



European Training in Effective Adolescent
Care and Health

ADOLESCENT

SEXUALITY

Clinical approach



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Care and Health

So far we have covered...

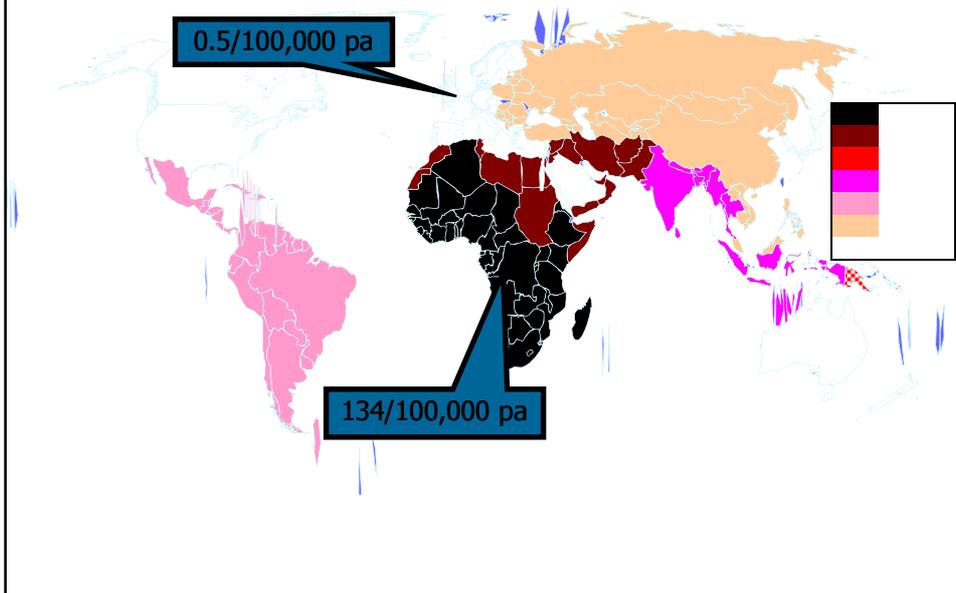
- Biopsychosocial development of adolescent
- Communication skills
- Youth friendly health service
- Mental health and chronic disease
- Source of informations in SRH for adolescents

- We need all this background to address issues in the field of adolescent sexuality and reproductive health

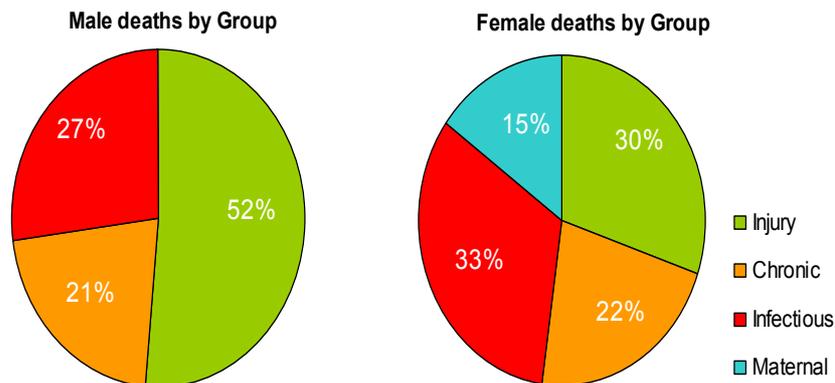
OBJECTIVES

1. Skillfully discuss sexual & reproductive health with an adolescent
2. Review the development of sexuality during adolescence
3. Respond to common situations (care & prevention)
4. Identify effective preventive interventions

Maternal Deaths 15-24 years



All-cause Mortality 10-24 years



MILLENNIUM DEVELOPMENT GOALS

The eight Millennium Development Goals (MDGs) form a blueprint agreed to by all the world's countries and all the world's leading development institutions.

They have galvanized unprecedented efforts to meet the needs of the world's poorest

- 1) Eradicate extreme poverty and hunger
- 2) Achieve universal primary education
- 3) Promote gender equality and empower women
- 4) Reduce child mortality
- 5) Improve maternal health**
- 6) Combat HIV/AIDS, malaria and other diseases**
- 7) Ensure environmental sustainability
- 8) Develop a global partnership for development

Skillfully discuss sexual & reproductive health with an adolescent

Group exercise

- What situations involving your own teenage daughter or son would you find upsetting?
- Bring into awareness where your sensibilities lie and what your limits are (e.g. sex at age 13, same sex contact with older person)
- How could this affect your professional care of adolescents ?
- Is neutrality always desirable ?

OBSTACLES FROM THE SIDE OF ADOLESCENTS

- Don't believe in the confidentiality
- Which word to use ?
- Sense of modesty, embarrassment
- Fear of doctor's judgement

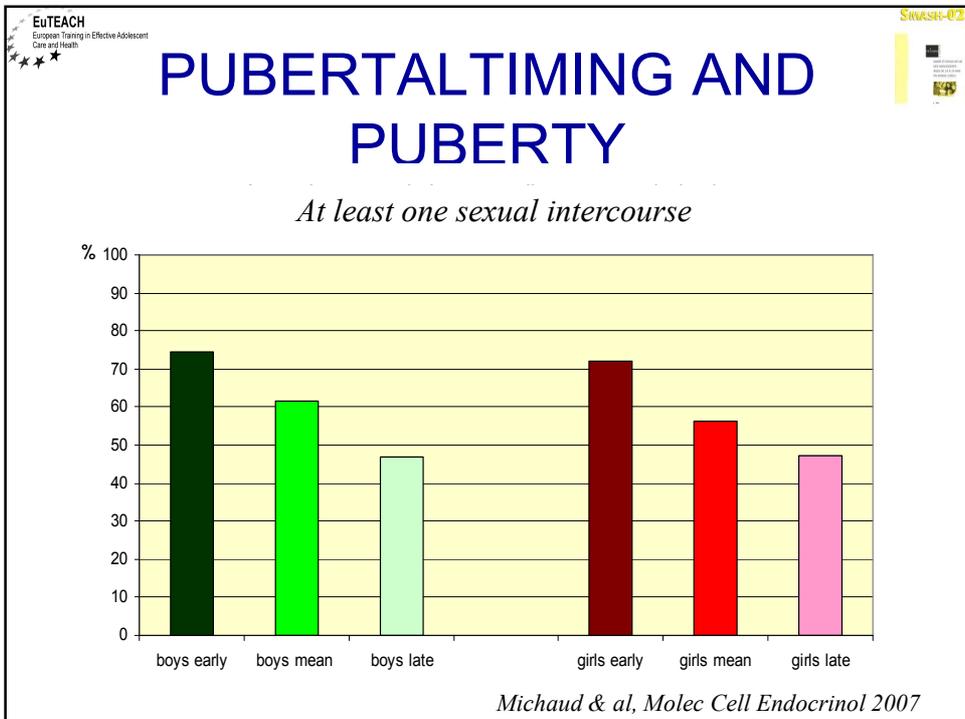
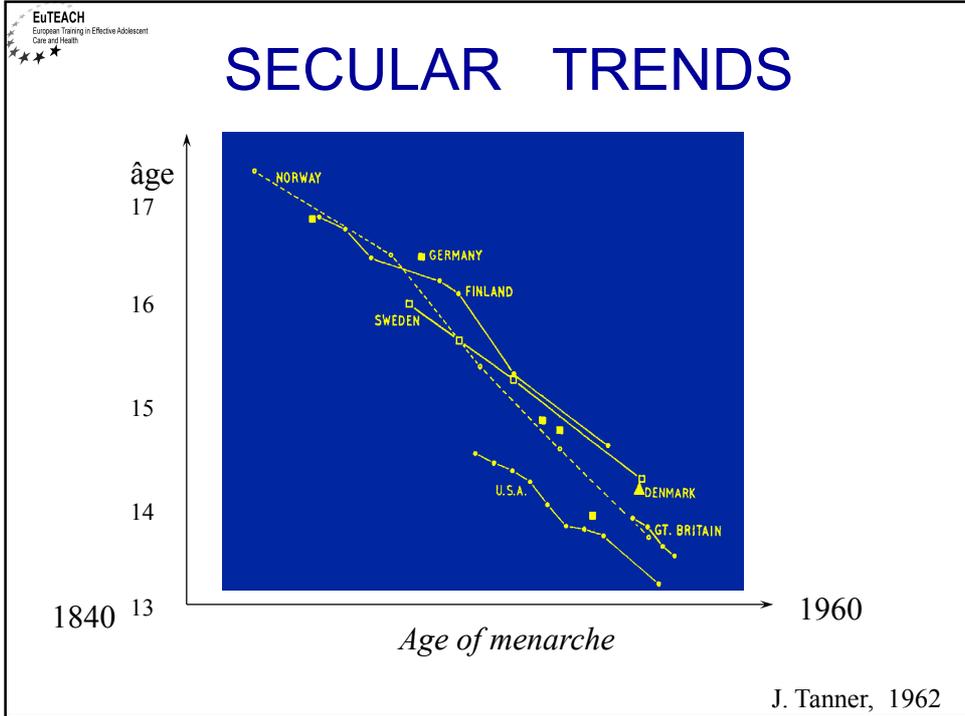
OBSTACLES FROM THE SIDE OF PROFESSIONALS

- Fear of too much intrusion
- Which words to use
- Sense of modesty, embarrassment
- Interferences with one's own experiences as an adolescent
- Bias biased by one's own values

SOME SUGGESTIONS

- Confidentiality
- Use of a short “questionnaire / guide”
- Use of broad/general formulation
 - Some adolescents with your age think that.. What about you? or “what about ...”
- Some questions are brought during physical exam
- Explain why these questions
- Ask for permission (“do you mind if..”)

Review the development of
sexuality during adolescence



THE NORMAL PATHWAY ?

1. Going out
2. Kissing
3. Petting
4. Deep petting
5. Oral sex
6. Vaginal / anal intercourse



THE IMPORTANCE OF SOCIAL NORMS

The rate of sexually active adolescents are more or less in the following countries, BUT

- *United States of America*
- *Madagascar & Turkey*
- *Russia*
- *Switzerland*

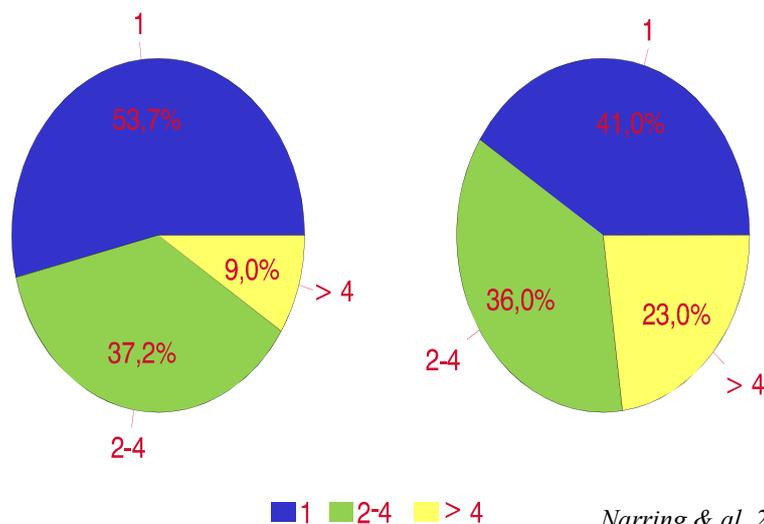
FIRST SEXUAL INTERCOURSE

- In some parts of the world (E.G. North Africa & Asia) most sexual activity reported takes place within the context of marriage
- The context of early sexual experience often differs between young men and young women, especially in low income regions.
- For boys, most sexual relationships during the teenage years are non-marital. In girls, a sizeable proportion occur within marriage.
- Many young people experience sexuality in the context of a “series monogamy”

Singh S. Int Fam Plan Perspect 2000 17

TIMELIFE NUMBER OF SEXUAL PARTNERS

Switzerland, 16-20 y old adolescents



Narring & al, 2000

Respond to common situations

SEXUAL DYSFUNCTIONS

- Anomalies
 - Thick hymen
 - Short frenulum of prepuce, phimosis
- Failures, erectile dysfunction
- Dyspareunia
- Problems with use of condom

SEXUAL DYSFUNCTIONS

- Investigate circumstances, representations & feelings
Discuss puberty, body image & sexual experiences
- Make it less dramatic
- Provide information
(e.g. anatomy, physiology)
- Involve partner

CONTRACEPTION

- Condom: effective: protects against STIs and prevents unintended pregnancy
Availability ? How to use it ?
- Oral contraception: no impact on fertility even if started at early age
Extremely effective
- Emergency Contraception: mostly effective within 24h. after S.I. Can be used several times
- Others: implantable; medroxyprogesterone; diaphragm

A scenario

- Alicia, 16 year old, comes for abdominal pain. In the course of the discussion she discloses that she had her last period 2 ½ months before
- Her parents are strong Catholics and don't know that she has a boyfriend, 18 year old since a year, and has had sexual intercourse with him since four months
- They have used condoms, but not consistently
- The pregnancy test is positive, Alicia doesn't know what to do

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PREGNANCY

- For certain ethnic or social groups, teenage pregnancy can be a positive life choice
- The outcome of pregnancy is not much linked with the age of the mother but much more on the quality of prenatal care
- Infant mortality among babies of teenage mothers is about 60% higher than among the babies of older mothers:
 - Lower birth weights,
 - Childhood accidents,
 - The daughters of teenage mothers are more likely to become teenage mothers themselves

Trip & Viner, BMJ, 2005 24

ABORTION

- All but 3% of 19 million unsafe abortions per year happen in developing countries
- Unsafe abortion causes more than 30% of maternal deaths
- 2,5 million (almost 14%) of all unsafe abortions in developing countries are in women younger than 20 years
- Properly performed, abortion is a safe procedure

Bearinger & al, Lancet, 2007 25

UNINTENDED PREGNANCY

- A situation largely dependent on the social and legal context
- Is marriage the response ?
- Which access to prenatal care ?
- Is abortion legally and socially acceptable?
- Can abortion be performed safely ?
- Are the “father” and the girl’s parents aware ?
- Is there a place for the girl to reflect on her situation.. to make an informed decision

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AIDS, HIV testing

A scenario

Alex, a 14 ½ year old boy comes to you and asks for an HIV test. Two weeks ago, he was out on Saturday, drank a lot, and doesn't remember exactly what happened.

Alex thinks he had sex with an older boy, who didn't ask for his consent, but doesn't remember exactly what happened. Doesn't know the boy's name either.

After a while, Alex admits that he doesn't know if this means that he is a gay. Never had sex with a girl.

SEXUAL IDENTITY / ORIENTATION

- *Identity* refers to one's gender and some generic characteristics (masculine/feminine)
- *Orientation* refers to one's attraction to male vs. female
- Behavior during adolescence doesn't indicate anything regarding one's orientation
- Dreams and fantasies may be a better indicator

AIDS, HIV, STIs: THE SITUATION

- 340 million new cases of curable STIs, syphilis, gonorrhoea, chlamydia, etc. occur every year (WHO)
- The largest proportion of STIs occurs in people younger than 25 years
- Worldwide, 6000 young people are estimated to be infected with HIV every day
- 10 million 15–24-year-olds living with HIV; 75% of all young people living with HIV in sub-Saharan Africa are female

PREVALENCE OF AIDS IN THE WORLD

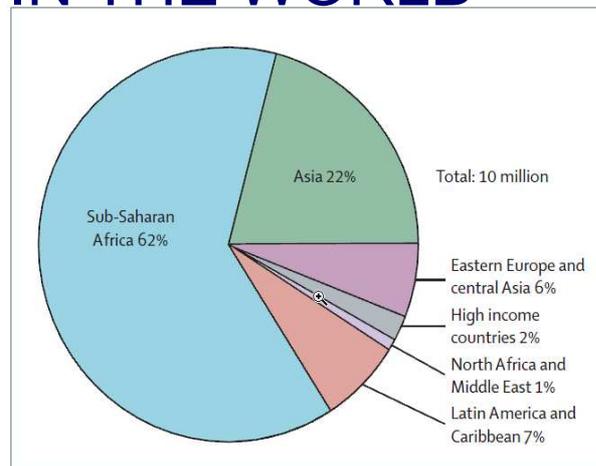


Figure: Young people aged 15–24 years living with HIV (Joint United Nations Programme on HIV/AIDS, 2004)⁴

Source: WHO ; Baeringer & al. Lancet, 2007

AIDS, HIV, STIs: RISK FACTORS

- Age of first sexual intercourse; much older partner
- Unsafe sex; multiple, sequential sexual partners, concurrent partners
- Mental health problems, including substance misuse
- Physiological immaturity

PERFORMING ANY TEST

- Ask for permission
- Explain why and how
- Anticipate the adolescent's reaction, whether test positive or negative
- Meet the adolescent to deliver result

SEXUAL ABUSE

- Abuse vs. non consensual sex; bullying
- Trust the adolescent
- The legal context: how can it be improved ?
- The Convention of the Rights of Children
- Explore circumstances, deal with culpability, shame, PTSD
- Make the necessary exams (sperm?, HIV, STIs)

Identify effective preventive interventions

Sexual health

Preventing HIV/AIDS in young people

The first systematic review of what works to prevent HIV infection among young people in developing countries

The effectiveness of different interventions delivered in schools, health services, media and communities for young people has just been published by WHO, in conjunction with London School of Hygiene and Tropical Medicine, UNAIDS, JNF38 and UNICEF.

Evidence from 88 studies in developing countries were reviewed and analysed in a way that makes it easier for policy makers and programme people to take effective action and achieve the global goals and commitments on HIV and young people.

Preventing HIV/AIDS in young people **A systematic review of the evidence**

The report classifies these interventions into three categories:

- **Go** (implement on a large scale while monitoring coverage and quality).
- **Ready** (implement widely, but evaluate carefully).
- **Steady** (don't implement yet, needs more work and evaluation)

A meta analysis realized by WHO

Health services	Training of service providers and clinic staff, facility improvements, and actions in the community *
Schools	Curriculum-based, skills-based sexual health education, led by adults +/- peers, with specific characteristics
Mass media	Sustained, multi-channel campaigns with specific characteristics
Communities	Interventions that are explicitly directed to young people and work through existing organizations and structures
At-risk adolescents	Information and services through static and outreach facilities

WHO, 2004-2006

Review article

Sex and HIV Education Programs: Their Impact on Sexual Behaviors of Young People Throughout the World

Douglas B. Kirby, Ph.D.*, B.A. Laris, M.P.H., and Lori A. Rolleri, M.S.W., M.P.H.

Department of Research, ETR Associates, Scotts Valley, California

Manuscript received April 22, 2006; manuscript accepted November 30, 2006

Effective curricula commonly incorporated 17 characteristics that describe the curricula development; the goals, objectives, and teaching strategies of the curricula themselves; and their implementation. Programs were effective across a wide variety of countries, cultures, and groups of youth. Replications of studies also indicate that programs remain effective when implemented by others in different communities, provided all the activities are implemented as intended in similar settings.

EUTEACH
European Training in Effective Adolescent
Care and Health

WHO/ECH/CAH/08.02

Strengthening the Health Sector Response to Care, Support, Treatment and Prevention for Young People Living with HIV

WHO/UNICEF Global Consultation



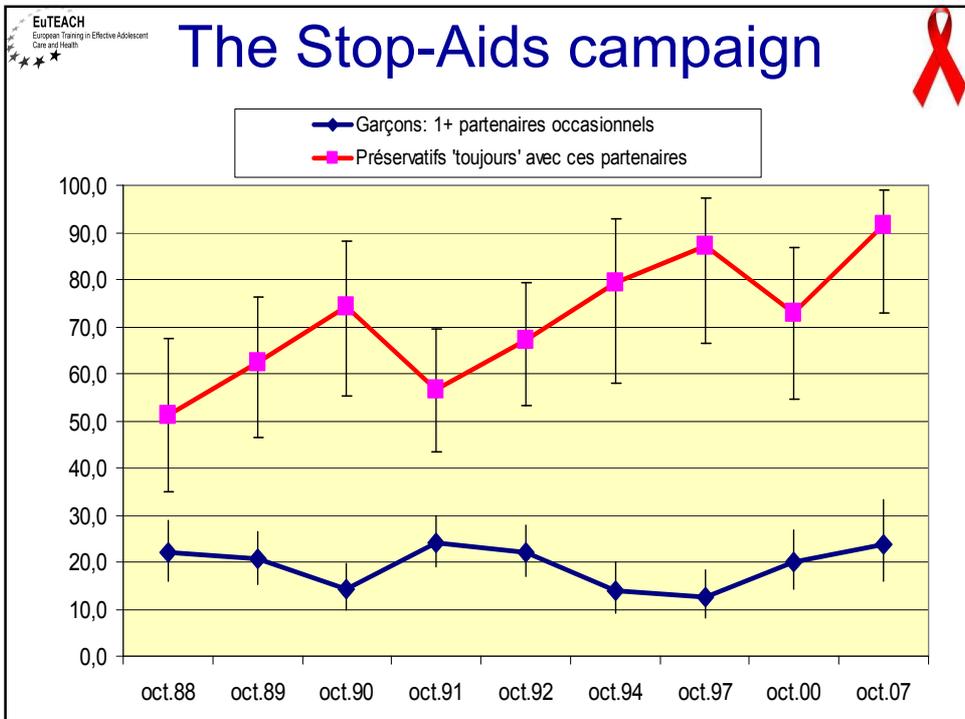

13-17 November 2006
Blantyre, Malawi

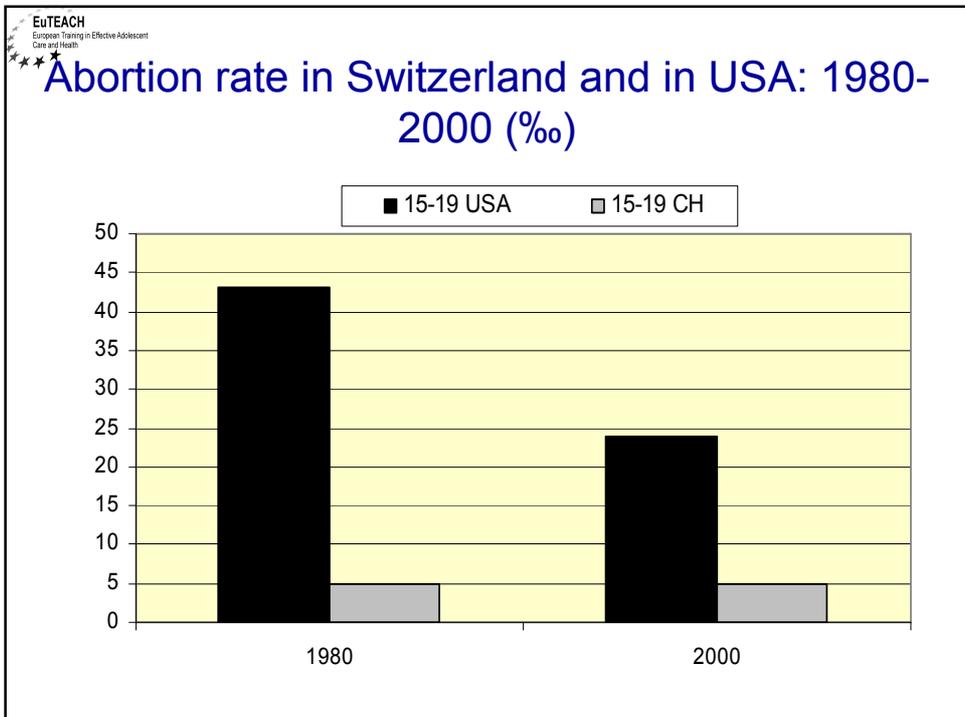
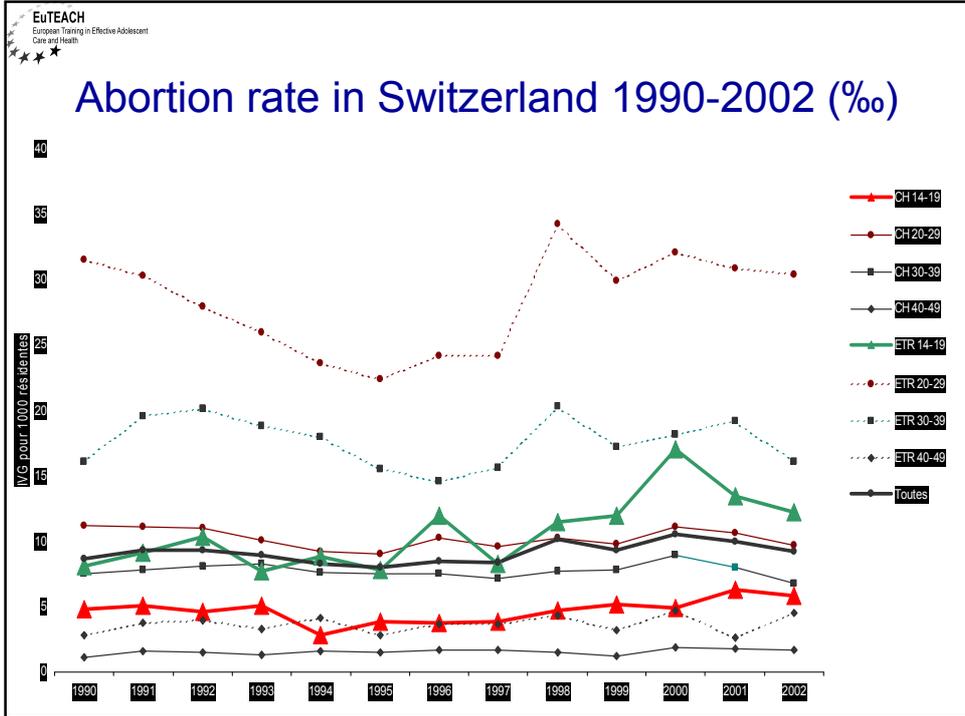
World Health Organization

Promoting adolescent sexual and reproductive health through schools in low income countries: an information brief

Department of Child and Adolescent Health and Development
Geneva, 2008

World Health Organization





TAKE HOME MESSAGES

- Take into account the legal & social context
- Trust Listen, inform (care & prevention are bound)
- In difficult situations, ask colleagues
- Implement sexual education
- Use health care structures (YFHS)
- Address policies, norms and public discourse