Orientation Programme on Adolescent Health for Health-care Providers

Handout for

Module G

Sexually transmitted infections in adolescents

This handout presents background information to complement the material in module G entitled *Sexually transmitted infections in adolescents*. The facilitator may refer to the text in this handout during the sessions and you may be asked to read some extracts.

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1. What are sexually transmitted infections (STIs)?

Sexually transmitted infections (STIs) refer to infections transmitted from one person to another primarily by sexual contact. Some STIs can be transmitted by exposure to contaminated blood, and from a mother to her unborn child.

STIs are among the most common illnesses in the world, and have far-reaching health, social and economic consequences for millions of men, women and infants.

In addition to their sheer magnitude, the incidence and prevalence of STIs among adolescents is increasing in both developed and developing countries. This is a major public health problem for two reasons:

- STIs result in serious negative medical and psycho-social effects in the infected individual. In case of infected females, there is the added risk of infection and illness in the unborn child.
- STIs, especially those with genital ulcers, facilitate the transmission of HIV between sexual partners. The prevention and treatment of STIs therefore needs to be a key component of a strategy to prevent the transmission of HIV.

The four most prevalent STIs are chlamydial infection, gonorrhoea, syphilis and trichomoniasis. These STIs can be prevented and cured provided that adequate antibiotics are available and standardized treatment protocols are employed.

2. Global estimates of STIs in adolescents

BOX 1

Global data on STIs in adolescents and young people

- Every year more than one out of 20 adolescents contracts a curable STI, not including viral infections.
- The age at which STIs are acquired is becoming younger.
- Of the estimated 333 million new STIs that occur in the world every year, at least one third occur in young people under the age of 25.
- Globally, more than half of all new HIV infections (over 6,500 each day) are among young people aged 10-24 years.

Source: Reference (1,2,3).

The available epidemiological data indicate that sexually transmitted infections are a major health risk to all sexually active adolescents (Box 1).

Epidemiological data show that there are notable differences in the incidence and prevalence of STIs between different groups within a population. These differences reflect a number of social, cultural and economic factors. STIs tend to be higher in urban residents, among unmarried individuals and in young adults, and they tend to occur at a younger age in females than males.

The differences in the epidemiology of STIs in adolescents compared to adults have not always been apparent. This is due to the common practice of reporting data on adolescents (aged 10-19 years) in the same category as "youth" (15-24 years) or together with "women of reproductive age" (15-49 years) (*4*).

The high prevalence of STIs in young people presents a real challenge to health-care providers, many of whom feel uncomfortable dealing with adolescent sexual health needs. As the size of the problem becomes more evident, health professionals are being called upon to provide an effective and confidential clinical service for them (*5*).

There is a dearth of representative age- and sex- specific STI data from developing countries, especially for adolescent males. This largely reflects the recognition that the burden of morbidity associated with STIs is far higher for women than for men (*6*) and that men are more likely to seek treatment for STIs.

3. What are the factors contributing to STIs in adolescents?

In today's world, adolescents face heightened risks of exposure to STIs. In many societies, sexual activity begins during adolescence, either within the context of marriage or – increasingly – before marriage occurs.

Sexual relations during adolescence are often unplanned and sporadic, and sometimes the result of pressure, coercion or force (*7*). Adolescents start sexual activity typically before they have:

- Experience and skills in self-protection
- Adequate information about STIs and how to avoid contracting these infections
- Access to preventive services and protective supplies (such as condoms).

Adolescent girls are thought to be more susceptible to STIs than adult women because of both biological and social reasons:

- Protective, hormonally-driven mechanisms have not yet had time to develop fully (*8*). The inadequate mucosal defence mechanism and the immature lining of the cervix in adolescence (especially in early adolescence) provide a poor barrier against infection. Further, the thin lining and the relatively low level of acidity in the vagina render it more susceptible to infection (*9*).
- Because of financial pressures, young women – and even girls – are forced to sell sex for favours or for cash to pay for school fees or to support their families (*10*).

Adolescent boys in many cultures feel they have to prove themselves sexually; and in some cultures they may even regard STIs as "warrior marks" to indicate the transition to adulthood. Studies in various parts of the world confirm that adolescent boys and young men often have high rates of STIs, and that they frequently ignore such infections, or rely on self-treatment (*11*).

In addition to increasing the risk of STIs, unprotected sexual activity increases the risk of other reproductive health problems such as too early, unwanted pregnancy and unsafe abortion.

4. What are the consequences of STIs among adolescents?

The consequences of STIs contracted during adolescence are more severe than in adults. This is especially true in the case of female adolescents (Box 2).

BOX 2

Consequences of STIs for adolescents

- Pelvic inflammatory disease (PID): Chlamydia infection during adolescence is more likely to result in (PID) and its sequelae (such as infertility);
- Cancer of the cervix: exposure to infection (such as Chlamydia and Human Papilloma virus) during adolescence is more likely to result in cancer of the cervix;
- Tertiary Syphilis: Heart and brain damage as a long-term consequence of an untreated Syphilis infection;
- Stigma and embarrassment associated with STIs can impair psychological development and attitudes towards sexuality later in life.

Source: Reference (12).

5. What are the main factors that hinder a prompt and correct diagnosis of STIs in adolescents?

Adolescents often lack information about the services that are available. For example, they may not know of existing services, where and when they are provided or how much they cost. Even if they have this information, they are often reluctant to seek help for diagnosis and treatment because of embarrassment, because they do not want to be seen by people they may know, and because of fear of negative reactions from health-care workers (*13*).

In many countries adolescents with STIs go to traditional healers or buy remedies from street vendors. This is likely to result in improperly and inadequately treated infections. The symptoms and signs of some STIs disappear without treatment; in these situations, adolescents may believe that the disease has resolved spontaneously when in fact it has not done so.

STIs may be asymptomatic, especially in young women. Adolescents may not be aware of the differences between normal and abnormal conditions (such as normal and abnormal genital discharges), and hence do not seek help. Asymptomatic and mildly symptomatic STIs are likely to be missed when health-care providers apply the syndromic approach for diagnosis and management. Symptomatic STIs may also be missed if health-care providers do not have adequate skills to undertake a clinical examination or to elicit the needed information from adolescents who are not fully knowledgeable about their bodies.

6. What are the main factors that could hinder the effective management of STIs in adolescents?

As indicated above, adolescents may be reluctant to use services due to factors such as inadequate information, difficulties in accessing services, and lack of money to pay for them. They often tend to self-medicate when they believe that they have exposed themselves to the risk of an STI (*14*).

Adolescents often have difficulty in complying with treatment because it may be lengthy (e.g. in the case of chlamydia) or painful (e.g. in the case of venereal warts), and sometimes they need to conceal medication so that the STI is not revealed to others. In many places, medicines for the treatment of STIs can be bought at pharmacies, without a prescription, they can also be bought from vendors in a market. It is therefore important for the health-care worker to ascertain if the adolescent has tried/taken any medication for the STI, before coming for help.

7. What can health-care providers do to overcome the reluctance of adolescents to seek STI treatment?

Health-care providers have important roles to play in relation to this, both as service-providers and as change-agents in the community. These issues are discussed in detail in module D titled *Adolescent-friendly health services*.

8. What do health-care providers need to know about STI management in adolescents?

Currently adolescents with STIs are managed in the same way as adults. However, adolescents have special needs and STIs in adolescents may be more difficult to diagnose and to manage than in adults. The challenge is to identify and treat infected individuals, in order to ensure cure and to prevent them from passing on the infection to others. Ideally, this should be done using a risk assessment approach, and selecting screening tests and treatments most appropriate to the local context (*16*). To do this well for adolescents requires a good understanding of the social, economic and cultural context (including the gender context) in which adolescents live (*15,16*). For these reasons, the World Health Organization is developing reference materials and job-aids for health-care providers.

WHO recommends the use of the *Syndromic approach* to the management of STI. This approach is especially appropriate where human resources and laboratory facilities are not available for etiological diagnosis to be made in resource-poor settings since etiological diagnosis, requiring laboratory facilities, is costly (*17*). Seven syndromes have been identified which enable health-care workers at the primary level to treat infections using signs, symptoms and a risk assessment. Flow charts and accompanying guidelines and training materials for the management of the seven syndromes have been widely disseminated and are currently in use in many countries (Box 3).

BOX 3

Flow charts are available for seven 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 (swelling) (in men)
- Eye discharge (in babies)

The syndromic approach can be used for STI assessment in adolescents because the presentation of symptoms is similar irrespective of age. However, health-care providers must be aware of the factors discussed earlier, which could hinder prompt and correct diagnosis and effective management of STI in adolescents. Some STIs are asymptomatic or mildly symptomatic in adolescents. The syndromic approach – which is based on symptomatic individuals presenting for help – will have little impact on them.

9. What are the key aspects of diagnosis and good management practice of STIs in adolescents?

Respect for their adolescent patients, acknowledgement of their rights to health information and services, and concern for their well-being should guide the words and actions of health-care providers.

In some countries, adolescents have the right to ask for and receive the health services they need. In others, the prevailing laws prohibit the provision of some sexual and reproductive health services to individuals below a certain age. Specifically, the consent of parents/guardians or spouses may be needed before STI treatment can be provided. In dealing with such situations, health-care providers must do everything in their power to safeguard the health and well-being of their adolescent patients.

Health-care providers may find themselves in the situation of trying to find a balance between the rights of parents to know about the problems of their offspring who are still minors, and the rights of adolescent patients to privacy and confidentiality. As discussed earlier, they should deal with such situations in a balanced and responsible manner.

There are some things that health-care providers need to be aware of and do differently when they are dealing with adolescent patients. These are listed in Box 4 and are described in more detail below. Some of the points are specific to adolescence, others are not. Only some of them are "new", but following them faithfully will enable health-care providers to deal with their adolescent patients more effectively and with greater sensitivity.

BOX 4

Factors to consider when treating an adolescent with a STI

- Being aware of the help-seeking and care-seeking practices of adolescents;
- Establishing a good rapport;
- Eliciting information about the nature of the problem by taking a good history;
- Carrying out a physical examination;
- Arriving at a diagnosis;
- Communicating the diagnosis and its implications, discussing treatment options, and providing treatment;
- Responding to the psychological needs and helping the individual deal with any social implications;
- Preventing recurrence of the problem and other STIs;
- Tracing and contacting other infected persons.

Being aware of the care-seeking practices of adolescents

Health-care providers need to be aware of what adolescents do when they have an STI – in other words, where they seek help and why.

Establishing a good rapport

Health-care providers can help adolescent patients to overcome their anxiety by using kind words and gestures and, where appropriate, the adolescents' special vocabulary. Non-communicative, and sometimes even abrasive, behaviour from the adolescent may be due to anxiety. Health-care providers should keep this in mind and handle such situations calmly, without being offended or intimidated by their adolescent patients.

Eliciting information about the nature of the problem

With an open and non-threatening manner, health-care providers could make it easier for their adolescent patients to relax and be forthcoming about their problems. History-taking can be intimidating and threatening to the adolescent. Therefore the health-care provider should gently explain that the series of questions being posed are important to reach the right diagnosis and provide the right treatment. The adolescent should also be informed that the information provided would be treated as confidential.

Health-care providers may not approve of an adolescent's sexual or other activities, but it is important for them to be non-judgemental in their dealings with adolescents. Demonstrating irritation and anger can contribute to a breakdown in communication, and make the adolescent reluctant to return for help.

Health-care providers must also refrain from making instinctive assumptions (for instance, that a young woman with a vaginal discharge has an infection that has been contracted sexually).

Carrying out a physical examination

Both male and female adolescents are likely to be anxious about their genitalia being examined by a health-care provider. In addition, females are likely to be particularly anxious about undergoing a pelvic examination. The health-care provider should make every effort to ensure that the experience is not a traumatic one – physically or psychologically.

The presence of a chaperone should be offered to all patients having intimate examinations, irrespective of the sex of the health-care provider. Some patients prefer to have a person of the same sex examine their private parts; health-care workers need to be sensitive to cultural norms and social taboos in this respect.

It is also important for health-care providers to have a proper understanding of the physical – and psychological – changes that occur at puberty.

Arriving at a diagnosis

Risk assessment for syndromic diagnosis and management in developing countries is different from the approach to diagnosis in developed countries. In the latter context, a detailed sexual history would be taken and, based on the behavioural risks, the clinician would select appropriate screening tests, whether or not the patient is symptomatic.

Syndromic management for urethral discharge in men and genital ulcers in men and women has proved to be both valid and feasible. It has resulted in adequate treatment of large numbers of infected people and is inexpensive, simple and cost-effective. However, there have been some problems with the algorithms for the syndromic management of women with symptoms of vaginal discharge and/or lower abdominal pain. The notable problem is in the management of cervical (gonococcal and chlamydia) infections. Endogenous vaginitis is the main cause of vaginal discharge rather than STIs in general, especially in low-prevalence settings and in adolescent females.

Experience has shown that risk assessment questions based on demographics, such as age and marital status, tend to incorrectly classify too many adolescents as being at risk of cervical infection. Therefore, there is a need to identify the main STI risk factors for adolescents in the local population and to tailor the risk assessment accordingly. For adolescents as for adults, it is important to tailor the risk assessment appropriately, to match the reality of the particular country – or district – in order to improve the sensitivity and specificity of the behavioural risk assessment.

Communicating the diagnosis and its implications, discussing treatment options, and providing treatment

It is important for adolescents to understand the diagnosis and its implications. They will also need to know what services are available to them at the health facility, and what exactly they should – and should *not* do – to ensure that they can take the full course of treatment and are cured of the problem.

An important issue is ensuring treatment compliance. The factors that may hinder compliance in adolescents have been discussed earlier. The health-care provider needs to raise this issue and to tailor the treatment regimen (as and when possible) to make it easier for adolescents to complete their treatment.

Responding to psychological needs and helping the individual deal with any social implications

The STI should be correctly diagnosed and managed. At the same time health-care providers need to assess the psychological state of the adolescent and his/her social circumstances so that appropriate advice or referral to other services can be made. This is especially important in cases where the STI has been the result of rape or sexual abuse.

Counselling aims to assist individuals to deal with problems and situations by enabling them to understand their situation, examine the available options, deal with the problem, and help them make sound decisions accordingly. Counsellors are trained to help clients make decisions about life situations, including how to avoid STIs.

There is a need to arrange for the adolescent to return to the health facility in order to assess the effectiveness of the treatment. The purpose of such a visit must therefore be explained clearly.

Health-care providers should use the opportunity presented by the adolescent's presence at the health facility to determine his/her need for other services that could be provided by the health centre (e.g. contraceptive services). Information should be provided on other forms of assistance that are available, such as referral to other agencies or organizations providing social support.

Preventing a recurrence of the problem and infection with other STIs

Adolescents presenting for treatment of an STI would have had unprotected sexual contact with an infected person. They will therefore need information, skills and supplies to avoid infections in the future:

- Information that builds on existing knowledge and experience, and relevant to the individual's stage of development and circumstances;
- Skills that will enable them to cope with the realities of their everyday lives;
- Supplies, such as condoms and contraceptives.

Health-care providers should make every effort to provide their adolescent patients with this assistance, or to refer them to other organizations when necessary. Adolescent patients should be encouraged to inform their partner(s) about their infection, and to encourage them to seek treatment.

NOTE

It is impossible in practice to force people to identify or even notify their partner(s). People may not know/remember their partners. Even if they do so, they may be unwilling to identify or notify them.

10. Linkages with community or outreach programmes

Many health-care providers operate independently of projects and programmes reaching out to or working with adolescents in the community. Not surprisingly, they are generally used only by a small number of adolescents. In order to reach larger numbers of adolescents, more active means need to be used to reach out with services. Also, staff with a special interest in working with adolescents should be identified and encouraged to work with outside agencies in order to establish referral mechanisms and communication channels that will raise awareness of the availability of the service, and its utilization by adolescents.

In addition, easy access to condoms in the community is essential, especially for those adolescent males who are less likely to go to a clinic. This can be achieved through social marketing programmes which help to ensure that condoms are available in public places – either free or at a low cost.

SUMMARY

Sexually transmitted infections are an important public health problem. Health-care providers should give special consideration to STIs in adolescents because:

- Adolescents run special risks of exposure to STIs, with adolescent girls being especially vulnerable;
- The consequences of infection and disease contracted during adolescence are more severe than those in adults;
- Diagnosis of STIs during adolescence can be more problematic;
- Effective treatment of STIs in adolescents faces a number of constraints.

Given the above, health-care providers should make every effort to manage their adolescent patients more effectively and with greater sensitivity, as outlined in this handout.

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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

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

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

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

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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?

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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.