

## **Module B3: Sexual and Reproductive Health**

### **Entry Scenario**

*The entry scenario addresses a variety of issues and problems associated with the module topic. It may be used at the beginning of the course to stimulate the students to identify their own needs and interests. The results may be utilized by the individual to assess own learning process, or be integrated with class objectives.*

A 15 year-old girl comes to a consultation complaining of vaginal discharge. She had her menarche at age 11, and her periods are irregular. She is sexually active and has had three sexual partners in the last year. Although she has always used condoms when having intercourse, she had unprotected sex 4 days ago because her 19 year-old partner complained that a condom decreased his sensitivity. Her girlfriend told her it was safe because it had been four weeks since her last menstruation.

### **General Goals for Learners**

***By completing the module the participant will be able to:***

- I. Distinguish normal and pathological forms of development and function of the reproductive organs
- II. Provide contraceptive counseling, prescription and follow up
- III. Diagnose sexually transmitted infections, understand the implications for adolescents, and provide appropriate treatment
- IV. Counsel a pregnant adolescent, and provide adequate services or referral
- V. Provide information about and skillfully respond to problematic issues of sexuality

**Goal I. Distinguish normal and pathological forms of development and function of the reproductive organs.**

	<b>Training Objectives</b> Key topics to be covered	<b>Educational Methodology</b>	<b>Activities, Issues, and Questions</b>
<b>KNOWLEDGE</b>	<p><b>A. Understand the physiology and pathophysiology of menstruation</b></p> <ul style="list-style-type: none"> <li>- Normal reproductive cycle, normal variations</li> <li>- Menstrual disorders including premenstrual syndrome, dysmenorrhea, abnormal uterine bleeding, amenorrhea, hyperandrogenemia</li> <li>- Psychosocial dimension of problematic menstruation</li> </ul>	<p>Interactive lecture Anatomic models Group work</p>	<p>Adjust lecture to level of audience knowledge. Suggested discussion topic: Myths, fears and misunderstandings an adolescent may have about menstruation.</p> <p><b>Case study:</b> A girl presents with truncular obesity, acne and hypertrichosis and oligo-amenorrhea. <b>Case study:</b> A 15 year-old girl who previously had only occasional irregularity with her monthly bleeding complains of missed periods in the last seven months.</p> <p>Describe the typical complaints and impairment of social life (pain but also possibly associated premenstrual syndrome)</p>

<b>Training Objectives</b> Key topics to be covered	<b>Educational Methodology</b>	<b>Activities, Issues, and Questions</b>	
<p><b>B. Understand non-sexually transmitted disorders of the reproductive tract, and know the appropriate treatments.</b></p> <ul style="list-style-type: none"> <li>- Vulvovaginitis</li> <li>- Polycystic ovarian syndrome</li> <li>- Endometriosis</li> <li>- Genital tumors</li> <li>- Orchitis</li> </ul>	<p>Lecture and discussion Reading</p>	<p>Adapt lecture to audience knowledge Discuss symptoms and causes, including common misunderstandings or hygiene mistakes that contribute to these problems.</p> <p><b>Case study:</b> A 16 year-old girl presents with an increasing abdominal circumference. She has no pain. Although a pregnancy test was negative, the girl remains fearful of being pregnant.</p>	

	<b>Training Objectives</b> Key topics to be covered	<b>Educational Methodology</b>	<b>Activities, Issues, and Questions</b>
<b>KNOWLEDGE / SKILLS</b>	<p><b>C. Recognize normal variations, and congenital or acquired malformations of the reproductive organs and breasts, including genital mutilation and circumcision</b></p> <ul style="list-style-type: none"> <li>- Gynecomastia</li> <li>- Asymmetrical breast development</li> <li>- Pink pearly penile papules</li> <li>- Vulvar dermatological problems</li> <li>- Scrotal glands</li> <li>- Congenital pathologies</li> </ul>	Lecture with slides and discussion	<p>Lecture may include description of complaints typical of residual problems resulting from genital mutilation and unusual forms of circumcision, or from other surgery (eg. urine leakage from cordee repair).</p> <p>Possible discussion topic: recreational use of marijuana (a phytoestrogen) has been associated with gynecomastia.</p> <p><b>Case study:</b> A 14 year-old boy complains about painful erection and penile distortion. <b>Case study:</b> A 14 year-old girl with primary amenorrhea who has had lower abdominal pain monthly for the last 1 to 2 years, suddenly experiences very severe cramps.</p>
<b>SKILLS</b>	<p><b>D. Demonstrate skill in interview and exam techniques that facilitate interaction with an adolescent patient who has reproductive tract complaints.</b></p>	Role playing	<p><u>Case study:</u> A Somalian girl complains about painful menstruation but is fearful and unwilling to be examined, especially by a male. Role-play the situation, giving attention to creating sentences that would ease the situation, especially if it is a girl's first pelvic exam.</p>

**Goal II.**

**Provide contraceptive counseling, prescription and follow up**

	<b>Training Objectives</b> Topics to be covered	<b>Educational Methodology</b>	<b>Activities, Issues, and Questions</b>
<b>KNOWLEDGE</b>	<p><b>A. List contraceptive methods and their properties which need to be considered when counseling adolescents</b></p> <ul style="list-style-type: none"> <li>- Mode of action</li> <li>- Technical properties</li> <li>- Non-contraceptive benefits (especially condom)</li> <li>- Other factors (e.g. availability)</li> </ul>	<p>Handout sheet with methods and prompting list of technical features</p> <p>Class discussion</p>	<p>The ideal contraceptive for an adolescent would be safe, effective, reversible, inexpensive, convenient, private, and have few side effects. Discuss the methods available for adolescents according to these criteria. Introduce concept of contraception as protection from sexually transmitted infections, STI. (Refer to Goal IV.)</p>

	<b>Training Objectives</b> Topics to be covered	<b>Educational Methodology</b>	<b>Activities, Issues, and Questions</b>
<b>SKILLS</b>	<p><b>B. Assess the indications for contraception, and the disposition of the individual adolescent(s) regarding the contraceptive choices</b></p> <ul style="list-style-type: none"> <li>- Physical and medical indications, including sexual history</li> <li>- <b>Expressed needs and wants of adolescent and partner, whether absent or present</b></li> <li>- Patients' attitude toward contraception, including resistance, beliefs and concerns</li> <li>- Situational factors such as lifestyle, parental attitudes, partner cooperation</li> </ul>	<p>Group discussion Case studies, role play</p>	<p>Issues to include:</p> <ol style="list-style-type: none"> <li>1. How to bring up a discussion about the sexual life of a teenager. What ways (phrases, approach) could be used to get the teen to talk about sex? Participants share ideas of what has worked in their practices.</li> <li>2. Discuss the statement "every contraceptive method is better than no contraception."</li> <li>3. Distinguish between emergency contraception and long-term-contraception.</li> </ol> <p><u>Case study:</u> a girl presents asking for post-coital contraception (PCC) because her partner did not want to use condoms. Partner did not accompany her.</p>
	<p><b>C. Negotiate choice, provide related services and follow-up</b></p> <ul style="list-style-type: none"> <li>- Integration of concerns of all persons involved</li> <li>- Compliance</li> <li>- Assessment of side effects</li> </ul>	<p>Group discussion Role play</p>	<p><u>Case study:</u> A 16-year old girl comes for contraceptive help. Apparently her bedtime is very irregular and she uses recreational drugs on weekends. Discuss how to negotiate compliance.</p>

**Goal III.**

**Diagnose sexually transmitted infections, understand the implications for adolescents, and provide appropriate treatment**

	<b>Training Objectives</b> Topics to be covered	<b>Educational Methodology</b>	<b>Activities, Issues, and Questions</b>
<b>KNOWLEDGE</b>	<p><b>A. Recognize symptoms and know the consequences of sexually transmitted infections (STI), and provide clinical diagnosis</b></p> <ul style="list-style-type: none"> <li>- Types of diseases and infections, rates, and consequences</li> <li>- Signs, symptoms, and indications for screening</li> <li>- Laboratory testing procedures</li> </ul>	<p>Interactive lecture</p> <p>List and slides of presenting symptoms</p>	<p>Slides for lecture may be found at Website 1. Differentiate between sexually transmitted and sexually associated infections. Discuss nucleic acid amplification tests.</p>
	<p><b>B. Understand STI risk factors that are particular to adolescents</b></p> <ul style="list-style-type: none"> <li>- Biological susceptibility</li> <li>- Psychological vulnerability, immaturity</li> <li>- Socio-environmental risks</li> </ul>	<p>Class discussion</p>	<p>Discuss what characteristics of their age group make adolescents particularly vulnerable to STI. Develop a list of risk factors and a list of short and long term consequences.</p> <p>Discuss issues of protection and prevention.</p>

	<b>Training Objectives</b> Topics to be covered	<b>Educational Methodology</b>	<b>Activities, Issues, and Questions</b>
<b>SKILLS</b>	<p><b>C. Make knowledgeable use of treatment options for suspected case of STI, or exposure.</b></p> <ul style="list-style-type: none"> <li>- Appropriate management/treatment for suspected case</li> <li>- Available emergency treatment in case of significant STI exposure (HIV, hepatitis)</li> <li>- Criteria for referral</li> <li>- Follow-up procedures and counseling issues</li> </ul>	Group work with case studies, role play	<p>Review updates on what treatments are currently available. (Consult resources for treatment, official guidelines for infectious diseases.)</p> <p>Discuss pros and cons of treatment options.</p> <p>Create flow chart of management/treatment using case studies; include a case on preventive emergency treatment.</p> <p>Role-play follow-up counseling, dealing with such issues as fertility, contraception, and promotion of safe sex. How can the risk-reduction approach to counseling be applied?</p>

**Goal IV.**

**Counsel a pregnant adolescent, and provide adequate services or referral**

	<b>Training Objectives</b> Topics to be covered	<b>Educational Methodology</b>	<b>Activities, Issues, and Questions</b>
<b>KNOWLEDGE</b>	<p><b>A. Be informed about the three choices open to a pregnant adolescent</b></p> <p>1. Consequences of adolescent parenthood</p> <p>2. Medical aspects of different abortion procedures</p> <p>3. Local resources on adoption and foster parenting</p>	<p>Small group work followed by plenary</p> <p>Mini-lecture</p>	<p>Groups list consequences of early parenthood, including the impact on the individuals, on the new family unit as well as on the families of origin, and on the baby. Plenary discussion follows to discuss these consequences in light of statistics showing rates of adolescent divorce, child abuse, and outcomes of the children.</p> <p>Lecture presents the procedures, with a discussion of the less and more harmful methods for the adolescent age group. Detail the physical and psychosocial consequences of an early versus a late procedure. Detail the considerations that affect the choice of a procedure (e.g. parity, age and development of mother, physical development).</p> <p>Discuss the advantages and disadvantages of the adoption option.</p>

	<b>Training Objectives</b> Topics to be covered	<b>Educational Methodology</b>	<b>Activities, Issues, and Questions</b>
<b>SKILLS</b>	<p><b>B. Comprehensively assess the pregnant adolescent's situation, and assist the teenager in a decision-making process</b></p> <p>- Familial, financial, emotional and physical issues connected to each of the options.</p>	Small group role play for objectives B and C	Role-play the situation of a 15 year-old pregnant girl who wants to have a baby although her parents insist on her having an abortion.
	<p><b>C. Provide appropriate care, guidance, and referral of the adolescent who chooses to keep pregnancy</b></p> <p>Follow-up contraceptive counseling</p>		Discuss possible differences between adolescent and adult pregnancies, and age-specific risks. What extra support should the professional be prepared to provide? What is the professional's role after the baby's birth?

	<b>Training Objectives</b> Topics to be covered	<b>Educational Methodology</b>	<b>Activities, Issues, and Questions</b>
	<p><b>D. Provide a professional response to the adolescent who chooses to terminate pregnancy.</b></p> <ul style="list-style-type: none"> <li>- Appropriate information about procedures</li> <li>- Referral protocol</li> <li>- Care and guidance to affected persons</li> <li>- Follow-up contraceptive counseling</li> </ul>		<p><b>Case study 1:</b> A 16 year-old girl from a remote area elects an abortion for an 8- week pregnancy. She got pregnant at her first sexual intercourse, having used no contraception. Her parents do not know about her situation.</p> <p><b>Case study 2:</b> A 17 year-old city girl who is 11 weeks pregnant chooses abortion for the second time in a year. She has sex education in school, and is familiar with different contraceptive methods, some of which she uses from time to time.</p>
<b>ATTITUDES</b>	<p><b>E. Identify personal attitudes that may interfere with a provider's ability to provide non-judgmental care of the pregnant adolescent</b></p>	Small group work	Small groups discuss how the individual professional's values can influence the counseling process. What personal attitude or belief would be a reason for the professional to refer the adolescent to someone else's care?



	<b>Training Objectives</b> Topics to be covered	<b>Educational Methodology</b>	<b>Activities, Issues, and Questions</b>
<b>ATTITUDES</b>	<b>B. Understand the biases and personal feelings regarding issues of sexuality that may affect provider's professional care of adolescents</b>	Self-reflection exercise, small group discussion	What situations involving one's own teenage daughter or son would a participant 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, an abusive relationship). Share in a group discussion how this could affect your professional care of adolescents. Is neutrality always desirable?
<b>SKILLS</b>	<b>C. Demonstrate skill in bringing out underlying concerns (hidden agenda) of an adolescent patient</b>	Group discussion	Case study: Although a 15-year-old girl complains of recent vaginal discharge, she in fact suffers from dyspareunia and abdominal pain during sexual intercourse. Case study: A 15 year-old male patient attempts suicide after being "abused" by a 17-year old male.  Discuss how to respond to negative forces/feelings about one's emerging sexuality
	<b>D. Take leadership role in addressing sexuality-related issues on societal level</b>	Group discussion	Discuss the role the professional can play with respect to: - Alleviation of stigmatization, especially regarding sexual orientation - Increasing availability of condoms and post-coital contraception (PCC) to adolescents. - Reviewing legal restrictions (e.g. age of sexual majority, abortion, STI reporting requirements) - Promoting a healthy environment for healthy reproduction Identify different levels of involvement, according to the provider's ability or willingness to play a role.



## Resources

- Bearinger LH & al. Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential. The Lancet 369, 9568, 1220 – 1231, 2007

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(07\)60367-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)60367-5/fulltext)

- Advocates for Youth (Summary)

<http://www.advocatesforyouth.org/publications/426?task=view>

- Bearinger LH & al. Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential. The Lancet 369, 9568, 1220 – 1231, 2007

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(07\)60367-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)60367-5/fulltext)

- Viewpoint, Medical Journal of Australia

[http://www.mja.com.au/public/issues/179\\_03\\_040803/ski10035\\_fm.html](http://www.mja.com.au/public/issues/179_03_040803/ski10035_fm.html)

- WHO Adolescent Sexual and Reproductive Health

<http://www.who.int/reproductivehealth/publications/adolescence/en/index.html>

- Adolescent Sexual and Reproductive Health, a training manual for program managers

<http://www.cedpa.org/content/publication/detail/662>

- USC Keck School of Medicine, Adolescent Sexuality

[http://www.usc.edu/student-affairs/Health\\_Center/adolhealth/content/b3introduction.html](http://www.usc.edu/student-affairs/Health_Center/adolhealth/content/b3introduction.html)

- US Centers for Disease Control (Sexually Transmitted Diseases)

<http://www.cdc.gov/std/default.htm>

- Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines 2002. MMWR 2002; 51 (No RR-6).

<http://www.cdc.gov/std/treatment/rr5106.pdf>



- UNFPA. Adolescents and youth. Youth-friendly sexual and reproductive health services.

<http://www.unfpa.org/public/home/adolescents/pid/6484>

- UNFPA. Adolescents and youth. Comprehensive sexuality Education

<http://www.unfpa.org/public/home/adolescents/pid/6483>