explore different aspects of sexually transmitted infections (STI) in adolescents.

Display the module objectives (Slides G1-1 and G1-2), and then read out, in turn.

<p style="text-align: center;">Module objectives</p> <ul style="list-style-type: none"> ■ Describe global estimates of STIs in adolescents ■ List and explain the factors contributing to STIs in adolescents ■ Name the consequences of STIs in adolescents <p style="writing-mode: vertical-rl; transform: rotate(180deg);">SLIDE G1-1</p>	<p style="text-align: center;">Module objectives</p> <ul style="list-style-type: none"> ■ List the factors preventing adolescents with STIs from seeking help ■ Identify the key aspects of good diagnosis and management practice of STIs in adolescents ■ Identify the role of health-care providers in STI prevention <p style="writing-mode: vertical-rl; transform: rotate(180deg);">SLIDE G1-2</p>
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ACTIVITY 1-2

SPOT CHECKS

Point the participants to the spot checks (Annex 1).

Explain that the purpose of the spot checks is to help participants assess gains of knowledge as a result of their participation in this module. Inform them that the spot checks will not be collected, graded or checked by any of the facilitators.

Explain the instructions recorded on each spot check to the participants and make sure that they understand how to complete them.

Ask them to complete the spot checks to the best of their knowledge and to keep them handy for use during this module. Give them five minutes to do this task.

¹ Under development.

Inform them that during the last session of the module, you will respond to any questions or comments that they may have.

TIP FOR YOU

Remind the participants to use the *Matters Arising Board* during the module to record any issues they would like to follow up, and point them to the location of the *Matters Arising Board*. The *Matters Arising Board* should be displayed where it is easily seen and accessed by all participants.

Session 2

The scope of STIs in adolescents



Aim of the session

- To present the scope of sexually transmitted infections (STIs) among adolescents globally and locally.

ACTIVITY 2-1

MINI LECTURE

Explain that you begin the mini lecture by looking at the scope of the problem of STIs in adolescents worldwide.

Show Slide G2-1. Do not read it out aloud; instead go over the talking points presented below.

TIP FOR YOU

Encourage questions and comments. Do not feel obliged to respond to all of them yourself. Invite other participants to respond. This will help the participants to relax and feel comfortable about sharing any information they have and, more importantly, about voicing their thoughts and feelings.

Talking points

STIs present a major threat to the health of sexually active adolescents.

The estimates provided in Slide G2-1 highlight the scope of the problem.

The figures represent global estimates and there is certainly much variation both between and within countries.

Age- and sex- specific data on STIs among adolescents in developing countries are very limited, especially for adolescent males.

STIs facilitate HIV transmission between sexual partners, especially those that cause genital ulcers.

Global data on STIs in adolescents and young people

- Every year more than one out of 20 adolescents contract a curable STI, not including viral infections
- Young people are getting infected with STIs at a younger age
- Of the estimated 333 million new STIs that occur in the world every year, at least one third occur in young people under 25 years
- More than half of new HIV infections globally (over 6,500 each day) are among young people aged 10-24 years

SLIDE G2-1

ACTIVITY 2-2

PLENARY DISCUSSION

Pin up Flipchart G1, read out the question posed and ask the participants to respond to it.

TIP FOR YOU

You may want to keep Flipchart G1 up during this discussion. Please use an additional flipchart to record the participants' responses.

FLIPCHART G1

What do local data show on STIs among adolescents in your country?

Ask the participants to share any information they may have on the prevalence of STIs in adolescents locally. One or more of them may have some data to present.

Write down the key points they make on a flipchart as they speak.

Invite questions and comments. It is likely that a general consensus will emerge through the discussion;

if it does not, acknowledge the different points of view that have been stated.

Share local data on STIs among adolescents (if available) using the slides or handouts prepared in advance.

Ask the participants to pull out Spot check 1 and share the estimates they come up with.

Then ask them to compare the global estimates you have presented, with what they have put down in response to Spot check 1. Are their estimates higher, lower, or about the same? If there are differences, ask them to consider what could be the reasons for these differences. For example, are any of them working with groups who are at higher risk of infection (such as sex workers and their clients)? Record their answers on a blank flipchart.

TIP FOR YOU

As you give examples of higher-risk populations, it is important that you clarify that in addition to adolescents, other age groups contribute to these populations (e.g. men and both young and older women).

To conclude this session, point out that the current global data on STIs among adolescents are underestimates and that the problem is on the rise.

Thank the participants for their contribution and refer them to the relevant section of the handout for more information.

Session 3

Factors contributing to STIs in adolescents



Aim of the session

- To identify the factors which contribute to sexually transmitted infections among adolescents.

ACTIVITY 3-1

MINI LECTURE

Start your mini lecture by explaining that the factors contributing to STIs in adolescents are broadly similar to those contributing to “*too early*” and “*unwanted*” pregnancies in adolescent girls, which were discussed in Session 3 of module C. *Adolescent sexual and reproductive health*.

Show Slides G3-1 and G3-2 but do not read them out. Instead, as the participants are reading the information, go over the talking points given below.

Factors affecting adolescents' exposure to STIs

- Experimentation is a normal part of adolescent development but it exposes them to risk
- Adolescent boys often feel they have to prove themselves sexually
- Adolescents' sexual relations are often unplanned, sporadic and, sometimes, the result of coercion or force

SLIDE G3-1

Adolescents' sexual relations typically occur before they have:

- Adequate information about STIs and how to avoid contracting these infections
- Experience and skills to protect themselves
- Access to services and supplies (such as condoms)

SLIDE G3-2

Talking points

The age of marriage and of initiation into sexual activity varies considerably across the world. In some countries marriage often occurs during adolescence. In this context, sexual relations are more likely to be with a regular partner, thereby decreasing the risk of exposure to STIs – although they could be infected by their regular partner. On the other hand, adolescents who engage in premarital sexual activities or have several partners are at greater risk of exposure to STIs than those who are in stable relationships.

Module C. *Adolescent sexual and reproductive health* shows that many young people do not voluntarily enter into sexual relations. The risk of contracting STIs tends to be higher in coercive sexual relations.

SLIDE G3-3

Why are adolescent girls especially vulnerable?

Young girls are more vulnerable than young men and adults because of biological factors, as well as social, cultural and economic factors

Show Slide G3-3 and explain that adolescent girls are thought to be more susceptible to STIs than older women and are more vulnerable to infection than boys for the reasons given in the slide.

Talking points

Biological factors include:

- Inadequate mucosal defence mechanisms and the immature lining of the cervix provide a poor barrier against infection;
- The thin lining and relatively low acidity in the vagina render it more susceptible to infection.

Social factors. There is growing recognition that adolescent girls are more vulnerable than men (young and older) and adult women for both social and economic reasons. For instance, they may be coerced into having sex by adults who interact with them such as relatives, family friends or others.

ACTIVITY 3-2

PLENARY DISCUSSION

FLIPCHART G2

Are adolescents in your area/ country more vulnerable than adults to STIs?

Switch off the projector and present the question which is on Flipchart G2 to the participants.

Invite the participants to state and explain their viewpoints, and ask them to illustrate their views with examples.

Ask for a volunteer to write the key points on a flipchart.

TIP FOR YOU

Keep an eye on the time (20 minutes have been allocated for this session). If it seems to you that the participants have covered the main issues, end the session by reviewing the key points made. If the discussion is proceeding animatedly and the allocated time is running out, you can gently end the discussion and point out that there will be opportunities to discuss this matter later in the module.

Session 4

The consequences of STIs in adolescents



Aim of the session

- To present the consequences of STIs among adolescents.

ACTIVITY 4-1

MINI LECTURE

Show Slide G4-1 and go over the talking points given below.

Talking points

Studies suggest that some STIs are likely to have more severe consequences in adolescents than in adults.

- Chlamydia infection during adolescence is more likely to result in PID and its complications (such as infertility);
- Exposure to infection (such as Chlamydia and human papilloma virus) during adolescence is more likely to result in cancer of the cervix.

In addition to these effects, the stigma and embarrassment associated with STIs can have long-lasting effects and impair psychological development and attitudes towards sexuality later in life. Invite comments and questions from the participants before moving to the next session.

Consequences of STIs for adolescents

- Pelvic inflammatory disease (PID)
- Infertility
- Cancer of the cervix
- Stigma and embarrassment

SLIDE G4-1



Session 5

Factors hindering prompt and correct diagnosis of STIs in adolescents

Aim of the session

- To discuss challenges that health service providers face in providing adolescents with prompt and effective treatment.

TIP FOR YOU

If there are adolescent participants, this session provides them with an opportunity to describe what individuals (like themselves) do when they have or suspect that they have an STI. It will also provide an opportunity to the health-care providers who are present to express “their side of the story” (in terms of the challenges they face in providing STI management services to adolescents).

ACTIVITY 5-1

GROUP WORK

FLIPCHART G3

What adolescents do when they know that they have (or suspect that they have) an STI?

Divide the participants into two groups – if possible – with the adolescent participants in one and the adults in another.

Pun up Flipcharts G3 and G4.

Read the question on each flipchart in turn and ask the “adolescent” group to respond to the question on Flipchart G3 and the “adult” group to respond to question on Flipchart G4.

FLIPCHART G4

In your opinion, what do adolescents do when they know that they have (or suspect that they have) an STI?

Tell the groups that they will have 15 minutes to complete their task. Also, tell them to be prepared to make a brief (3 minutes) presentation to share their impressions.

ACTIVITY 5-2

PLENARY FEEDBACK AND DISCUSSION

Ask each group in turn to share their conclusions in plenary.

Explain that after each presentation, there will be an opportunity for discussion.

Encourage the participants to share their comments and raise questions. Do not feel obliged to respond to every question. Instead, encourage the participants to respond to the questions raised by other participants.

As the feedback and the discussion session proceeds, have someone record the main points on a flipchart.

TIP FOR YOU

The different points of view brought out in the feedback could result in good humour and some laughter. Occasionally some resentment and anger may arise (even if it is not expressed). Make sure that the discussion does not cause any embarrassment to the adolescent participants.

Wrap up the session by highlighting the main points of the discussion.

Highlight the points that were not covered during the session (Slides G5-1 and G5-2).

Draw the participants' attention to Section 6 titled "What are the main factors that could hinder a prompt and correct diagnosis of STIs in adolescents?" in handout G.

Talking points

The signs and symptoms of STIs may be mild or non-existent (especially in relation to vaginal/cervical infection).

Adolescents may not be aware that they have an STI because they may not know how to distinguish between normal and abnormal conditions, and hence may not seek help.

They may not know about existing services.

Even if they do, they are often reluctant to seek help for diagnosis and treatment due to:

- Embarrassment
- Cost
- Concerns about lack of confidentiality
- Fear of negative reactions from health-care workers.

Because of these reservations, adolescents sometimes seek help from their friends, or buy remedies from street vendors.

Talking points

Health-care providers may miss STIs of asymptomatic or mildly symptomatic nature when they use the syndromic approach for diagnosis and management.

Health-care providers lack adequate clinical skills (including communication and history-taking skills with adolescents) for making a diagnosis of STI.

Give the participants a few minutes to raise any questions they may have before you proceed to the next session.

Factors hindering adolescents from seeking help

- STIs may be asymptomatic, especially in young women
- Adolescents may not be aware that they have an STI
- Adolescents often lack information about existing services
- Adolescents may be reluctant to seek help

SLIDE G5-1

Factors affecting prompt diagnosis of STIs

- Asymptomatic and mildly symptomatic STIs are missed
- Health-care providers lack adequate clinical skills to diagnose symptomatic STIs

SLIDE G5-2



Session 6

Management of STIs in adolescents

Aim of the session

- To discuss special issues that health-care providers need to be aware of regarding the management of STIs in adolescents.

ACTIVITY 6-1

MINI LECTURE

Show Slides G6-1 to G6-4. Do not read them out. Instead, as the participants are taking in the information, go over the talking points.

SLIDE G6-1

Benefits of the syndromic approach to the management of STI

- Standardised clinical management
- Based on signs and symptoms
- Laboratory diagnosis not required

Talking points

WHO recommends the use of the syndromic approach to the management of STI where resource constraints may hinder the provision of etiological care of good quality.

Using this approach, diagnosis can be made on the basis of signs and symptoms, even by basic health-care workers.

Costs relating to, and the inherent delays associated with, laboratory testing are also avoided in using this approach.

SLIDE G6-2

Flow charts are available for the following syndromes

- Vaginal discharge (in women)
- Urethral discharge (in men)
- Genital ulcer disease (in men and women)
- Swollen scrotum (in men)
- Lower abdominal pain (in women)
- Inguinal bubo (in men)
- Eye discharge (in babies)

Talking points

Flow charts are available for the seven syndromes listed in this slide.

They enable health-care workers to make their diagnosis based on easily recognisable signs and symptoms, and a risk assessment.

Important factors to consider when managing adolescents with STI

- Being aware of care-seeking practices
- Establishing rapport
- Eliciting information about the nature of the problem
- Carrying out a physical examination
- Arriving at a diagnosis

SLIDE G6-3

Important factors to consider when managing adolescents with STI

- Communicating the diagnosis and its implications, discussing treatment options, and providing treatment
- Responding to psychological needs and helping the individual deal with any social implications of the problem
- Preventing a recurrence
- Notifying partners

SLIDE G6-4

Talking points

Handout G systematically examines the matters which health-care providers should be aware of and pay attention to, when managing adolescents with STI.

When dealing with adolescents, the words and actions of health-care providers should be guided by respect for them, acknowledgement of their need for – and right to – health information and services, and concern for their well-being.

In some countries, adolescents have the right to ask for and receive the health services they need. In others, laws and policies prohibit the provision of some services (e.g. in many places, laws and/or policies prevent the provision of contraceptives to individuals below a certain age, or to those who are unmarried).

Health-care providers may find themselves in the difficult situation of trying to find a balance between the rights of parents (or guardians) to be told about the health problems of their issues (especially when they are still minors), and the rights of their adolescent patients to privacy and confidentiality. This is particularly so when laws and policies specify that the consent of parents (or guardians) is mandatory for the provision of certain health services to minors. It is important that health-care providers deal with such situations in a responsible manner, doing everything in their power to safeguard the health and well-being of their adolescent patients.

Switch off the projector/computer. Invite comments and questions, and respond to them, or better still encourage other participants to do so. After a few minutes, lead into the next part of the session.

ACTIVITY 6-2

GROUP WORK

Explain to the participants that they will work in four groups and that each group will address a different case scenario (Annex 2).

Divide the participants into four groups. If there are adolescent participants in the workshop, ensure that at least one adolescent is represented in each group.

Give each of the four groups a scenario, and ask them to respond to the question posed, which requires them to specify exactly what they would do if they found themselves in the given situation, and to explain why they have chosen that course of action.

Ask the groups to work separately for 15 minutes to complete this task. Tell them to prepare a brief (3 minutes) presentation, to share their impressions.

ACTIVITY 6-3

PLENARY DISCUSSION

Ask each group in turn to share their conclusions in plenary and to respond to any comments or questions that others pose. As the feedback and the question-answer session proceeds, have someone record the key points on a flipchart.

Invite comments and questions. Respond to questions yourself and encourage other participants to share their comments.

While leading the discussion please keep in mind the following points:

Scenario 1 This scenario highlights the importance of establishing a rapport with the patient, and eliciting information on the nature of the problem facing him/her. It also deals with the difficult issue of finding a balance between the rights of parents to know about the problems of their issues, and the rights of the adolescent patient to privacy and confidentiality.

Scenario 2 This scenario clearly highlights the challenge of helping colleagues to see the advantages of a courteous and respectful approach in interacting with their clients/patients, even when one does not endorse their life-styles or actions.

Scenario 3 This scenario highlights the challenge of communicating the diagnosis and its implications, discussing treatment options, and providing treatment. Beyond that, it highlights the importance of helping the patient deal with the social implications of the condition.

Scenario 4 This scenario touches on the extremely difficult problem of child and adolescent abuse (including sexual abuse). It also presents the challenge of finding ways and means of dealing with it effectively – in collaboration with other agencies, such as law enforcement agencies, government bodies, and nongovernmental organizations which provide social services.

Finally, wrap up the session, highlighting the key points raised in the discussion, and refer the participants back to the handout.

Session 7

Prevention of STIs in adolescents



Aim of the session

- To highlight the important contributions of health-care providers in preventing STIs among adolescents.

ACTIVITY 7-1

MINI LECTURE

Explain that this session will focus on the special contributions that health-care providers can make when working with adolescents.

Point out that planning, implementation, monitoring and evaluation of prevention strategies of STIs among adolescents, at the national and local levels, are extremely important. However, it is beyond the scope of this session.

Show Slide G7-1

Talking points

The objective of promoting safer sex is to assist the adolescent patient to avoid STIs. This will include providing them with the information they need on how they could protect themselves (including abstinence, having sex only with a mutually faithful partner, and using condoms); the skills they need (e.g. how to refuse unwanted sex or how to negotiate safer sex), and the supplies they need (e.g. condoms).

Strategies for preventing re-infection with STIs

- Promoting safer sex
- Promoting partner notification

SLIDE G7-1

Partner notification is the process of contacting the sexual partner of an individual who is infected with an STI, and advising them that they have been exposed to infection. It can be done by the patient, the health-care provider or both. Partner notification is not always possible because the patient may not be able – or willing – to identify the partner(s).

ACTIVITY 7-2

ROLE PLAY

Invite two participants to volunteer to act in the first role play (Role play 1 in Annex 3).

Conduct the role play and then facilitate a debriefing session, as outlined in the Part 1 of this *Facilitator Guide*.

Repeat the process with the second role play (Role play 2 in Annex 3). Ensure that you allocate enough time for each.

Wrap up the discussion by highlighting key points made in relation to each of the role plays:

Role play 1 Adolescent male who comes for treatment of an STI has obviously had unsafe sex with an infected person. He needs help to avoid these infections in the future. In this role play the health-care provider has an opportunity to provide the patient with information (that builds on his knowledge and experience and is relevant to his stage of development and circumstances) and skills (to enable him to cope with the realities of his everyday life). In addition, the health-care worker has the opportunity to provide the young man with condoms. If he/she cannot provide these, he/she should at least direct him to a place (individual or organization) which can.

Role play 2 A young woman, like the young man in the previous role play, needs to be given information that is tailored to her special needs. She must also have the skills to put this information to use. In addition, if she is sexually active, she will require condoms and contraceptives to avoid sexually transmitted infections and an unwanted pregnancy. The additional challenge facing the doctor in this role play is that of introducing the sensitive subject of sexuality into the discussion.

Session 8

Module review



Aims of the session

- To review and discuss the answers to the spot checks completed during the first session
- To review the module's objectives and provide a summary of the key points
- To remind the participants to revisit the *Matters Arising Board* and to complete the *Mood Meter*.

ACTIVITY 8-1

REVIEW OF SPOT CHECKS

Ask the participants to pull out the spot checks completed earlier in the module.

Discuss the participants' answers to the spot checks one at a time.

ACTIVITY 8-2

ORIENTATION PROGRAMME PERSONAL DIARY (OPPD)

Ask the participants to bring out their Orientation Programme Personal Diaries (OPPD), which can be a notebook designated as the OPPD. Put up Flipchart G5 and ask the participants to write down three key lessons they learned from this module and three things which they plan to do in their work for/with adolescents to put in practice what they have gained as a result of participation in this module. Explain to the participants that it is important to update their OP diaries daily because they will use the information entered during the *Concluding* module.

- *List three important lessons that you learned through participation in this module*
- *List three things that you plan to do in your work for/with adolescents*

FLIPCHART G5

ACTIVITY 8-3

REVIEW OF OBJECTIVES

Module objectives

- Describe global estimates of STIs in adolescents
- List and explain the factors contributing to STIs in adolescents
- Name the consequences of STIs in adolescents

SLIDE G1-1

Module objectives

- List the factors preventing adolescents with STIs from seeking help
- Identify the key aspects of good diagnosis and management practice of STIs in adolescents
- Identify the role of health-care providers in STI prevention

SLIDE G1-2

Display the module objectives once again (Slides G1-1 and G1-2), ask the participants for any final questions or comments and address them.

ACTIVITY 8-4

REMINDERS AND CLOSURE

Invite comments about the sessions and remind the participants to complete the *Mood Meter*.

Remind the participants to look at the *Matters Arising Board*.

Remind the participants that the handout provides further information on issues covered in the module, and that it lists additional resources of interest.

End the session by reiterating the following key messages:

- STIs among adolescents are an important public health problem requiring good clinical management;
- Adolescents run special risks of exposure to STIs; it must be stressed that adolescent girls are especially vulnerable;
- The consequences of infection and disease contracted during adolescence are more severe than those in adults;
- Diagnosis of STIs can be more problematic during adolescence;
- Effective treatment of STIs in adolescents faces a number of constraints;
- Given the above, health-care providers are encouraged to make every effort to handle their adolescent patients more effectively and with greater sensitivity, as outlined in this handout.

Thank the participants for their hard work and participation in this module.

Orientation Programme on Adolescent Health for Health-care Providers

Annex 1

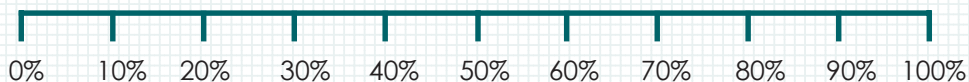
Spot checks

Session 1: ACTIVITY 1-2

SPOT CHECK 1

What percentage of all new STI infections in the world each year are among young people under age 25?

please mark your estimate with a spot anywhere along the line



SPOT CHECK 2

What should health-care providers do with regard to STI prevention among adolescents?

please tick three of the most important reasons

Stress to all adolescents that they should abstain from sex until marriage

Stress faithfulness to sexually active adolescents

Give condoms and information on how to use them to those who have more than one partner

Make STI services adolescent-friendly

Ensure that all adolescent patients know about STIs and all the ways of avoiding them

Make condoms and information on how to use them available to all adolescents

SPOT CHECK 3

Are boys more vulnerable to STIs than girls, in your country?

please mark your answer with a spot anywhere along the line

boys are much more vulnerable

about the same for boys and girls

girls are much more vulnerable

SPOT CHECK 4

Why are adolescent girls more susceptible to STIs than adult women?

please fill in the blank spaces

Frequently forced into unprotected sex

SPOT CHECK 5

Factors that hinder adolescents from seeking prompt STIs treatment

please tick three of the most important factors

STIs are often asymptomatic

The do not have information about existing services

The do not have money to pay for services

Concerns about confidentiality

Fear of stigma and embarrassment

Afraid of being scolded by health-care workers

Orientation Programme on Adolescent Health for Health-care Providers

Annex 2

Scenarios

Session 6: ACTIVITY 6-2

SCENARIO 1

A 16-year old boy is brought to a clinic by his mother. She says that he told her that he had been injured in his groin, playing football with his friends. When taking the history, the doctor notices that the boy is silent, and does not interrupt his mother, or add to anything that she says. The doctor listens to her for a while, and then leads the boy to the examination room. After shutting the door and settling the boy on the table for examination, the doctor asks him to say what the problem is, in his own words. The boy is silent. After a few minutes, the doctor gently probes once again. He replies in a low voice and asks the doctor to promise not to repeat anything he says to his mother...

Question to pose: How would you deal with this situation?

SCENARIO 2

A 16-year old young woman has come to the clinic in the district hospital of a semi-urban area because she has a vaginal discharge and some painful sores around the vagina. She is received by the duty nurse who has briefly examined the young girl and asked her a few questions. She then calls in a junior female doctor who has recently joined the hospital. The doctor is appalled by the nurse's brusque manner and harsh words to the young woman. As the nurse moves around the examination room, slamming drawers and banging metal trays, she mutters quite audibly: "Shameless woman, stealing husbands, deserves her punishment...". The patient remains silent and starts weeping silently. The doctor takes her aside, completes the examination, gives her the appropriate medication, and asks her to come back for review in a week. She is gentle and courteous with the young woman which appears to inflame the nurse further.

Question to pose: If you were the junior doctor, how would you deal with this situation?

SCENARIO 3

A 19-year old man presents at a rural health centre with a urethral discharge. He tells the duty doctor that he has been suffering from this, on and off, for a year. He knows that this is an STI, but does not seem very concerned about it. He says that he has had similar episodes in the past after visits to prostitutes in the nearby town. He is rather open about this and says that all his friends do the same. On enquiry, the doctor learns that the young man is married and has a wife who is 16 years old. The doctor explains that it would be important for both partners to be treated. The young man shakes his head, saying that it would be out of the question....

Question to pose: If you were the doctor, how would you deal with this situation?

SCENARIO 4

An 11-year old girl is brought to a peri-urban clinic by her mother because she has noticed that her daughter has genital sores. No meaningful history could be obtained from the mother or from the child on how and when the sores started. The girl was examined behind a screen while her mother sat in the same room. Examination revealed that the child had florid vulval condylomata strongly suggestive of syphilis. The nurse in charge, a mature and experienced woman, took the child into another room and probed the matter gently. After several minutes of gentle but persistent probing, the girl told the nurse that her uncle had been "playing" with her, and had warned her that if she told anyone he would kill her.

Question to pose: If you were faced with such a situation in this setting, how would you deal with it?

Orientation Programme on Adolescent Health for Health-care Providers

Annex 3

Role plays

Session 7: ACTIVITY 7-2

ROLE PLAY 1

You are a doctor working in a busy municipal clinic, in an urban area. You have had a demanding morning, running the outpatient clinic. The 18-year old young man, who is seated in front of you, is your 40th "new patient", today. You have diagnosed him with gonorrhoea, and handed him a prescription to take to the pharmacy in the clinic. He thanks you and rises to leave. You realise that you have not discussed STIs prevention with him, and tell him to sit down...

Roles: Doctor and 18-year old male patient.

ROLE PLAY 2

You are a woman in your mid-40s. You are a doctor and run a private practice in a middle-class locality in a big city. Your practice is well-established, and you are well-known by the local residents. In fact, you are the "family doctor" for many families in the area. The young woman seated in front of you is someone whom you have known for over 10 years. She is now 17 years old, a college student, and is stylishly dressed. She is still single. She has come to ask you for help with her pimples. You have dealt with that, and as she is about to leave, you realize that you have not kept a promise that you made some time ago to her mother, about talking to her about the risks and consequences of "unsafe sexual activity". You decide to try to do so now...

Roles: Doctor and 17-year old female patient.

