



NATIONAL ADOLESCENT & YOUTH FRIENDLY JOB AIDS FOR SERVICE PROVIDERS IN PRIMARY HEALTH CARE FACILITIES IN NIGERIA





FEDERAL MINISTRY OF HEALTH

in collaboration with

PLANNED PARENTHOOD GLOBAL

(THE INTERNATIONAL DIVISION OF PLANNED PARENTHOOD FEDERATION OF AMERICA) AND
NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY (NPHCDA)

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Federal Ministry of Health
ASRH & School Health
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Foreword

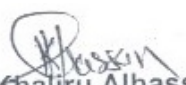


As a follow up to the national launch and training of key stakeholders on the use of National Guidelines for Integration of Adolescents and Youth Friendly Services into Primary Health Care Facilities in Nigeria, the Federal Ministry of Health (FMOH) in collaboration with National Primary Health Care Development Agency (NPHCDA) and Planned Parenthood Federation of America took the next step to develop national Practice Protocols - Job Aids and Cue Cards, to promote high quality health services for adolescents and young people in Nigeria.

Young people between the ages of 10 and 24 years constitute 33.6% of the country's population, and this makes them integral to Nigeria's socio-political and economic development. The energy and dynamism of youth remains an asset only to the extent that they are healthy. Low quality of health care services has been known to reduce uptake, increase risky behaviour and morbidity among young people. The need to ensure sound mind and vibrancy among young people underscore the importance of useful tools like this clinical practice protocol.

The challenges posed to providers at various levels to make services youth friendly cannot be over-emphasised. The availability of policy documents addressing Adolescent and Youth Friendly Health Services (AYFHS) will not be meaningful in the absence of job aids. The degree to which service providers are equipped with accurate information and skills is an important determinant of the quality of services provided. Hence, the decision to develop AYFHS-PHC Practice Protocol and Cue Cards by FMOH and all stakeholders is timely. The contents of the documents are simple to understand and use.

This essential Practice Protocol and Cue Cards unquestionably fill the gap of resource material for the provision of adolescents and youth friendly service integration at the primary level of care. It is recommended that these materials be made available particularly at the Primary Health Care Facilities. Furthermore, health providers at all levels need to be trained on the use of the document in order to ensure that young people visiting especially, the Primary Health Care centres receive the needed counselling and treatment in an atmosphere of friendship and trust.


Dr. Khaliru Alhassan
Honourable Minister of State for Health and,
Supervising minister of health.



Preface



The period of adolescence and youth is a pivotal stage in the life cycle of man. This population needs to be guided as they transit to adulthood. Therefore, there is need to improve the communication, counselling and service delivery skills of those who interact with them. The desire to improve the quality of service delivery to adolescents and other young people (10-24 years) drove the efforts to develop national clinical practice protocols comprising job aids and cue cards to facilitate the implementation of the '*National Guidelines for the Integration of Adolescent and Youth Friendly Services into Primary Health Care Facilities in Nigeria*' as well as the '*National Guidelines for promoting young people's access to Adolescent and Youth Friendly Health Services in PHCs in Nigeria*'.

Primary Health Care (PHC) facilities have great potential for scaling-up and sustaining youth-friendly Sexual and Reproductive Health (SRH) services. Beside their large number, the PHCs are the nearest facilities to community members and have the capacity to serve the peculiar needs of adolescents and young people if properly staffed and equipped. It is the desire to strengthen the PHCs for this crucial role that necessitated the development of this clinical job aids. The job aid addresses the challenges experienced by service providers attending to the several sexual health, social and developmental needs of adolescents and young people; while the cue cards serve as prompts on how to address each presenting situation.

This clinical practice protocol and associated cue cards are handy desk references for providing integrated youth friendly health services in Nigeria. They are intended for health workers and other service providers who render promotive, preventive and curative primary care services to adolescents and youth. This document enable adolescents and youth service providers notwithstanding the cadre, to respond appropriately to this age group more effectively and with greater sensitivity.

This job aid provides guidance on commonly occurring adolescents and youth specific problems and concerns. It also provides guidance on some problems and concerns that are not adolescents and youth specific but occurs commonly among adolescents and youth. It is simple in both construct and content and intended to focus the mind of the service providers to understand that adolescents and young people's access to the immediate and long term remedies for the various concerns they present are, as of right and not as privilege. It is recommended that primary health care workers regularly and consistently use the job aids and cue cards to ensure high quality services to young people.

Dr. Francis Eremutha
Country Director for Nigeria
Planned Parenthood Global



Acknowledgments



This document reflects the dedicated efforts of a wide array of stakeholders committed to advancing the health and development of adolescents and young people in Nigeria, including staff of government agencies at the federal and state levels, academics, civil society organizations, individual experts and young people themselves. The Federal Ministry of Health (FMOH) hereby acknowledges, with deep appreciation, the contributions of all organizations and individuals that made the development and production of this important national document a reality.

In particular, FMOH appreciates the technical partnership of Planned Parenthood Global, a division of Planned Parenthood Federation of America, led in Nigeria by Country Director Dr. Francis Eremutha, and the National Primary Healthcare Development Agency (NPHCDA). The effort is made possible through funding support from Ford Foundation. FMOH also appreciates the tireless contribution and commitment of the Consultant; Dr Dale Ogunbayo and the team of experts that reviewed the document throughout the development process.

The commitment of the officers of the FMOH who were at the driving seat of the initiative was critical to the overall success achieved. In this regard, the tireless efforts of Dr. Christopher Ugboko, the head of Division of Gender, Adolescent/School Health and Elderly Care (GASHE) and Mr. David Ajagun, Deputy Director, Adolescent and School Health are specially recognized. We also recognize the passion and commitment of Mrs Bako-Aiyegbusi from the Health Promotion and Education Division and of Mrs M.B.C. Akinwande of the NPHCDA Health Promotion and Education Department. Finally, the inputs of our young people, drawn from Women Friendly Initiative (WFI) intervention sites, whose experiences, perspectives and voices helped to shape this document, is deeply appreciated.

Dr W. I. Balami, mni
Head, Family Health Department
Federal Ministry of Health



Acronyms and Abbreviations



AFHS	Adolescent Friendly Health Services
AHD	Adolescent Health and Development
AIDS	Acquired Immune Deficiency Syndrome
ARO	Africa Regional Office
AYFHS	Adolescent and Youth Friendly Health Services
AYHFO	Adolescent and Youth Health Focal Officer
BCC	Behaviour Change Communication
CHEW	Community Health Extension Worker
COPAD	Community Program Advisory Board
CSOs	Civil Society Organizations
FMOH	Federal Ministry of Health
HEADS	Home Education/Employment, Eating, Activity, Drugs, Sexuality, Safety, Suicide/Depression
HMIS	Health Management Information System
HIV	Human Immune-Deficiency Virus
ICT	Information and Communication Technology
IDPs	International Development Partners
IEC	Information, Education, and Communication
LGA	Local Government Authority
LGSC	Local Government Service Commission
NAHWG	National Adolescent Health Working Group
NOA	National Orientation Agency
NGO	Non-Government Organizations
M&E	Monitoring and Evaluation
MOV	Means of Verification
MSPHCN	Minimum Standard for Primary Health Care in Nigeria
NPHCDA	National Primary Health Care Development Agency
NPHDAYP	National Policy on the Health and Development of Adolescents and Young People
NYSC	National Youth Service Corps
PHC	Primary Health Care



Acronyms and Abbreviations



PID	Pelvic Inflammatory Disease
PP Global	Planned Parenthood Global
RTIs	Research and Training Institutions
SADDO	State Adolescent and Development Desk Officer
SAHDDO	State Adolescent Health and Development Desk Officer
SMOE	State Ministry of Education
SMOH	State Ministry of Health
SMOI	State Ministry of Information
SPHCDA	State Primary Health Care Development Agency
TWG	Technical Working Group
VDC	Village Development Committee
WDC	Ward Development Committee
WFI	Women Friendly Initiative
WHDC	Ward Health Development Committee
WHO	World Health Organization
WMHCPN	Ward Minimum Health Care Package in Nigeria
YAG	Youth Advisory Group
YFHS	Youth Friendly Health Services
YP	Young People



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INTRODUCTION

What is the job aid?

It is a handy desk reference for providing integrated adolescents and youth friendly health services in Nigeria.

Who is the job aid intended for?

It is intended for health workers and other service providers who provide primary care services (including promotive, preventive and curative health services) to adolescents and youth in Nigeria. These health workers include doctors, midwives, nurses, clinical officers and other service providers. The Adolescent job aid takes into account the fact that in most settings, health workers and other service providers who provide health services to children and adults also serve adolescents and youth..

What is the purpose of the job aid?

Its purpose is to enable health workers and other service providers respond to adolescents and youth more effectively and with greater sensitivity. To do this, it provides precise and step-wise guidance on how to respond to adolescents and youth.

What does the job aid contain?

It contains guidance on commonly occurring adolescent and youth specific issues or concerns that have been addressed in existing World Health Organization (WHO) guidelines, and some that have not been addressed but are more peculiar to the Nigerian youth and adolescent. It also contains guidance on some problems and concerns that are not adolescent specific but occur commonly in the populace (e.g. sexually transmitted infections) and highlights special considerations in dealing with these conditions in adolescents.

How does the job aid relate to other WHO guidelines?

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

- Integrated management of adolescent and adult illness
- Integrated management of pregnancy and childbirth and

- Decision-making tool for family planning clients and providers.

How is the job aid organized?

Following this introductory section, it contains thematic topic specific sections. Each thematic area is comprehensively treated in each section. Each section also has, attached to it, frequently asked questions. These are further complemented by cue cards to speedily guide the provider's response.

2. Establishing rapport with your adolescent clients/patients

What you should be aware of:

- Some adolescents may come to you of their own accord, alone or with friends or relatives. Other adolescents may be brought to see you by a parent or another adult. Depending on the circumstances, the adolescent could be friendly or unfriendly with you. Also, depending on the nature of the problem or concern, the adolescent could be anxious or afraid.
- Adolescents may be reluctant to disclose information on sensitive matters if their parents or guardians, or even spouses are also present.

What you should do:

- Greet the adolescent in a cordial manner.
- Offer the adolescent a seat.
- Explain to the adolescent that:
 - You are there to help them, and that you will do your best to understand and respond to their needs and problems;
 - You would like them to communicate with you freely and without hesitation;
 - They should feel at ease and not be afraid because you will not say or do anything that negatively affects them;
 - You want them to decide how much they would like to involve their parents or others;
 - You will not share with their parents or anyone else any information that they have entrusted you with, unless they give you the permission to do so.
- If the adolescent is accompanied by an adult, in their presence,

- If the adolescent is accompanied by an adult, in their presence, explain to the accompanying adult that:
– you want to develop a good working relationship with the adolescent. At some stage you may need some time to speak to the adolescent alone.

3. Taking a history of the presenting problem or concern

What you should be aware of:

- Many adolescents' health issues are sensitive in nature.
- When asked by health workers about sensitive matters such as sexual activity or substance use, adolescents may be reluctant to disclose information because of fears that health workers may scold or mock them.

What you should do:

- Start with non-threatening issues: Start the clinical interview with issues that are the least sensitive and threatening. The Adolescent job aid algorithms contain many direct questions that health workers and other youth service providers need to ask to determine classification and subsequent management. However, if you were to ask an adolescent; "Are you sexually active?" without first establishing rapport, the likelihood of obtaining any answer, let alone a true answer will be low. It is usually best to start with some introductory questions (e.g. about the adolescent's home situation) before proceeding to more sensitive topics such as sexual and reproductive health. Then when one is ready to commence questioning about sexual and reproductive health, it is best again to start with the most non-threatening questions before proceeding to the more sensitive ones.
- Use the third person (indirect questions) where possible: It is often best to ask first about activities of their peers and friends rather than directly about their own activities. For example, rather than ask an adolescent directly, "Do you smoke cigarettes?" you could ask, "Do any of your friends smoke?" If the adolescent replies, "Yes", you could then ask, "Have you ever joined them?" This can lead to other questions such as, "How often do you smoke?" etc.
- Reduce the stigma around the issue by normalising the issue: An ado-

lescent who has an unwanted pregnancy or a sexually transmitted infection may feel embarrassed or even ashamed. You can reduce the stigma around the issue by saying to the adolescent that; "I have treated a number of young people with the same problem you have".

What you should be aware of:

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

What you should do:

- The first step in dealing with this is being aware of the issue, and then trying to overcome it. It may be useful to reflect that your discussions with the adolescents, although uncomfortable, will help you identify their needs and address their problems. It may also be useful to discuss your thoughts and feelings with a colleague.
- Learn as you go along. In the beginning, you may use the questions listed in the Adolescent job aid as they are written. With time you may choose to modify them, using words and phrases that you are more comfortable with and a more relaxed conversational style. You will also find that you will get faster with practice, and will learn which issues to spend time on, and which other issues you can address quickly.

4. Going beyond the presenting issue or concern

What you should be aware of:

- When adolescents seek help from a health worker and other youth service provider, they tend to volunteer information about the health problem that seems most important to them (i.e. the presenting complaint). They may have other health issues and concerns but may not say anything about them unless directly asked to do so. In such a situation, the health worker is likely to deal with the presenting complaint only (e.g. fever and cough) and go no further thereby missing other existing issues.
- Furthermore, adolescents may not volunteer information about a health issue or concern because they may be embarrassed or scared to do so, or because they may not be comfortable either with the health worker or the situation they are in.

General Rules to Observe in Building Rapport with Youth/Adolescent Client

- a) Establish a rapport with patient using language youth seems comfortable to speak.
- b) Assure youth of confidentiality and your commitment to care for his/her health.
- c) Win the trust of your patient.
- d) Find out presenting complaints
- e) Take history of presenting complaints, finding out duration and character of presenting complaints
- Note: please ensure you are non judgmental in your interactions!
- f) Examine the client carefully, by explaining each step of the examination i.e. what you are examining for and why.
- g) Communicate your working diagnosis to the client and explain why you came to that conclusion
- h) Request for laboratory investigations and reason for each requested investigation.
- i) In case of history taken that exposed youth sexual activity or abuse, ensure your speech is non-judgmental. Make sure your body language is cordial by leaning slightly forward, not backward to the patient.
- j) Consider the religious disposition of the patient and counsel against guilt feeling and consequences of such e.g. despondence, depression. Highlight the need for client to forgive himself or herself and apply the mind to how to solve current problems and move forward in life.
- k) Remember you are a care giver and not a judge of people's actions or inactions
- Do a HEADS assessment which could give you a panoramic view of other health and developmental problem the youth has not mentioned, risky behaviors like use of illicit drugs and unprotected sex, poor eating habits.

- Assess environmental factors that could affect the health of the youth including ongoing environmental and social issues in the community you are aware of.
- Reassure the client of your commitment to his/her health and well being

HEADS:
Home
Education/Employment
Eating
Activity
Drugs
Sexuality
Safety
Suicide/Depression

- Establish rapport by introducing yourself and getting introduction of client
- Take history of presenting complain
- HEADS assessment

Clinical Examination

- - Communication for consistency of language
- - Conduct Laboratory investigation
- - Counsel on issues related to working diagnoses discussing treatment options
- - Give treatment options
- - Refer to appropriate specialists if need be.
- - The privacy of the youth must be maintained during your interaction with the youth
- - The youth should indicate whether an accompanying person should be present with you during your clinical interaction with the youth.
- The wishes of the youth should be respected.
- - The decision to discuss the working diagnoses with an accompanying person should also be made by the youth.
-

Examination

- - Respect cultural sensitivities about gender norms
- - Explain to the client that you are about to examine the client clinically and importance of doing so
- - Run a short commentary on each step of examination
- - Client should let you know if he/she feels pain at any point during the examination
- - Explain the findings to the client and find out what patient understands from your explanations
- - Find out if the client has any question to ask you

Answer question as honestly and professionally as possible. If needed, when a male health worker is examining a female client, ensure presence of a female colleague.

HEADS is an acronym for

- | | |
|------------------------|----------------------|
| . Home | . Drugs |
| . Education/Employment | . Sexuality |
| . Eating | . Safety |
| . Activity | . Suicide/Depression |

1

SUBSTANCE ABUSE

1

Substance abuse is the recurrent and habitual use of drugs that may lead to significant impairments. Adolescents and young adults abuse illicit (alcohol, tobacco) and illicit substances (Indian hemp, cocaine and heroin).

Adopt the following steps in managing an adolescent who presents with signs and symptoms of substance abuse



- Always welcome the client and make them comfortable
 - This period is not a time for blame game but a time for empathy and concern. There is no need to start finding faults.
 - Immediately assess the patient for any emergency concerns and treat appropriately e.g. for bruises, or cuts. If the client is unconscious and severely injured quickly refer
 - Do a HEADS assessment; make sure you take history on the type of drug(s) abused, frequency and duration of drug use. Also ensure you find out about the family and social history. Don't forget to note the address and telephone number of client in case you need to follow-up.
 - Conduct a complete physical examination and take vital signs like temperature, respiratory rate, blood pressure etc
 - Rapidly find out the mental state of the patient by conducting a mental state examination
 - Table 1 is a summary of the symptoms they can present with, based on the type of drug abused while Table 2 describes mental state examination.
 - The aim of management is to treat simple physical injuries and complications and symptoms, counsel and refer appropriately for management while you follow-up regularly.
- A. In excessive alcohol intoxication try to reduce effect of alcohol by inducing vomiting, you can admit and give intravenous fluids including 50% dextrose in double dilution because of hypoglycemia.
 - B. When the client is restless and/or aggressive, admit and give IM chlorpromazine (Largactil) 50-100 mg stat and repeat if necessary 6-8 hourly until client calms down (except in alcohol withdrawal). Restrain if violent.
 - C. For alcohol withdrawal, give diazepam (Valium) tablets 5-10mg tds until the symptoms subside; then gradually tail it off over 2 weeks. If patient is uncooperative, give IV diazepam (Valium) 10-20mg slowly until the patient becomes calm.

Table 1: DIFFERENT TYPES OF DRUGS AND THEIR EFFECTS

DRUG GROUP	EFFECTS/DANGER
STIMULANTS Example <ul style="list-style-type: none"> • Cocaine (crack) • Caffeine • Nicotine • Amphetamine 	<ul style="list-style-type: none"> • Can cause increase in energy and activity. • Can suppress hunger. • Produce a state of excitement or 'feeling good'. • Can cause one to be in a state of euphoria. The intensity of the feeling depends on the type of drug e.g. cocaine is stronger than caffeine in coffee. • Hallucination, sleeplessness • Hypomania • Mental disorders
DEPRESSANTS Example <ul style="list-style-type: none"> • Alcohol • Lexotan • Valium • Other benzodiazepines, Barbiturates 	<ul style="list-style-type: none"> • Can slow down body functions. • Cause sleep or drowsiness. • Lead to fall in blood pressure, lowering of the heart rate and breathing. • Can cause death: Can make a person to “feel good” at the beginning. • Difficulty in operating machines • Unconsciousness and death
MARIJUANA Example <ul style="list-style-type: none"> • Indian hemp, also referred to as • “Weed • “Igbo” • “Ganja”. 	<ul style="list-style-type: none"> • Can alter the way people see, hear, and feel. • Can cause fear or reduce it thereby making the user bolder and more daring in taking risk. • Can cause dryness of mouth and throat. • Disorientation/Confusion • Long term use can also decrease libido, and affect sperm production. • Like cigarette smoking, it can cause damage to the respiratory system especially the lungs. • Can reduce motivation; and precipitate mental disorders.
INHALANTS Example <ul style="list-style-type: none"> • Glue (Solution for patching shoes) • Paint thinner • Nail-polish remover, Aerosols like hair spray, and petrol, gas from pit latrine and gutter. 	<ul style="list-style-type: none"> • Inhaled fumes can cause excitation and dis-inhibition • Euphoria • Dizziness or stupor • In coordination/Tremor • Slurred speech • Unsteady gait • Blurred vision • Coma

Table 2: MENTAL STATE EXAMINATION

Behaviour	Is the client's behaviour rational or logical?
Appearance	Does client appear appropriately dressed?
Perception	Does the client perceive things that no one else perceives e.g hearing or seeing things?
Thought Disorder	Does the client have abnormal beliefs or thoughts about the people or the environment?
Orientation	Is the client properly oriented or aware of time, place and persons?
Memory	Does the client remember things that recently happened e.g what he ate last, dress he wore? Or only remembers long time events
Intelligence	Does the client exhibit basic intelligence e.g additions and subtractions of numbers?
Judgment	Does the client exhibit logical judgment of issues? E.g who should cross the road first between you and a child you are walking with?
Insight	Does the client recognize he/she has a problem and should be treated?

COUNSELLING TIPS AGAINST DRUG ABUSE

1. Avoid being pressured into taking tobacco, alcohol or other addictive substances by peers
2. Share your concerns with a trusted older person once you are offered such addictive substances
3. If you have been taking drugs or addictive substances, seek help from clinics, religious organizations, NGOs
4. If you are still taking alcohol or addictive substances, avoid taking it in isolation for avoidance of overdose
5. Invite youth to join volunteer group in the community
6. Refer to Youth Advisory Group in the community, social workers and psychiatrists.

Table 3: HEADS ASSESSMENT

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



1. What are the health effects of smoking?

Smoking causes many chronic diseases, such as lung cancer and many other forms of cancer; heart disease; and respiratory diseases, including emphysema, chronic bronchitis, and pneumonia.

Overall, smokers are less healthy than nonsmokers. Smoking negatively affects the immune system, and hence increases a person's risk for infections. Smoking also increases the risk for fractures, dental diseases, sexual problems, eye diseases, and peptic ulcers.

2. How does smoking affect reproductive health in adolescent girls?

Adolescent girls who smoke have more difficulty becoming pregnant and have a higher risk of never becoming pregnant. Smoking is known to cause ectopic pregnancy where the fertilized egg fails to move to the uterus and instead attached in the fallopian tube or to other organs outside the womb. Smoking can also affect the developing baby during pregnancy and can cause pregnancy complications with extremely negative consequences.

3. What are the early warning signs of drug abuse?

Parents and care givers can suspect early enough that a person is using drugs if he/she shows the following behaviour:

- Sudden change in behaviour and mood
- Sudden change and decline in attendance and performance at school or work
- Unusual temper flare-ups
- Increased borrowing of money from parents and friends
- Stealing at home, school or work place
- Unexplained long absence from home
- Unnecessary secrecy
- Changes in dressing and appearance
- Presence of paraphernalia e.g. syring, foil paper, lighter and burnt spoon.

2

COUNSELLING ADOLESCENTS AND YOUTH ON CONTRACEPTION

Adolescents/Youth are usually confronted with increased sexual awareness and drive. For a growing percentage of youth, first sexual exposure and experience occur at this phase of their lives. Unfortunately, many of them are not equipped with adequate knowledge to protect themselves against STIs or unplanned pregnancies. There is need to professionally counsel adolescents/youth on contraception at the first contact they have with an AYPHS provider.

Please note the need for deploying a great level of professionalism and courtesy when counselling youth on contraceptives.

As a health worker, you must earn their confidence and trust as you discuss private issues concerning sex with them.

- Find out what adolescent thinks about sex
- What is sex meant to achieve?
- Let the adolescent understand that sexual feelings are normal but sexual activities should only be engaged in when one is consciously ready and fully convinced
- Unravel the myths about sex, such as it being necessary to be a real woman or man, show of true love and affection, of harbouring sickness if you don't have sex early. Let them know this myths are not true.
- Boost their confidence to be in control of their bodies sexually.
- Explain to them that sexuality incorporate the totality of each individual's personality. Therefore, it is proper for the adolescent to be the best he/she can be in every aspect of life
- Especially for female clients, counsel to resist sex based on transactions, pity or threat. Re-establish their ownership of their bodies and need for total will and conscious personal decision to have sex before engaging in it.
- Also counsel the male adolescent to respect his body and that of his female partner. Explain to him the need to resist peer pressure to prove his manhood by having sex with or coercing a girl to have sex with him.
- Encourage them to talk to parents, trusted friends or health workers like you, if they feel pressured to have sex when they don't want to.
- Be willing to help them overcome the transactional threats for sex where present, e.g lecturers, sugar daddies, older family members etc
- For those who have started engaging in sexual activities and are willing to stop, encourage them to do so until they are truly ready.
- Advise youth to avoid being in situations and locations where they will be vulnerable to be sexually pressured, harassed or assaulted.
- Clearly explain to them, that if and when they are ready and convinced to engage in sexual acts, there are proven means of doing that without the risk of pregnancy and STIs

TABLE 4: CONTRACEPTIVE METHODS FOR ADOLESCENTS AND YOUTH

Method	Description	How to Use	Advantages	Disadvantages
Abstinence	Total avoidance of sexual intercourse.	Application of skills required to make abstinence work. e.g. assertiveness, self control.	Full protection against pregnancy and STIs including HIV/AIDS	Not all can practice it.
Condom	Male condoms are rubber sheaths made of latex or natural membranes.	It is worn on an erect penis before sexual intercourse.	<ul style="list-style-type: none"> • Protection against STIs, HIV, unplanned pregnancy, • Male involvement, inexpensive 	<ul style="list-style-type: none"> • Allergy to rubber, • May decrease sensation, • Some people feel embarrassed purchasing it.
Female condom	It is made up of polyurethane materials.	Before intercourse the woman places the sheath in her vagina. During sex the man's penis enters the female condom.	<ul style="list-style-type: none"> • Controlled by the woman. • Prevents STIs and HIV. • It can be inserted (8) hours before intercourse. 	<ul style="list-style-type: none"> • Difficult to place in the vagina • woman must touch her vagina. • Makes noise during sexual intercourse.
Spemicides	Agents that kill sperm before it enters the uterus. It comes in forms of foam, tablets, jelly or cream.	Insert the spermicide few minutes before sexual intercourse. It can be used with condom or diaphragm.	<ul style="list-style-type: none"> • Serves as lubricant, • Easy to apply, • Easily available 	<ul style="list-style-type: none"> • Provides little protection against STIs and HIV when used alone. • Not as effective as pill.

CONTRACEPTIVE METHODS FOR ADOLESCENTS AND YOUTH (contd.)

Method	Description	How to Use	Advantages	Disadvantages
Progesterone only (Pill)	Contraceptive tablets taken every day for either 21 or 28 days.	Anytime during the menstrual cycle. However, 5 th day of the menstruation cycle is the best.	<ul style="list-style-type: none"> Decreased menstrual flow. Decreased menstrual pain. Treatment of menstrual pain. Fertility returns after stopping the pill. 	<ul style="list-style-type: none"> Does not protect against STIs, HIV/AIDS Possible side effects include <ul style="list-style-type: none"> Spotting Nausea and vomiting and Weight gain
Emergency contraceptive pills	Contraceptive pills taken as soon as possible after an unprotected sexual intercourse.	Take (4) Tablets of a low dose (30-35 mg EE) within 72 hours of unprotected intercourse. Take four more tablets in 12 hours. Total is 8 tablets. OR Take 2 tablets of a high dose orally within 72 hours of unprotected intercourse. Take 2 more tablets in 12 hours.	<ul style="list-style-type: none"> Provides opportunity to prevent pregnancy after forced or unplanned sexual intercourse. Generate the need to initiate contraceptive use. 	<ul style="list-style-type: none"> Does not protect against STIs, HIV/AIDS

Information about contraceptives is important for all young people whether they abstain from sex or are sexually active. Not all the modern methods of contraceptives are appropriate for adolescents. Most of the temporary methods are appropriate but not the permanent methods.

It is also very important to tell the adolescent/youth that side effects do not present in all persons that use a particular method.

When counseling adolescent/youth, do inform him/her that though some people experience the side effects, others do not. However, if he/she experiences any such effects while using a method, it is expected and in most cases, the effects subside in a few months. If they persist and he/she cannot tolerate the side effects, then, he/she should return to see you to try another method.

Dual protection is the consistent use of a male or female condom alone or in combination with a second contraceptive method. As providers, we should ensure that all adolescents are using a method or combination.

1. Welcome the adolescent, introduce self to the client and ask general questions to establish rapport.
 - Take a detailed history (personal, social, economic, past medical, obstetric and gynaecological history, previous contraception).
 - Obtain a sexual history (vaginal discharge or irritation, frequency of sexual intercourse, dyspareunia, post coital bleeding and number of sexual partners).
2. Conduct a physical examination – weight, blood pressure, evidence of anaemia or jaundice, breast and thyroid gland, enlargement of spleen/liver or any other mass.
3. Conduct a pelvic examination of sexually active client (check for redness, discharge, swelling, scar, lice, ulcers; note the position and consistency of the cervix, evidence of cervical erosion or cervicitis; check the adnexae for tenderness, swelling; size, consistency, shape and mobility of the uterus, whether anteverted or retroverted).






Examining the body of an adolescent requires ethical and professional conduct. Always follow laid down guides and rules for examining the most private parts of a person's body

4. Conduct necessary laboratory investigations based on the history and examination–check the urine for albumin, sugar and acetone; obtain blood specimen for the packed cell volume (PCV), and blood film for evidence of sickling and malarial parasites; obtain Pap smear; and do pregnancy test.
5. Discuss all temporary forms of contraceptives available in the clinic with the client.
 - Show all the methods to the client.
 - Discuss the advantages and disadvantages of each method.
 - Allow the client to make a choice.
 - Discuss the method chosen by the client with him/ her.

Always demonstrate the correct use of the contraceptive method to the adolescent.

TABLE 5: MEDICAL ELIGIBILITY CRITERIA FOR USE OF CONTRACEPTIVE METHODS

Contraceptive method	Medical conditions in which they can be used
BARRIER METHOD	Sickle cell disease, Deep vein thrombosis, Acute viral hepatitis, migraine with aura, clotting disorder, postpartum period whether breastfeeding or not, hypertension.
COMBINED CONTRACEPTIVE	Acute viral hepatitis, migraine with aura, clotting disorder, postpartum period if more than 21 days and not breastfeeding or more than 6 months and breastfeeding.
PROGESTERONE ONLY CONTRACEPTIVE	Deep vein thrombosis, migraine with aura, clotting disorder, postpartum period whether breast feeding or not except if breastfeeding less than 6 weeks postpartum, hypertension irrespective of grade.

				
MALE CONDOM	FEMALE CONDOM	PILLS	IUD	INJECTION

Protection against pregnancy is not absolute and the contraceptive methods have different level of effectiveness. Combined contraceptives- 92%, male condom-85%, female condom-79%, progesterone only pill- 92%, injectable-97%, Copper IUCD-98.2%, periodic abstinence-75%.



1. Can the future fertility of those who use contraceptives over a long period be affected?

There is no evidence to show that it can be affected. In fact some contraceptive methods preserve fertility e.g. condoms have no effect on future fertility but prevent STIs which can lead to infertility. Although three-monthly injectable can delay fertility for 3 months due to residual hormone stores in the body, fertility returns immediately after stopping use of oral contraceptives. IUCD has no effects on future fertility except client has STI or contracts STI during its use.

2. Are there any positive or negative effects for using contraceptives?

Oral and injectable contraceptives can help reduce infection of the reproductive organs such as Pelvic Inflammatory Disease (PID) which can cause infertility or an ectopic pregnancy. They also reduce the risk for ovarian and endometrial cancer, may reduce menstrual cramps, acne and iron deficiency anaemia. Oral contraceptives prevent the risk of breast cyst, however IUCD can cause infection especially if exposed to STI.

3. What should I do if I miss my pills?

If you miss any of the first 21 pills you must use an alternative method e.g. condom for the next 7 days. If you are less than 24 hours late then take your missed pill and resume regular schedule. If you remember the next day that you missed your pill yesterday take two pills together today, then continue your schedule the next day. Don't take more than two pills in one day. However if it is more than 24 hours late, take the pill you missed and take the next pill on schedule. Throw away the missed birth control pills and continue the pills as scheduled.

3

EMERGENCY CONTRACEPTIVE PILLS

Emergency Contraceptive Pills (ECPs) are a hormonal method of contraception that can be used to prevent pregnancy up to 120 hours (5 days) following an act of unprotected sexual intercourse

As a health worker, you must earn their confidence and trust as you discuss private issues concerning sex with them.

1. Welcome the adolescent warmly and make him/her feel comfortable
2. Introduce self to the client and ask general questions to establish rapport.

Effectiveness of ECPs

- If 100 women use progestin-only ECPs, typically 1 becomes pregnant
- If 100 women use combined (estrogen and progestin) ECPs, typically 2 become pregnant
- ECPs are most effective when used shortly after unprotected sex

How ECPs work

ECPs prevent a pregnancy from occurring. They do not disrupt an implant pregnancy. ECPs prevent the egg from leaving the ovary and may thicken cervical mucus to prevent the sperm from meeting the egg.

ECPs only prevent pregnancy from unprotected sex that occurs before the pills are taken. They do not prevent pregnancy from sex that occurs after the ECPs are taken.

Advantages

- Safe for women of all ages, including adolescents who may be less likely to prepare for a first sexual encounter
- Reduce risk of unintended pregnancy and need for abortion
- Appropriate for use after unprotected intercourse (including rape or contraceptive failure)
- Provide a bridge to the practice of regular contraception
- Drug exposure and side effects are of short duration

Disadvantages

- Does not protect against STIs/HIV
- Does not provide ongoing protection against pregnancy
- Must be used within 120 hours after unprotected sex (and should be taken as soon as possible to be most effective)
- May change the time of the woman's next monthly bleeding
- Inappropriate for regular use (high cumulative pregnancy rate)

How to use ECPs

- For progestin-only ECP (dedicated product): When possible, take 2 pills at the same time within 120 hours of unprotected sex, or take 1 pill within 120 hours and 1 pill 12 hours later
- For combined oral contraceptives (COCs): 1 dose of 0.1 mg ethinyl estradiol plus 0.5 mg levonorgestrel followed by a second identical dose 12 hours later
- If vomiting occurs within 12 hours of taking ECPs, take another dose as soon as possible. If vomiting occurs after 2 hours, no additional dose is needed.
- To reduce nausea, take the tablets after eating or use anti-nausea medication.
- Do not take any extra ECPs unless vomiting occurs. More pills will not decrease risk of pregnancy.

Possible side effects of ECPs may include:

- Nausea and vomiting
- Headaches or dizziness
- Cramping/abdominal pain
- Breast tenderness
- Changes in monthly bleeding or slight irregular bleeding for 1-2 days after taking ECPs

**Most side effects do not last for more than 24 hours*



What to expect after using ECPs

- There will not be any immediate signs showing whether the ECPs worked. The next monthly bleeding should come on time (or a few days early or late).

Reasons to return to provider

- If next monthly bleeding is more than 1 week later than expected
- Any time there is a problem or if either partner has been exposed to an STI

Contraceptive methods after taking ECPs

- Now may be a good time to begin a regular contraceptive method. COCs and POPs can be started a day after ECPs are taken.
- DMPA, IUD and male and female condoms can be started on the same day as the ECP
- For the implant, you must return after the next monthly bleeding

**ECPs do not protect against STI/HIV
To protect against pregnancy and STI/HIV,
Use a condom every time you have sex**

Have the adolescent/youth repeat this message back to you



1. Who needs emergency contraception?

If you had unprotected sex and don't want to get pregnant right now, you may want emergency contraception. Like other forms of birth control, emergency contraception stops you from getting pregnant. The difference is that you can take it after you had sex. Emergency contraception pills are different from drugs used to end a pregnancy. Emergency contraception works well, but it's not a substitute for regular birth control. Regular birth control works better, has fewer side effects, and costs less. As the name suggests, emergency birth control is only for emergencies, not something to use all the time.

2. When might I need to use emergency contraception?

You can use emergency contraception (also called "morning after pills" or "day after pills") any time you need a second chance to prevent pregnancy after sex. Here are some of the most common reasons women give for needing to use emergency contraceptive pills:

The condom broke.

I started my pack of birth control pills a week late.

We're usually so careful, but this time we just got carried away.

I talked myself into thinking it was okay not to use birth control this one time.

I barely knew him. I told him I didn't want to sleep with him, but he forced me to have his way.

4. Do I need emergency contraception if I missed one or more of my regular birth control pills?

Whether you should use emergency contraception or take other steps to prevent pregnancy after missing one or more of your regular birth control pills depends on how many pills have been missed, and when in your cycle the pills were missed. The latest guidelines (which have been simplified for easier use) are as follows

I. If you have missed 1 pill (more than 24 hours and up to 48 hours late): Take your missed pill as soon as you remember (even if that means taking two pills in one day). Continue the rest of the pill pack as usual.

II. If you have missed 2 or more pills (more than 48 hours late): Take the last pill you missed right away (even if that means taking two pills in one day). Leave any earlier missed pills. Continue taking the rest of the pack as usual, and use a backup method for the next 7 days. **Do you need EC?** If you have had unprotected sex in the previous 5 days and have missed two or more pills in the first week of your pack, EC will reduce your risk of becoming pregnant.

5. Does emergency contraception cause an abortion?

No, using emergency contraceptive pills (also called "morning after pills" or "day after pills") prevents pregnancy after sex. It does not cause an abortion. (In fact, because emergency contraception helps women avoid getting pregnant when they are not ready or able to have children, it can reduce the need for abortion.). Emergency contraceptive pills work before pregnancy begins. Emergency contraception will not work if a woman is already pregnant.

4

SEXUALLY TRANSMITTED INFECTIONS

Sexually Transmitted Infections (STIs) are infections that are spread through sexual intercourse. Common STIs include gonorrhoea, syphilis, herpes, chlamydia, trichonomiasis, candidiasis, genital warts, Human Immune deficiency Virus (HIV).

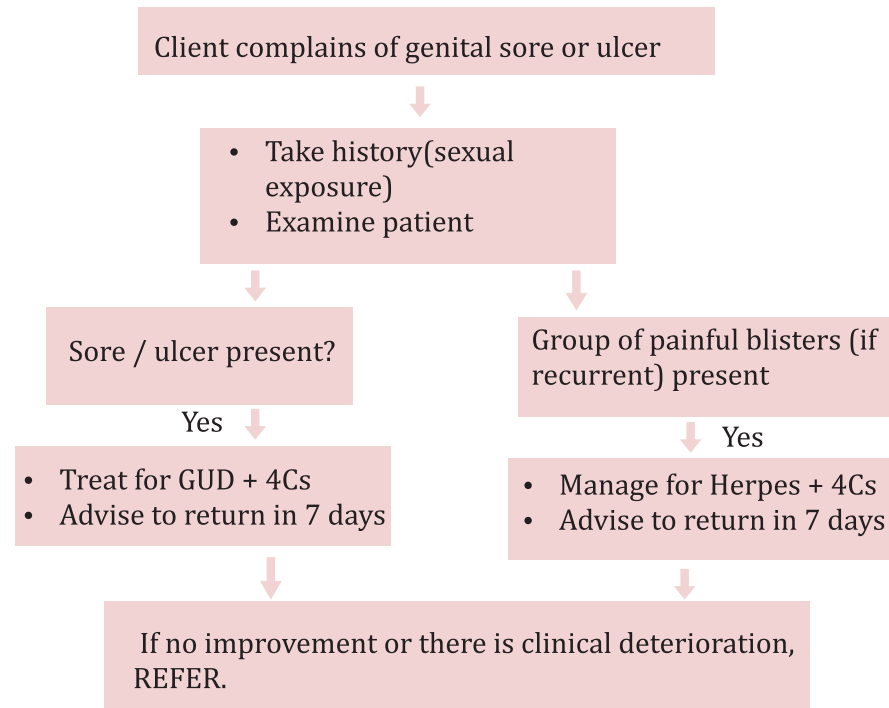
Examining the body of an adolescent requires ethical and professional conduct. Always follow laid down guides and rules for examining the most private parts of a person's body

1. An adolescent may present with the following symptoms:
MALE: Urethral discharge, pain while urinating, passing urine frequently, urinary urgency, genital blisters and/or ulcers, swelling in the groin, rashes, fever etc
FEMALE: Unusual vaginal discharge, burning or itching around vagina and vulva, bleeding from the vagina, pain in the pelvic area, fever etc.
2. Welcome the adolescent and take this essential information
 - **Biodata:** Name, Sex, Age/date of birth, Address, Level of education, occupation, marital status, religion, Number of partners, Number of children.
 - Do a **risk assessment** of STI by asking the client particular questions to determine the probability of her contracting or transmitting an STI.
If male partner has urethral discharge or female answers 'yes' to any 2 of the following:
 - Unmarried
 - Under 21 years and sexually active
 - More than one partner in the last 12 months
 - New partner in the past 3 months
- **Present complaints:** Symptoms and their duration, onset and recurrence. Ask about colour, consistency, nature and odour of discharge.
 - **Medical history:** Reproductive Tract Infections (RTIs) and STIs in the past, other illnesses and drug allergies.
 - **Sexual history:** Currently sexually active, age at first intercourse, new partner and sexual behaviours.
 - **Contraceptive method,** if any and date of last menstrual period.
3. Conduct a physical examination to confirm signs of STIs and ascertain the extent of infection.
4. Treat all classified STIs according to the syndromic approach which is presented as flow charts (See next pages and also "National Guidelines on the Syndromic Management of Sexually Transmitted Infections (STIs) and other Reproductive Tract Infections (RTIs)).
5. Follow the 5Cs of STI management and offer HIV counseling and testing to all sexually active clients.

Table 6- The 5Cs of Good STI Management

COUNSELLING You should:	COMPLIANCE Encourage client to:	CONDOMS You should:	CONTACT TREATMENT Encourage patient to:	CONFIDENTIALITY You Should:
Put yourself in your client's place (show empathy).	Avoid self medication.	Inform client of proper condom use as the only alternative.	Inform all sexual partner(s) in the last three months to seek medical treatment.	Assure client that information disclosed is safe and will not be told to any other person without his/her permission
Listen to client and engage in dialogue.	Ensure completion of treatment regimen even after all the symptoms have disappeared and not to share the medication with partner.	Educate client on consistent and correct condom use.	Avoid further spread of the infection to others.	
Counsel patient on the need to change risky behaviour.	Abstain from sex until treatment is completed and infection cured.	Demonstrate condom use.	Avoid re-infection.	
Educate client on STI prevention.	Follow other instruction.	Provide condoms to patient.		
Educate client on the implications of untreated STI.				

Fig. A - SYNDROMIC MANAGEMENT OF GENITAL ULCER DISEASE (GUD)



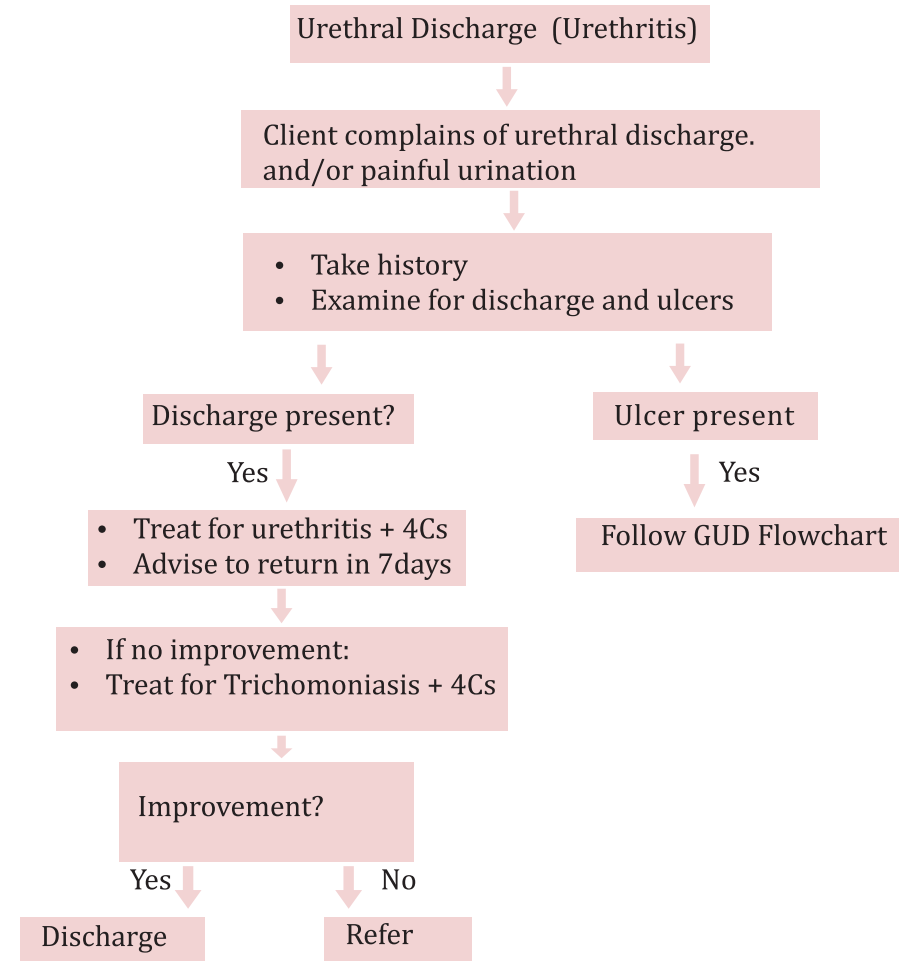
Drug Treatment for GUD:

- Benzathine Penicillin G. 2.4 Million Units IM in a single session.
- Erythromycin 500mg tab orally 6 hourly (4 times a day) for 7 days.

Drug Treatment for Herpes:

- Acyclovir tab 400mg tds orally for 7 days (also in pregnancy).
- Analgesics, keep lesion dry and avoid sex during relapse.

Fig. B - SYNDROMIC MANAGEMENT OF URETHRITIS



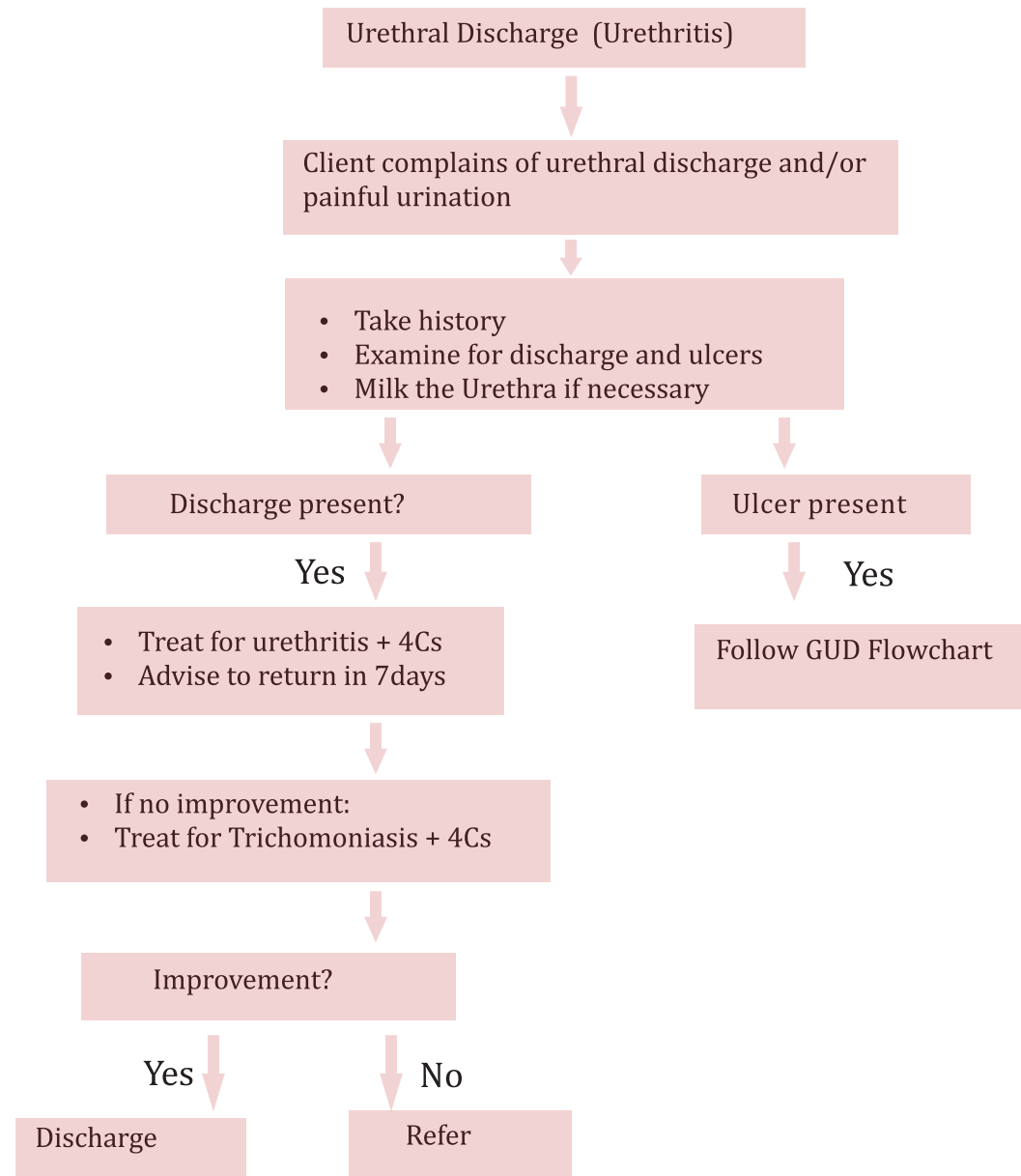
Drug Treatment for Urethritis:

- Ciprofloxacin 500mg tab as single oral dose.
- Doxycycline 100mg orally twice daily for 7 days.

Drug Treatment for Trichomoniasis:

- Metronidazole 2g orally in a single dose

Fig. C - SYNDROMIC MANAGEMENT OF GONOCOCCAL URETHRITIS (GONORHEA)



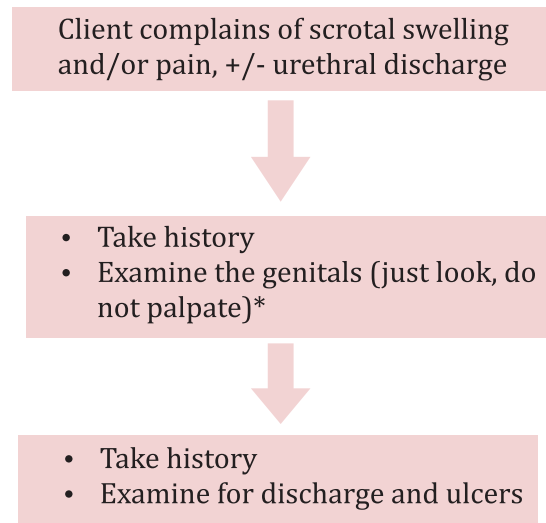
Drug Treatment for Gonococcal Urethritis:

- Ciprofloxacin 500mg tab as single oral dose.
- Doxycycline 100mg orally twice daily for 7days.

Drug Treatment for Trichomoniasis:

- Metronidazole 2g orally in a single dose

Fig. D - SYNDROMIC MANAGEMENT OF SCROTAL SWELLING



Drug Treatment for Urethritis:

- Ciprofloxacin 500mg tab as a single oral dose.
- Doxycycline 100mg tab orally twice daily for 7 days.

** Because of the risk of more serious surgical emergencies.*

Drug Treatment for Cervicitis:

- Ciprofloxacin 500mg tab as a single oral dose.
- Doxycycline 100mg cap orally twice daily for 7 days.

Drug Treatment for Vaginitis:

- Nystatin vaginal pessaries 100,000 Units inserted every night for 14 days.
- Metronidazole 2g orally in a single dose or 400mg twice daily for 7 days.

** Risk Assessment might change after validation of Flowchart.*

Fig. E - SYNDROMIC MANAGEMENT OF ABNORMAL VAGINAL DISCHARGE RESULTING FROM TRICHOMONIASIS (IF DIAGNOSTIC FACILITIES ARE NOT AVAILABLE)

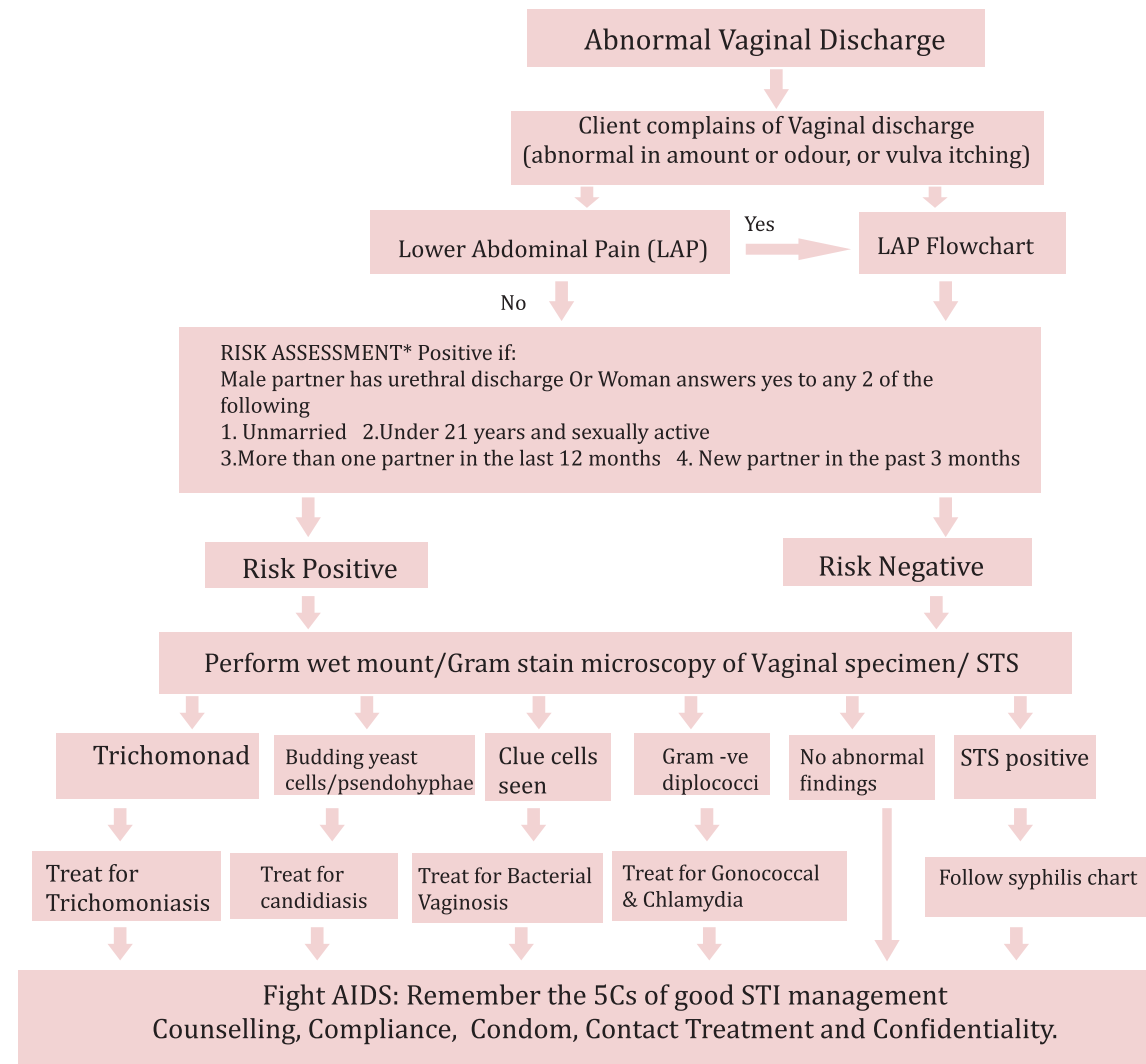


Fig. F - SYNDROMIC MANAGEMENT OF ABNORMAL VAGINAL DISCHARGE
RELATED TO CERVICITIS, VAGINITIS AND CANDIDIASIS
(IF DIAGNOSTIC FACILITIES ARE AVAILABLE)

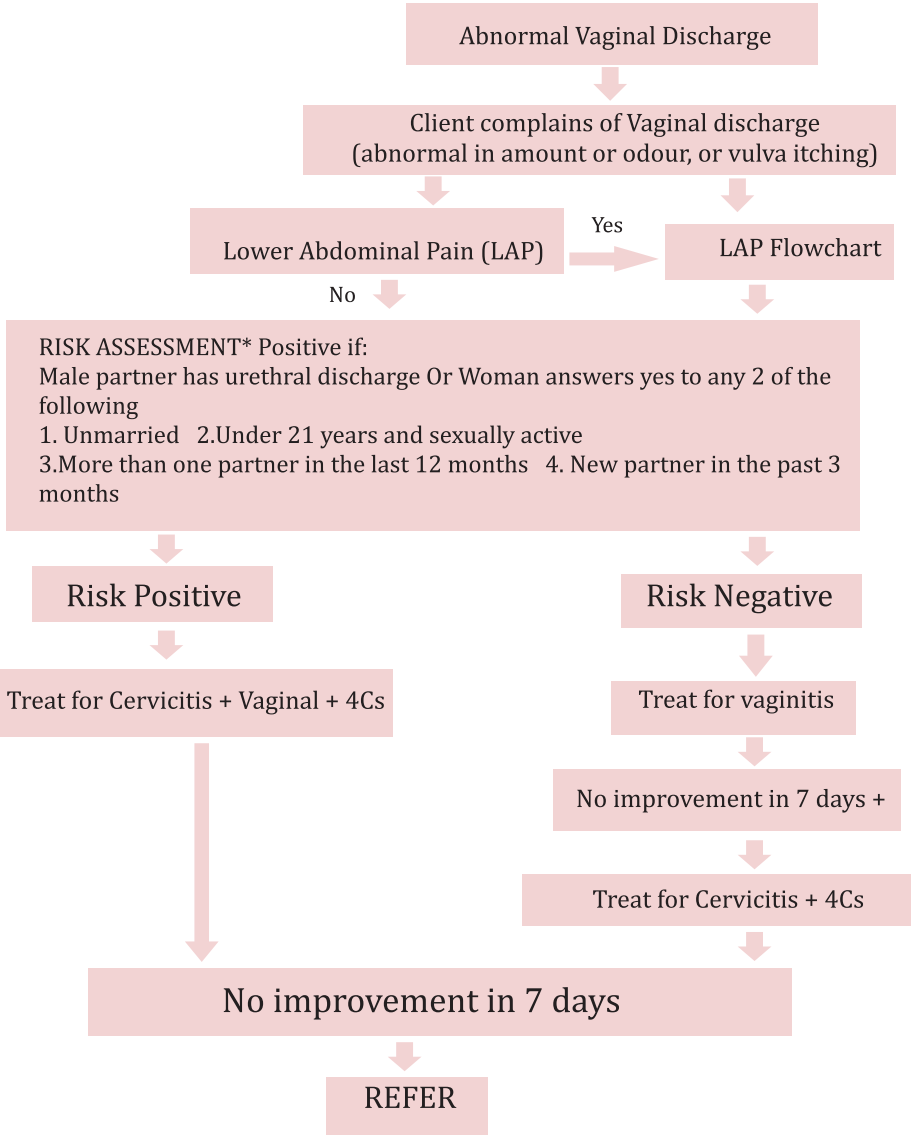
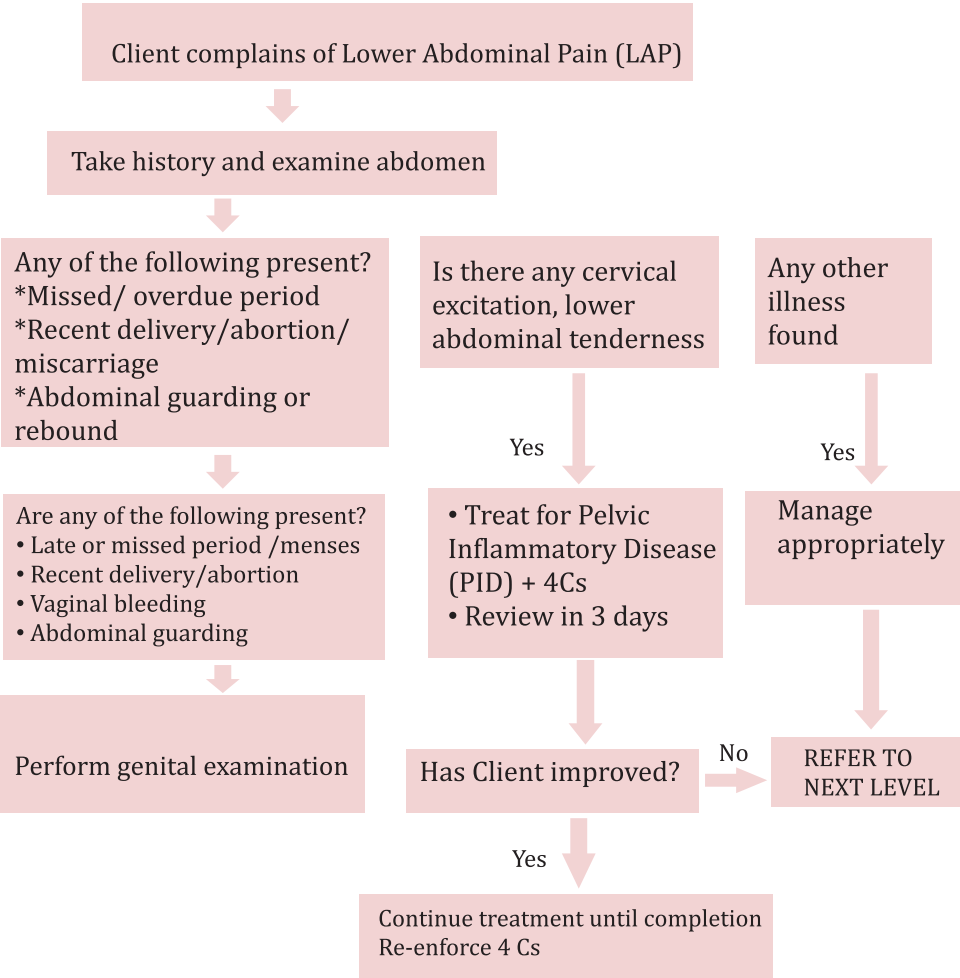
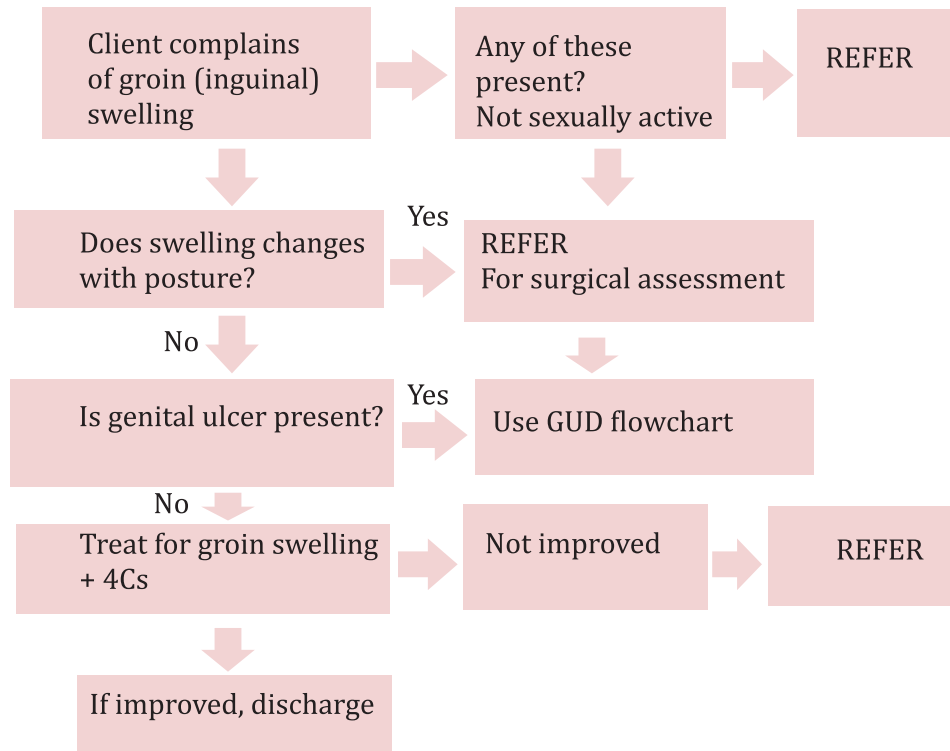


Fig. G - SYNDROMIC MANAGEMENT OF FEMALE LOWER ABDOMINAL PAIN



Drug Treatment for PID:
- Ciprofloxacin 500mg tab as a single oral dose;
- Doxycycline 100mg tab. orally twice daily for 7 days;
- Metronidazole 400mg tab orally twice daily for 14 days.

Fig. H - SYNDROMIC MANAGEMENT OF SWELLING IN THE GROIN (INGUINAL BUBO)



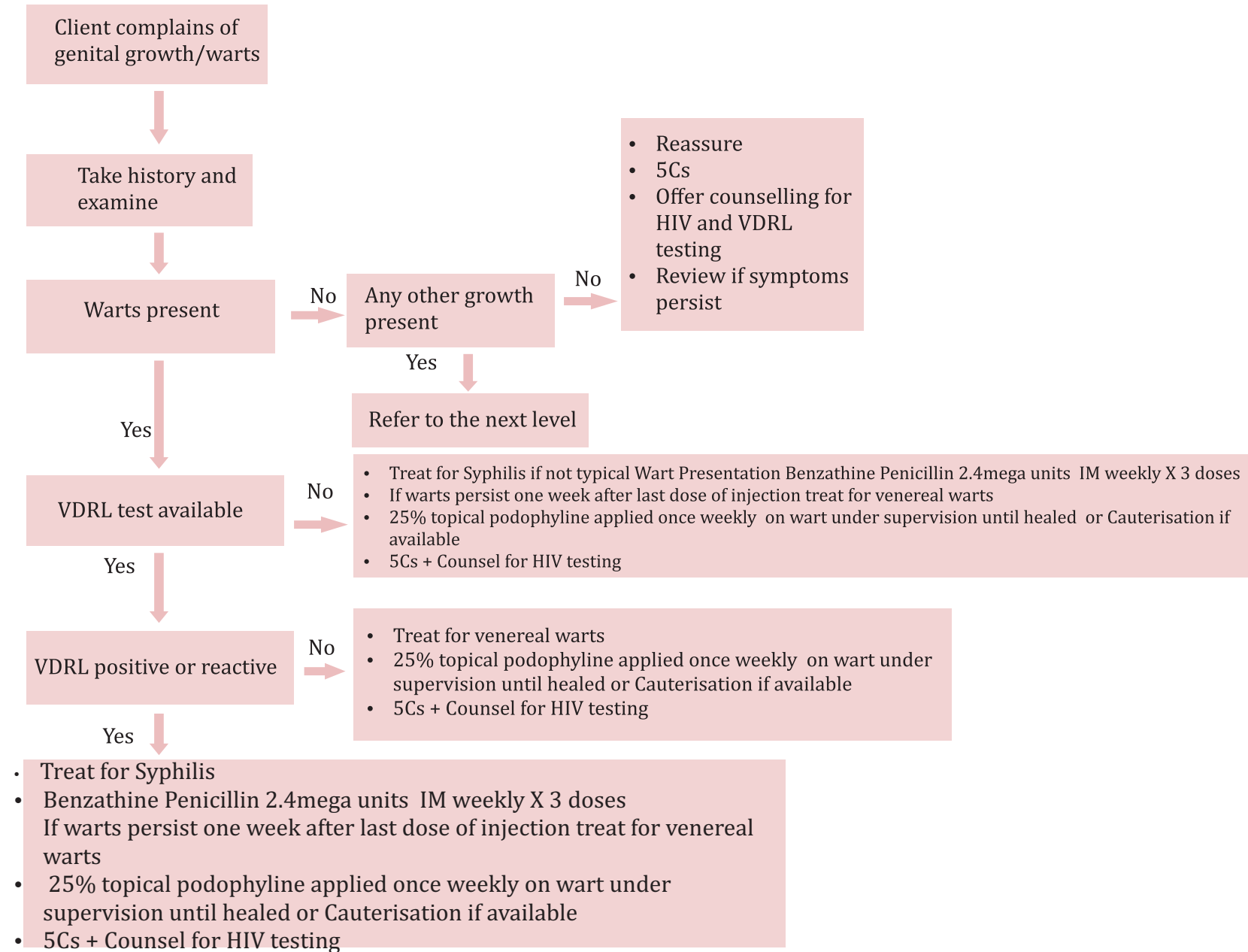
Drug Treatment for Groin Swelling:

- Ciprofloxacin 500mg tab stat
- Doxycycline 100mg cap.If improved, discharge
- Orally twice daily for 7 days.

Fig. I- MANAGEMENT OF VULVO-VAGINITIS IN PRE-PUBERTAL GIRLS



Fig. J - SYNDROMIC MANAGEMENT OF SYPHILIS



All children with vulvo-vaginitis should be treated using the vulvo-vaginitis flowcharts. In treating vulvo-vaginitis, treat for gonorrhea and Chlamydia as well. Parents of these children should be given appropriate treatment using the flowchart for urethral discharge in males and vaginal discharge in females. In all cases of sexual abuse or sexual assault, the children should be referred for adequate medical management, psychological and social support.



FAQs

Frequently Asked Questions

1. Is there any thing like toilet infection?

Sexually transmitted infections are spread solely from sexual intercourse with an infected person. None of the STI is spread through the toilet except may be Syphilis and Herpes which can be spread by direct non-sexual contact with infectious lesions. As long as the skin is intact it serves as a good barrier against many disease organisms. What people call toilet disease is usually yeast infection that causes whitish discharge which can also occur in adolescents that are not sexually active especially if they regularly use soap, alum or caustic soda to wash their private parts.

2. Please I need information on Staphylococcus

The local and traditional way used in referring to all sexually transmitted infections is Staphylococcus. Although there is a STI caused by a bacteria staphylococcus Aureus, not all STI are caused by staphylococcus. It is important that whenever you notice any symptom like urethral/vaginal discharge, or pain when urinating or sores or blisters around your reproductive organs, etc quickly seek treatment from a health facility. Please do not patronize chemists or road drug sellers.

3. Can I be cured of sexually transmitted infection?

Sexual transmitted infection caused by bacteria or fungi can be cured but those caused by viruses e. g HIV, herpes etc can re-occur even after treatment and can cause chronic conditions and health complications. Always make sure that you comply with your medications and return for further management if symptoms re-occur or new symptoms develop.

4. Will washing my vagina with water and soap or alum help prevent infection?

When you excessively wash your vagina with soap or alum it kills the normal flora of organisms that protects the vagina. Soap and alum can irritate the vagina causing bruises, pain and discomfort

5. What are my chances of becoming a father or mother in the future if I had STI?

As long as the STI is quickly recognized and treated correctly and appropriately there is no long term risks, however if treatment is delayed and done improperly or if the drugs are not complied with it could lead to complications that might affect the chances of becoming a parent in the future.

5

HUMAN IMMUNE DEFICIENCY VIRUS (HIV)

Acquired Immune Deficiency Syndrome (AIDS) is a viral condition caused by the human immune-deficiency virus (HIV). Adolescents are at a high risk of HIV infection. Adolescents can come to the clinic for HIV counseling and testing and for information on risk reduction strategies.

1. Welcome the adolescent and create an atmosphere of cordiality

- Assure the client about confidentiality and consent for HIV test based on local regulations. Try to assist youth to identify adult who is aware that youth is being tested
- Assess his/her HIV/AIDS knowledge: Allow the adolescent to express understanding of HIV, clarify misconception and fill in the gaps in knowledge. Assess feelings about testing and previous HIV testing experiences. Inquire if youth knows anyone with HIV/AIDS e.g. sexual partner, family member.
- Do an **assessment** of risky sexual behavior, drug abuse, contraceptive use, STI, violence risk factors for HIV etc
- Do HEADS and sexual and reproductive health assessment
- Ask about symptoms associated with HIV-related illnesses e.g. noticeable weight loss; prolonged diarrhea; prolonged cough; prolonged fever; painless bumps on the skin /mouth; white patches in mouth and painless swellings in the glands
- **Medical history:** Reproductive Tract Infections (RTI) and STI in the past, other illnesses and drug allergies, tuberculosis

2. Conduct a physical examination to confirm signs associated with HIV and ascertain the extent of infection. Look out for signs of STI syndromes

Examining the body of an adolescent

requires ethical and professional conduct always. Please follow laid down guides and rules for examining the most private parts of a person's body

3. Do a **pre-test counseling** which should include

- Reasons for recommending HIV testing.
- The clinical and preventive benefits of HIV testing.
- Available services, for the adolescent if tested HIV positive or negative.
- Reassurance that all information will be treated confidentially and will not be shared with anyone other than health workers directly involved with managing adolescent client.

4 **HIV testing:** Conduct or refer for testing after obtaining informed consent.

Please note that children and adolescents who are below 18 years cannot legally provide informed consent. However, they have the right to be involved in all decisions affecting their lives.

Post test counseling: Everyone who is offered HIV testing should receive post-test counseling based on the result of the test. See table below

MANAGEMENT OF AN ADOLESCENT THAT TESTS NEGATIVE

- Encourage the client especially sexually active ones to repeat the test 6 months later because of the window period for the appearance of HIV antibodies.
 - Remind the youth that testing negative does not mean one cannot be HIV infected in the future and therefore should avoid HIV risky behaviour
 - Counsel the adolescent on ways of preventing HIV infection transmission:
 - Using condom correctly each time he/she has sex.
 - Ensuring his/her partner remains faithful to him/her.
 - Abstaining from sex.
 - Not sharing sharp instruments.
 - Discuss options for safer sex practices, and support clients' informed decision.
 - Demonstrate proper male and female condom use on anatomical model and provide opportunity for practice.
 - Discuss effective ways to communicate role/responsibilities with sexual partner(s).
 - If the youth is on drugs, discuss harm reduction strategies.
- See if there is need for extensive post test counselling

MANAGING AN ADOLESCENT THAT TESTS POSITIVE

- Inform the adolescent about the test result as simple as possible, give him/her the time to consider it and help the client cope with emotions arising from the test result. Discuss any immediate concerns and assist the client to determine who in his/her social network may be available and acceptable to offer immediate support.
- Counsel the adolescent
 - That HIV infected persons can live a reasonably normal life;
 - That the HIV infected person must seek prompt medical attention when sick;
 - That person must practice safe sex only;
 - That pregnancy causes deterioration in the HIV-infected female and can affect the unborn baby if the client does not follow instructions given by health workers.
 - That being aware of the fact that one is HIV-positive gives one the opportunity to prevent others from being infected.
- Discuss therapeutic options and build trust; the goal is active participation in all aspects of treatment.
- Describe follow-up services that are available in the health facility and in the community, with special attention to the available treatment, PMTCT and care and support services.
- Provide information on how to prevent transmission of HIV, including provision of male and female condoms and guidance on their use.
- Provide information on other relevant preventive health measures such as good nutrition, use of co-trimoxazole and insecticide treated bed nets.

MANAGING AN ADOLESCENT THAT TESTS POSITIVE

- Discuss the immediate needs of the adolescent (health, housing, etc) and explore avenues for support.
- Discuss the stages of HIV infections.
- Conduct a mental state examination.
- Assess mental health and cognitive abilities.
- Discuss with the adolescent the available ARV regimen.
- Assess physical ability to take medications.
- Assess readiness to begin medications.
- Educate about HIV infection: transmission, disease course and benefits of medications.
- Discuss follow-up visits:
 - Arrange clinic visits and obtain contact address.
 - Acknowledge and address side-effects.
- Facilitate interactions with other youth taking medications.



1. How can I distinguish a person who has HIV and a person that does not?

You cannot know the HIV status of any person by looking at their faces but by undergoing a HIV test.

2. Can HIV be transmitted through mosquito bites?

No, HIV is a sexually transmitted disease. It can also be transmitted through blood transfusion, breast feeding, sharing of sharp objects with an infected person and is not transmitted by insects. Studies have shown that HIV does not undergo replication in mosquito but disappears within 1-2 days in the mosquito.

3. Does HIV have any cure?

There is no HIV cure presently but the disease progression can be slowed down through the use of anti-retroviral drugs which must be taken for life.

4. What makes condom use important in the prevention of transmission of HIV?

The correct and consistent use of condoms is effective in preventing HIV and STI. Condom failure may be due to improper use, breakage or slippage (especially if it has expired or has been exposed to heat)

6

UNPLANNED PREGNANCY

6

Pregnancy that occurs in a person below the age of 20 years is termed teenage pregnancy. An adolescent pregnancy apart from the fact that is unplanned for is a high risk one that requires proper ante-natal care and well supervised delivery. By Nigerian law, pregnancy can only be terminated when the life of the woman is at risk. Abortion carries a number of risks especially when done by non-specialists.

ADOLESCENT WHO WANTS TO CONFIRM IF SHE IS PREGNANT

NOTE: Health workers usually make mistakes when the first question they ask is, "have you had sex before" or "when was the last time you had sex"? This can be demoralizing for the clients and completely make them lose confidence and trust in you. Never be judgmental. Therefore begin by trying to make her comfortable and create an atmosphere of friendship by asking general questions or issues pertaining to her welfare. Assure her that the information she make known would be kept confidential.

1. Ask her about her obstetric history including menstrual history, menarche, late or missed period.
2. Ask if she is sexually active since her last normal period and if she used contraceptives or not. Always ascertain that contraceptive method is consistently and correctly used. If she is sexually active, check for STI symptoms too.
3. Ask for symptoms of pregnancy like nausea or vomiting in the morning; swelling or soreness in the breasts etc
4. Do not forget to do a HEADS assessment
5. Do a complete general physical examination and look for signs of pregnancy like unusual tiredness,

weight gain, and palpable uterus in the lower abdomen.

6. Do a urine or serum pregnancy test or refer for ultrasound if she has missed her period for more than 6 weeks. Sometimes the urine test can be negative even though she is pregnant so do a repeat test in 2 weeks time
7. Aim of management is to confirm if adolescent is pregnant or not and advise appropriately.
 - A. If she is pregnant, advise and counsel on nutrition, personal care and need to register for antenatal care. Refer if there is any medical or pregnancy related complication.
 - B. If she is not pregnant, counsel on safer sex and ways to prevent pregnancy in the future through abstinence or contraception. Emphasize dual contraceptive protection (prevents pregnancy and STI /HIV). Also offer HIV counseling and testing. Never forget to counsel on STI and HIV risk.
 - C. If pregnancy is probable but not confirmed reschedule another appointment in two weeks and follow up until pregnancy is confirmed or otherwise
 - D. If pregnancy is unlikely, offer emergency contraception. If sexual activity is less than 120 hours, counsel on STI/HIV risk and offer HIV counseling and testing and contraceptive counseling.

ADOLESCENT WHO IS PREGNANT

Offer pregnancy option counselling

Pregnancy Options is a term used to describe the different choices a woman has when she learns she is pregnant. It presents an opportunity to discuss the woman's different choices.

Example: Every woman who has planned a pregnancy needs to decide where to get prenatal care, where and how she will deliver. Every woman who has an unplanned pregnancy should learn her legal and medical options for dealing with the pregnancy.

During a pregnancy options counselling session, you should discuss these major issues:

- Prenatal Care, Parenting and Adoption

The aim of pregnancy management is to identify any medical complications and to begin ante natal care

- Welcome and make her comfortable.
- Quickly assess for any emergency signs and refer.
- Airway and breathing:
very difficult breathing or evidence of central cyanosis (blue colouration of lips and tongue)
- Circulation:
Cold moist skin or
Weak and fast pulse
- Vaginal bleeding
- Convulsions or unconscious
- Severe abdominal pain
- Dangerous fever (more than 38°C and any of:

very fast breathing/stiff neck/lethargy/very weak/not able to stand)

- Take her biodata, obstetric, family, social and medical history. Always try to understand and ask for any consequences or suffering the adolescent is facing because of the pregnancy. Look out for expulsion from school, acceptance and support for the pregnancy etc
- Conduct a general physical examination: check for pallor, jaundice, pedal oedema etc. Also check her vital signs.
- Do an abdominal examination to ascertain size of pregnancy in relation to gestation and exclude any soft masses
- Carry out the following investigations at booking: Urinalysis, glucose, protein, acetone, PCV or Hb estimation, ABO and Rhesus screening, sickling test/genotype, HIV test (after voluntary counseling), Venereal Disease Research Laboratory (VDRL) test, Hepatitis B test and Pregnancy test if needed or Ultrasound scan if applicable
- Schedule her Focused Antenatal Care (FANC):
 1. First visit: By 16 weeks or when woman first thinks she is pregnant.
 2. Second visit: At 24–28 weeks or at least once in second trimester.
 3. Third visit: At 30-32 weeks.
 4. Fourth visit: At 36-38 weeks. (*At 36 weeks, conduct a pelvic assessment to establish adequacy of the pelvis*)
 5. Other visits: If complication occurs, follow up or referral is needed, woman wants to see provider, or provider changes frequency based on findings, viz:

(history, exam, testing) or local policy.

During Antenatal, ensure she receives:

- Tetanus toxoid (at 1st contact, a month after 1st contact, 6 months after 1st contact, then yearly thereafter for two years)
- Intermittent preventive therapy using fansidar at 16 weeks and 20 weeks gestation
- Mebendazole tablets against intestinal worms
- Iron and folate supplements
- Health education
- Counsel her on adequate and appropriate nutrition, personal self-care and hygiene.
- Develop and review a birth preparedness and emergency plan with her.
- Counsel on need to deliver in a health facility where a skilled birth attendant would be able to attend to her during delivery and refer in case of any emergency or complications.
- If pregnant youth has difficulty continuing education because of the pregnancy, refer to Community Programme Advisory Board (COPAB) or Youth Advisory Group (YAG) for support
- Refer all High Risk Pregnancy such as:
 - a) Eclampsia
 - b) Diabetes Mellitus
 - c) Vaginal Bleeding
 - d) Convulsion
 - e) Malpresentation
 - f) Kidney Disease
 - g) Multiple Pregnancy
 - h) Prior Cesarean Section
 - i) Documented 3rd Degree Tear

POST ABORTION CARE

Post Abortion Care (PAC) is the care offered to females who have undergone either an induced or spontaneous abortion. It consists of emergency health care services for treatment of abortion-related complications, provision of post-abortion contraceptive counselling and services, provision of other sexual and reproductive health (SRH) service, and referral services

Assessment/Identification of the Problems History

Take a history of:

- Past pregnancies,
- Present pregnancy including Last Menstrual Period (LMP) and estimated weeks of pregnancy,
- Pain in the lower abdomen/back whether continuous or intermittent,
- Bleeding- onset, nature of (gushing, trickling),
- Fever/chills,
- Vaginal discharge - colour, quantity and odour,
- Medication - whether prescribed or not, name of drug and dosage,
- Type and means of abortion done, place and time that it was done
- Take history of sexual violence if applicable

Physical Examination

- Look for pallor, abdominal distension, signs of hypovolemic or septic shock
- Check vital signs (blood pressure, temperature, pulse and respiration).
- Check for urinary output
- Palpate the abdomen for tenderness, mass and the size of the uterus.
- Perform a pelvic examination to establish trauma to cervix/vaginal and presence of cervical excitation tenderness or products of conception.

Investigations

Conduct the following investigations:

- Pregnancy test
- PCV/Hb/ Blood group
- Urinalysis for albumin, ketone and sugar
- High vaginal swab/endocervical swab for microscopy, culture and sensitivity.
- Ultrasound
- HIV test and other STI screening. Follow algorithm (see relevant section)

Management

Conduct the following management

- Give tetanus toxoid.
- Resuscitate the client if need be: treat shock, set up Intra Venous (IV) fluids, give ergometrine.
- There might be need to give blood transfusion.
- Give antibiotics, give analgesics.
- Do manual vacuum aspiration or dilation and curettage if abortion is incomplete or inevitable after resuscitation or pain persists.

Provide counselling as follows:

- To prevent and or manage the emotional effect of abortion
- To help client obtain support from family
- Negotiating skills against sexual coercion and gender based violence
- Choice of contraceptive (see section).
- **Refer** for family planning, treatment of complications and protection if such services are not available.



1. If someone is pregnant how will the person know?

Firstly the adolescent girl would have late or missed period, she might also have nausea, vomiting, excessive weight gain, get tired easily. A pregnancy test is encouraged for confirmation

2. Can I be pregnant when I have sex for the first time?

YES. It depends on several factors that can be divided into male and female factors. However one of the most important one is the issue of the time during your menstrual cycle that you had a sexual relationship. If it occurred around the time of your ovulation then you are likely to get pregnant even if it was the first time.



7

ADOLESCENTS PUBERTAL CONCERN

ADOLESCENT MALE PUBERTY CONCERNS

1. Greet the client, offer him a seat and make him comfortable.
 - Take relevant biodata
 - Take history from the adolescent/parent/guardian after obtaining consent from the adolescent. Ask about dietary habit, chronic illnesses, stressful conditions and evidence of reduced function of other endocrine glands e.g. thyroid gland-excessive sweating or coldness
 - Take the following details: pubertal development in other siblings. Appearance and development of the pubertal growth indices such as pubic hair, beard, penile growth, voice mutation, undescended testis etc.
 - Ask him about previous use of drugs e.g. oestrogen containing drugs, on rare occasions, prolonged use of some drugs such as diazepam, metronidazole, opiates inhibits testosterone secretion. Also ask
2. Conduct a physical examination: note the height and weight, check for secondary sexual characteristics
 - Assess growth, size of the penis, testes and scrotum. Also check for lumps or swelling and signs of inflammation
 - Check for presence or absence of beard, pubic hair. Assess general degree of virilization e.g. hair growth on jaw, chest, legs, arms, pubic area.
 - Check the breasts to ascertain presence of mammary tissue and not fat.
 - Check for signs of liver and kidney disease (increase pulse rate, right hypochondrial pain etc.). Also check for abdominal masses that may suggest tumour of adrenal glands.
3. Management: Please follow the table below.

Aim of management is to recognize and classify the symptoms, counsel and refer to physicians or surgeons for treatment

PRECOCIOUS PUBERTY

Precocious puberty occurs if all or a combination of the signs of secondary sexual characteristics appears by age of 8 years.

DELAYED PUBERTY

Delayed Puberty is present if a boy's pubertal development (genital development, testicular growths) has not started by age of 14 years.

GYNECOMASTIA

Gynecomastia is defined as increased mammary gland size in the male. Usually occurs in boys aged 13-14 years

If all findings are normal, reassure the client and advise him to come back if in doubt. If there is any abnormal finding, refer to appropriately.

In most cases of constitutional delayed puberty, spontaneous pubertal development will start before ages 18-20 years. So reassure the client and request him to come back at age 16.

Where spontaneous onset of puberty fails to start by age 16 years or when there is evidence of endocrine organ or gonadal failure, refer the client appropriately for evaluation and treatment.

If gynecomastia is mild and non-progressive, reassure the client and follow up 3-6 months later. If in doubt, please refer appropriately.

UNDESCENDED TESTES

We may have the following situations.

1. **Cryptorchidism:** The testis lies intra-abdominally above the inner inguinal opening or retroperitoneally and can neither be seen nor palpated in the scrotum.
2. **Inguinal testes:** in which the testis is located in the inguinal canal.
3. **Retractile testis:** In this case, the testis lies at the outer orifice of the inguinal canal and can be pushed into the scrotum but returns to the original position when released.
4. **Testicular ectopy:** This describes a testes that lies outside the normal route of descent e.g. in the femoral canal or groin.

Testicular mal-descent should be corrected by surgery as soon as possible. Refer appropriately.

CONCERNS ABOUT SIZE OF THE PENIS

As adolescents become conscious of sexuality and begin to dialogue with peers, the size of the penis when considered small by the adolescent may be a source of worry (whether small or big it is normal).

If no abnormality is detected, counsel the client that:

1. Size of penis varies from individual to another.
2. Size of penis does not determine efficiency at sexual intercourse.
3. Size of penis does not determine fertility in as much as there is no problem with erection.

If there is an evidence of pathology such as hypogonadism or testosterone insufficiency, then refer appropriately.

HYDROCOELE

It is not uncommon for adolescents to discover that one (usually) or both scrotal sacs have fluid collection, which is painless

Reassure the client and allay his fears.

PAINFUL SCROTAL SWELLING

Note that painful scrotal swelling (which may be warm) can be a sign of:

1. Epididymo-orchitis.
2. Testicular trauma.
3. Inguino-scrotal hernia, especially when obstructed or strangulated.
4. Testicular torsion: The following are seen with torsion:
 - Testis is usually extremely tender
 - Testis is usually retracted
 - Scrotum is usually swollen and darkened in colour
5. Testicular tumour.

Allay the fears of the client.
Provide adequate analgesia.
Provide scrotal support to relieve pain.
Refer appropriately.

It is an emergency situation so refer immediately to a higher level where such clinical condition can be best managed.

ADOLESCENT FEMALE PUBERTAL CONCERNS

1. Welcome the client and make her feel comfortable.
- Take a history from client and/or parents/guardians:
 - A) Similar history in other siblings of parents – early growth of pubic and axillary hair; fully developed breasts and onset of menses below the age of 8 years.
 - B) Drug ingestion (medication).
 - C) Type of body cream used – if it contains oestrogen.
 - D) Swelling in the abdomen.
 - E) Inability to perceive odour such as perfume
 - F) Stressful conditions
 - G) Under or over-eating
- Ask client if there is an increase in the number of sanitary towels she uses during menses; duration of menses; any abdominal pain during menses noting the onset of the pain either before or at commencement of each menstrual flow. Ask client if there is any blood clot in the menses.
- Ask for a history of contraceptive use.
- Ask client if she has experienced menstrual pain since menarche
- Ask for history of vaginal discharge and its severity to exclude pelvic infection or other pathology.

PRECOCIOUS PUBERTY

Commencement of the physical changes (especially menarche) associated with secondary sexual maturity before the age of 8 years or at an age.

CONCERNS ABOUT BREAST SIZE

Adolescents sometimes express concern about breast size, which may be regarded as small or large either unilaterally or bilaterally. In most cases, one breast is slightly bigger than the other.

- Ask for associated symptoms such as nausea, vomiting, weakness and sweating.
- 2. Examine general appearance of the client noting the presence of pallor, evidence of under nutrition or deficiency state, note signs of inter-sexual disorders such as “short for age”, webbing of neck etc. Check the weight and the height.
- 3. Look for evidence of virilisation such as beard or hair on the chest. Check the development of the breasts, axillary and pubic hair.. Examine pubic area for hair growth and check for the presence of swelling.
- 4. Check for thyroid swelling. Size of thyroid gland and signs of thyroid dysfunction such as excessive sweating or coldness.
- 5. Examine the abdomen for presence of mass(es) especially in the lower abdomen and the flanks.
- 6. Examine the breasts to determine if they are appropriately developed for age. Check the vulva for any abnormality.
- 7. Perform a pelvic examination, both manual and with a speculum to detect any growth (in sexually active adolescent).

PLEASE DO NOT PERFORM A PELVIC EXAMINATION FOR A VIRGIN

Counsel the client accordingly and refer appropriately, if necessary.

If there are no specific lumps or swelling, or enlargement, use of oral pills or other pubertal signs of development

Reassure client that sizes of breasts vary with individuals and that the breasts will quickly go back to the normal size when the pills are discontinued.

If other pubertal characteristics are absent or poorly developed, refer appropriately for further assessment.

DELAYED MENARCHE

This refers to failure of commencement of menstruation by the age of 16 years but the adolescent may or may not have some pubertal development such as breast development or appearance of pubic and/or axillary hair.

If no abnormality is detected and there is a similar history in the family and/or if other pubertal development such as breast, pubic and axillary hair are present, counsel client that all may be well but request client to return after 6 months if menstruation has not commenced.

If abnormality is detected or client desires immediate treatment, refer the client appropriately for further assessment and management.

SCANTY MENSES

Menstrual flow that is small in quantity; it may also be short in duration i.e. less than 3 days.

If no abnormality is detected, counsel the client appropriately that it is usually a self-limiting condition, which normalizes once ovulation becomes regular or when she grows.

If abnormalities are discovered on examination, refer appropriately for further management.

HEAVY MENSES

Excessive menstrual flow both in terms of duration and/or quantity. Irregular menstruation, usually with increased blood loss (i.e. metrorrhagia or metriostaxis), is a frequent complaint soon after puberty. It is usually due to anovulatory (lack of ovulation) cycles.

MENSTRUAL IRREGULARITIES

Is inconsistency in the duration and intervals between one menstrual period and the next.

If the client is more comfortable with regular cycles and does not desire pregnancy, give a Combined Oral Contraceptive (COC) for 3 cycles.

Note that menstrual irregularities are very common in adolescents and youths particularly during the first few years of commencement of the menses.

PRIMARY AMENORRHOEA

This is failure of commencement of menstruation by 18 years of age.

If abnormalities are discovered on examination, refer to physician/ gynaecologist for further management.

SECONDARY AMENORRHOEA

A client is said to have secondary amenorrhoea if her menses stops for a period of at least six months in the absence of pregnancy.

DYSMENORRHOEA

As many as 60% of adolescent girls may complain of dysmenorrhoea after attaining regular menstrual cycle. In such cases, there is often no organic cause detectable. It is usually due to excessive contractions of the uterus during menstruation.

Instruct client to apply heat over low abdomen (e.g. hot water bottle). Give any of the drugs that reduce production of prostaglandin e.g. Piroxicam Ibuprofen. Counsel on regular exercise especially just before and during menstruation.



1. Is it normal for my penis to be smaller than my peers?

The size of the penis does not determine its sexual function nor is it an indication of “maleness”. Adolescents of the same age might have different sizes of their penises which would increase in size as you grow older.

2. What are the effects of testicular torsion?

If the torsion is complete and not quickly relieved, it can completely cut off the blood supply to the testis thereby damaging and making it unable to produce sperm again although the other testis can produce sperm. Complications that result from torsion does not affect normal sexual relations.

3. Is it true that menstrual pain is caused by eating too much of sugar and groundnuts?

It is not true. Menstrual pain is due to constriction and cleavage of the blood vessels and muscles of the uterus during menstruation. Menstrual pain is not associated with a medical illness in most cases.

4. My younger sister is much grown compared to me and my menses rarely come every month it seems that something is wrong with me.

Individuals differ in the timing of puberty. While most girls begin puberty before 9years, for others it usually starts late. When certain expected changes including menses and change in stature have not started at the required time in an individual, then puberty is delayed. For instance, menses should have started by 16 years while appearance of pubic hair and increase in size of breast by age 14 years. Sometimes periods are irregular or stop entirely due to undernutrition or imbalance of hormones (that help regulate periods).

5. Why are my breasts smaller than those of my friends?

It is mainly a matter of variation in the size of breast between individuals. Even in the same person, the sizes of the two breasts differ. Adolescents of the same age might have different sizes of breasts which would increase in size as they grow older.

6. Is it true that a girl will experience difficulty at child birth if she does not have sex by age 25?

There is no truth in this statement; child birth has nothing to do with sexual debut before the age of 25 years.

8

EARLY MARRIAGE

Early marriage is a common practice in some parts of Nigeria. Whatever the reason, adolescents involved, face health and social consequences. The Nigerian laws put the marriageable age of the girl-child at 18 years. All adolescent girls should be counselled on the risk of early marriage while girls already married should receive health care interventions to prevent the consequences of early marriage.

Some of the consequences of early marriage include: early pregnancy; increased risk of death due to pregnancy associated causes; vagina tear and fistula; sexual abuse; premature, low or still birth and psychological trauma: loss of dignity and status

1. Essential information to obtain during history taking:

- Biodata: Name, Sex, Age/ date of birth, Address, Level of education, Occupation, tribe, Marital status, Religion, school
- Ask about educational status i.e. (What age/class were you before leaving school, (ii) What class were you before marriage, (iii) What are/were some of your reason for leaving school-
- Ask about medical history: infectious diseases, previous surgery, nutritional and dietary habit, contraception in the past, noting the type and duration of use, past obstetric history including previous abortions or deliveries, complications of delivery like VVF, prolonged labour, stillbirth, prematurity etc
- For present obstetric and gynecology (O&G) history ask about: Last Menstrual Period (LMP)/ Last Normal menstrual period (LNMP) and if she is certain of the date; Past Sexually Transmitted Infections (STI or HIV/AIDS)
- Family history - ask family disposition towards the marriage and level of social and financial support, parent occupation, number of children, position in the family.
- Ask about history of domestic violence, sexual abuse

2. Do a general physical examination: look for pallor,

weakness, vaginal discharge or other signs of STI, leakage of urine(VVF) etc

- Do a mental state assessment
- Look for signs of domestic violence
- Do a pelvic examination

3. Management is client specific and could consist of the following:-

- Community based and behaviour change communication
- Activities to prevent child marriage through programs that can foster policies and norms that support later marriage and offer services, resources, and options to families.
- Activities that address the family planning and reproductive health needs of young married girls (see contraceptive choices for adolescents) and counselling to delay first pregnancy and support safe childbirth;
- Get economic support directly to girls and women by forming co-operative groups and small enterprises
- Get girls through secondary school; and encourage married adolescents to complete their education
- Prevent violence against girls and women.
- Premarital counseling.
- Enhance the negotiating power of married girls, and provide reproductive health and HIV prevention information and services.
- Married girls with psychological issues should be counseled or referred to appropriate level
- Vesico-vaginal fistulae should be referred for surgical management and rehabilitation.



1. When is the right age to get married?

Marriage is a life time commitment to your spouse and most times an avenue for having children. A girl below age 18 should not bear children because her body (pelvic bones are still too narrow and the reproductive organs are still not fully matured) is not ready for childbearing. She is also not physically and psychologically matured. Childbearing in adolescence can result in medical complications. Therefore it is advisable that a girl should not marry until she is fully matured to handle the responsibilities of marriage.

2. What is VVF/RVF?

VVF is Vesico-Vaginal Fistula. An abnormal opening between the bladder and the vagina due to communication between bladder and vagina while RVF is Retro-Vaginal Fistula. An abnormal opening between the Rectum (anus) and the vagina due to communication between the Rectum (anus) and the vagina.

3. What are some effects of VVF and RVF on victims?

- . Uncontrolled leaking of urine and faeces
- . Rejection/Isolation
- . Low self esteem
- . Divorce from partner
- . Offensive body odour
- . Destroyed organs e.g. hole in bladder and Rectum

9

MENTAL HEALTH

Common mental health problems among adolescents in Nigeria include adjustment, anxiety, mood and conduct disorders, schizophrenia and organic mental illnesses. It is noteworthy that many of the adult psychiatric illnesses start during the adolescent period.

1. Welcome the patient and key informants. Make the place comfortable
 - Take a history and note the following:
 - A. Stressful life events: Parental disharmony, examination failure, break-up of “love” relationship, sexual abuse/rape, unplanned pregnancy, etc.
 - B. Signs and symptoms: Nervousness, excessive worry, jitteriness, tearfulness, feeling of hopelessness, truancy, excessive fighting, changes in appetite and sleep pattern, etc.
 - C. Take a full history of the patient including family history, personal history, childhood development, interpersonal relationships, education history and drug use/abuse.
2. Conduct a mental state examination.
3. Conduct a physical examination
4. Classify the symptoms and manage according to the table below. In case of any serious symptom or complications, refer appropriately.

TABLE 7: MENTAL DISORDERS AND ITS MANAGEMENT

ANXIETY DISORDERS	SIGNS AND SYMPTOMS	MANAGEMENT
Panic disorders Specific phobias or social phobias Generalized anxiety disorder Obsessive compulsive disorder Acute stress reaction Post-traumatic stress disorder	<ul style="list-style-type: none"> • Fear • Pounding heart or accelerated heart rate • Trembling • Sweating • Difficulty in sleeping at night • Abdominal distress • Sensation of shortness of breath • Feeling dizzy, unsteady, light-headed and faint • Feelings of unreality or being detached from oneself • Fear of losing control or going crazy • Fear of dying • Numbness or tingling sensations • Chills or hot flushes 	<p>Counsel the adolescent if the anxiety is related to an identifiable situation as follows:</p> <ul style="list-style-type: none"> - Help the adolescent identify the source of the problem. - Assess the source to know whether it can be changed or not. - Help the adolescent accept problem(s) or change. - Help the adolescent learn to let go of what is past and think positively about the future. - Identify irrational and negative beliefs and help to resolve them. <p>In addition, the health worker should:</p> <ul style="list-style-type: none"> - Help the adolescent to accept his/her feelings. - Know his/her vulnerabilities. - Assist in helping him/her to develop talents and interests. - Encourage him/her to become involved with others.
MOOD DISORDERS		
Major depressive disorder	<ul style="list-style-type: none"> • Depressed mood most of the day, nearly everyday • Markedly diminished interest or pleasure in all or almost all activities • Fatigue or loss of energy • Poor appetite and significant weight loss • Insomnia particularly early morning waking • Psychomotor agitation or retardation in movement and thinking • Feeling of worthlessness or inappropriate guilt • Diminished ability to think or concentrate • Recurrent thought of death 	<p>Counsel the patient.</p> <p>Give amitryline tablets 25mg nocte and build up to 50-75mg nocte over 2-3 days.</p> <p>Continue amitryline for up to four months. During this period, the patient should attend follow-up visits at least two weekly. Thereafter, taper off the drug.</p> <p>If there is no improvement in four weeks or patient is suicidal, refer appropriately.</p>

MENTAL DISORDERS AND ITS MANAGEMENT contd...

MOOD DISORDERS	Signs and symptoms	Management
Manic episode	<ul style="list-style-type: none"> • Inflated self-esteem or grandiosity • Decreased need for sleep • More talkative than usual or pressure to keep talking • Subjective experience that thought are raising • Attention too easily drawn to unimportant or irrelevant external stimuli • Increase in goal directed activity • Disinhibition e.g. engaging in unrestrained buying sprees, sexual indiscretions or foolish business investment 	<p>If patient is violent or aggressive, refer to section on management of violent psychotic behaviour.</p> <p>For a non-violent patient, give haloperidol tablets (Serenace) 5-10mg OR chlorpromazine 50-100mg daily in two divided doses until symptoms subside or remit.</p> <p>Thereafter, taper down medication over 2 to 4 weeks. Refer appropriately if symptoms persist or recur.</p>
CONDUCT DISORDERS		
A repetitive and persistent pattern of behaviour in which either the basic rights of others or major age-appropriate societal norms or rules are violated.	<ul style="list-style-type: none"> . Aggression to people and animals . Destruction of property . Deceitfulness or theft . Serious violation of rules 	Counsel and refer appropriately.
Substance (drug) related disorders	<ul style="list-style-type: none"> • Substance intoxication • Recurrent use of habit-forming drug resulting in a failure to fulfill major obligations • Recurrent substance use in situations in which it is physically hazardous • Recurrent substance related legal problems, continued substance use despite having persistent or recurrent social or interpersonal problems used or exacerbated by the effects of the substances. • A need for markedly increased amount to the substance to achieve intoxication or desired effect (tolerance) 	See table on substance abuse.

MENTAL DISORDERS AND ITS MANAGEMENT contd...MENTAL DISORDERS AND ITS MANAGEMENT

CONDUCT DISORDERS	Signs and Symptoms	Management
Adjustment disorders Emotional or behavioural symptoms that occur in response to stressful life events	<ul style="list-style-type: none"> • Marked distress that is in excess of what would be expected from exposure to the stressor • Significant impairment in social or occupational functioning • Adjustment disorder can manifest with depressed mood, anxiety, or disturbance of conduct. 	Counsel patient and family members. If necessary, intervene in school environment.
CONDUCT DISORDERS		
Disorders of human sexuality Non organic sexual dysfunction Sexual disorders (paraphilia) Abnormal sexuality is sexual behaviour: <ul style="list-style-type: none"> • That is destructive to oneself or others. • That cannot be directed toward a partner. • That excludes stimulation of the primary sex organs. • That is inappropriately associated with guilt and anxiety or that is compulsive. 	<ul style="list-style-type: none"> • Sexual desire disorders • Sexual arousal disorders • Orgasm disorders • Sexual pain disorders • Substance induced sexual dysfunction • Sexual dysfunction due to general medical conditions e.g. diabetes, hypertension. • Exhibitionism • Fetishism • Paedophilia • Sexual sadism • Voyeurism • Transvestic fetishism 	Counsel and refer appropriately
Organic brain Disorders <ul style="list-style-type: none"> • These are mental illnesses caused by physical problems such as infections, trauma, substance abuse, epilepsy etc. 	<ul style="list-style-type: none"> • Disturbance of consciousness e.g. confusion • Memory deficits • Development of perceptual disturbance e.g. Visual hallucinations. 	Refer appropriately

MENTAL DISORDERS AND ITS MANAGEMENT contd...

SCHIZOPHRENIA	Signs and Symptoms	Management
<p>This is a mental disorder characterized in general by fundamental and characteristic distortions of thinking and perception, and by inappropriate or blunted affect. Clear consciousness and intellectual capacity are usually maintained, although certain cognitive deficits may evolve in the course of time.</p>	<ul style="list-style-type: none">• Characteristic symptoms: Two or more of the following, each present for much of the time during a one-month period (or less, if symptoms remitted with treatment).<ul style="list-style-type: none">- Delusions- Hallucinations- Disorganized speech, which is a manifestation of formal thought disorder- Grossly disorganized behavior (e.g. dressing inappropriately, crying frequently) or catatonic behavior.- Negative symptoms: Blunted affect (lack or decline in emotional response), alogia (lack or decline in speech), or avolition (lack or decline in motivation).• Social/occupational dysfunction: One or more major areas of functioning such as work, interpersonal relations, or self-care, are markedly below the level achieved prior to the onset.	<p>Refer appropriately.</p>



1. What is depression?

Depression occurs if one is sad most of the times and this is affecting your relationships, grades or attendance at school, controlling your behavior and leading to alcohol and drug abuse. It can also affect your thoughts, behavior and feelings.

2. What are the symptoms of depression?

- Sad or crying always
- Loss of interest in life generally
- Loss of self esteem
- Irritated most times
- Loss of appetite
- Sleep pattern changes
- Loss of confidence etc

3. What causes mental disorders in adolescents?

Mental health problems in adolescents are due to biological and environmental factors. Biological factors include head injury, genetic diseases and hormonal imbalances in the body while environmental causes include exposure to lead, violence, sexual abuse, drug abuse, loss of a friend, family disruption etc.

4. Can mental illness be cured?

Most mentally ill people who receive treatment respond well and live productive lives. Many never have the problem again as long as they take their drugs, however some may experience a return of the symptoms.

Malaria is a febrile condition caused by plasmodium species of parasite.

- 1 Take history of present complaints i.e. presence of fever, headache, body aches, rigors and yellowness of eyes (jaundice), anorexia, vomiting etc. Note history of medicine intake/allergies
- 2 Conduct a physical examination and do the following:
 - Check if client is ill looking, pale, lethargic, weak and tired.
 - Assess client for fever, body aches, abdominal pains.
 - Check vital signs (temperature, pulse, blood pressure and respiration).
- 3 Take blood for PCV or Hb and malaria parasite. Check urine for glucose, acetone and protein.
- 4 Tepid sponge, fan and expose patient.
- 5 Give antipyretic e.g. Paracetamol 500 mg tab 1-2 tabs tds x 3 days.
- 6 Give an appropriate anti-malarial: Give Artemether-Lumefantrine 4 tablets twice daily for 3 days or any other artemisinin based combination therapy.
- 7 Refer clients if there are symptoms and signs of severe malaria except there is capacity to treat.
- 8 Counsel on the use of insecticide treated nets to prevent future occurrence

CLINICAL MANIFESTATION:	LABORATORY TEST:
<ul style="list-style-type: none"> – Prostration – Impaired consciousness – Respiratory distress (acidotic breathing) – Multiple convulsions – Circulatory collapse – Pulmonary oedema (radiological) – Abnormal bleeding – Jaundice – Haemoglobinuria 	<ul style="list-style-type: none"> – Severe anaemia – Hypoglycaemia – Acidosis – Renal impairment – Hyperlactataemia – Hyperparasitaemia



1. How does a mosquito transmit malaria?

The complex story of a malaria infection begins with the female Anopheles mosquito taking a blood meal from a human. While feeding, the female mosquito injects a small stream of parasites in the form of sporozoites, or tiny, thread like creatures that dwell in the mosquito's salivary glands, into the blood stream. These sporozoites make their way to the liver where they each enter a liver cell and develop into round spores or merozoites. For a period of approximately 2 weeks, they multiply greatly, destroying their host cells.

Until this stage, the human host of these parasites will not have experienced any symptoms of disease. Symptoms occur when the spores burst out of their now destroyed liver cells and enter the blood stream. At this point, the human will experience a clinical attack of malaria with high fevers, sweating and headache.

2. Do all mosquitoes transmit malaria?

No. So far, researchers have identified over 2000 species of mosquito, but only the female Anopheles mosquito actually transmits malaria. Most Anopheles mosquitoes do not feed during the day but rather do so at dusk or during the night.

3. What are the symptoms of malaria?

Uncomplicated malaria usually results in mild fevers, minimal vomiting and does not cause delusions or other mental problems. For people that have had frequent bouts of malaria and have built a certain amount of resistance, uncomplicated malaria does not normally require hospitalization, and affected patients usually remain ambulatory.

Severe malaria usually occurs in people that are either immuno-suppressed or have no immunity at all. Young children and pregnant women are particularly at risk as well as people that travel to malarial areas and have no prior immunity.

11

INTIMATE PARTNER VIOLENCE

The impact of domestic violence is alarming. Fatalities are related to partner homicides or women committing suicide. Injuries are a common consequence of domestic violence.

Many abused women or men suffer acute physical injuries and many other chronic health problems that present as ambiguous symptoms and clinical finding.

INTIMATE PARTNER VIOLENCE ALSO KNOWN AS DOMESTIC VIOLENCE IS A MAJOR SOCIAL AND MEDICAL PROBLEM

- Welcome patient, and make her comfortable.
- Show empathy if patient is anxious and in physical distress.
- Find out the presenting complaint of the patient.
- Take a detailed history of presenting complaints.
- Do a HEADS assessment
- Take a comprehensive family and social history, taking time to probe possibility of poor spousal relationship, domestic threat and/or violence.
- Do a thorough physical examination, paying attention to bruises, lacerations or fractures if any.
- Take vital signs.
-
- Where there are abrasions:
 - Give 1m TT 0.5ml stat
 - Clean and dress wound
 - Give analgesics, paracetamol 500mg t.d for 5 days
- Where there are lacerations:
 - Give 1M TT 0.5ml stat
 - If patient is in pain, give 1M NSAID
 - Clean wound
 - Pressure dress wound and refer
- In all cases of established domestic violence, if patient is clinically stable, counsel patient on the need to seek social welfare service and where necessary, legal support against domestic violence.
- Refer to COPAB

FAQs

Frequently Asked Questions

1. What can I do when I am assaulted by a boyfriend, girlfriend or family member?

Seek for help from people you can trust especially family members. If the problem persist, you may consider reporting to Security Agencies or National Human Rights Commission around your area.

2. Can I be given legal protection from an abusing partner?

Yes. You can get legal protection by talking to security agencies and NGOs that are working to prevent domestic violence and or prosecute offenders.

3. Are there government agencies or NGOs that can support an abused person?

Yes! A lot of NGOs/Organizations protect victims and provide support to them .

12 RAPE

Rape is a form of sexual violence and a violation of the victim's human rights.

Managing a victim of rape demands much professionalism and demonstration of care and love to the victim.

The care provider must manage the client with an understanding of the right of the patient to health, human dignity, information, privacy and confidentiality. There should be an awareness that this is a legal case.

- For female victims, a female health provider that can speak the victim's local language should be available to manage the client. In cases where that is not available, a male health worker (Chaperone) should be in the consulting room during examination
- For male victims, a male health provider that can speak the victim's local language should be available to manage the client, where not available, a female health worker will suffice.
- Introduce yourself.
- Welcome patient, make him/her comfortable and show care and compassion to client.
- Find out what the main complaint is.
- Keep reassuring client of love and care
- Take a history of complaint from client, being calm and reassuring.
- Do a HEADS assessment.

EXAMINATION

- Explain what you want to examine and why.
- Systematically examine the body, looking for signs that are consistent with survivor's story
- Note your findings carefully.
- Take note of client's mental and emotional state.
- Examine the genital with much care caution, and note findings. Look for genital injury.
- Check for injuries to the introitus and hymen by holding the labia at the posterior and between index finger and thumb and gently pull outwards and downwards. In males check for injuries to the penis and scrotum.
- If there has been vaginal penetration, inspect the cervix, posterior fornix and vaginal mucosa for trauma, bleeding and sign of infection.
- If there has been anal penetrations especially in males, check for evidence of trauma, and signs of infections.
- After obtaining the consent of the victim, take photographic evidence of the various areas of assault and injuries on the victim's body parts.
- Take swabs and collect vaginal and/or anal secretions. If client presents more than 72 hours after rape incident, it is rare to find adequate physical evidence.

- Laboratory test.
- VDRL for syphilis.
- Gram stain and culture for gonorrhea.
- HIV Counseling and Testing.
- Treat appropriately for suspected infections.
- Post exposure prophylaxis should be offered the client.
- Give emergency contraceptive pills. Progestin-only pills are the recommended regimen.
- Provide wound care - clean and dress wound as appropriate.
- Prevent Tetanus

HISTORY

- Avoid questions that suggest blame
- Take time to collect all needed information without rushing
- Take biodata of client, including telephone numbers
- If incident occurred recently, determine whether victim (Survivor) has bathed, urinated or used a vaginal douche as this may affect forensic evidence collected
- Get information on use of contraceptives, HIV status and allergies as this will determine appropriate treatment, counseling and follow-up care.

AFTER EXAMINATION

- Collect forensic evidence. These are evidence that may help prove or disprove a connection between survivor and place or person.
- Care provider must document injuries and collect samples

- such as:

- Foreign material (soil, leaves, grass) on clothes or body or hair may corroborate the survivor's story.
- Hair: foreign hairs may be found on the survivor's clothes or body. Pubic and head hair from the survivor may be plucked or cut for comparison.
- Sperm and seminal fluid: specimens may be taken from the vagina, anus or oral cavity, if ejaculation took place in these locations. Look for the presence of sperm and do prostatic acid phosphatase analysis.
- DNA analysis can be done on material found on the survivor's body or at the place of aggression, which might be soiled with blood, sperm, saliva or other biological material from the assailant (e.g., clothing, sanitary pads, handkerchiefs, condoms), as well as on swab samples from bite marks and semen stains in orifices and on fingernail cuttings and scrapings. In this case blood from the survivor must be drawn to allow her DNA to be distinguished from foreign DNA found.
- Blood or urine for toxicology testing (if the survivor was drugged).
- Describe features of physical injuries as in table below

TABLE 8: DESCRIBING FEATURES OF PHYSICAL INJURIES IN RAPE PATIENTS

FEATURES	NOTES
CLASSIFICATION	Use accepted terminology wherever possible, i.e abrasion, contusion, laceration, incised wound, gun shot
Site	Record anatomical position of the wound(s)
Size	Record the dimensions of the wound(s)
Shape	Describe the shape of the wound(s) (e.g. linear, curved, irregular).
Surrounds	Note the condition of the surrounding or nearby tissues (e.g. bruised, swollen).
Colour	Observation of colour is particularly relevant when describing bruises.
Course	Comment on the apparent direction of the force applied (e.g. in abrasion).
Contents	Note the presence of any foreign material in the wound (e.g. dirt, glass).
Age	Comment on any evidence of healing. (Note that it is impossible accurately to identify the age of an injury, and great caution is required when commenting on this aspect).
Borders	The characteristics of the edges of the wound(s) may provide a clue as to the weapon used.
Depth	Give an indication of the depth of the wound(s); this may have to be an estimate.



1. Why do people rape?

Many people think that rape and sexual abuse is about the rapist trying to get sex. However, studies conducted with convicted rapists show that this is not the case. Research shows that men who sexually offend often do so to gain a sense of power and authority, while women sexually offend often do so to either maintain or establish an emotional relationship. Sexual activity is the means by which this is achieved.

2. Am I responsible for why I was raped?

Many victims of rape often feel guilty that they are responsible for being raped. Many question their actions before they were assaulted as pointers to why the rape occurred. The truth is a rapist acts not in response to your actions but rather to his own lowly thoughts and lack of control over sexual urges. That is why some rapists assault little children that could never have dressed nor acted provocatively. However, it is always advised to dress decently and non provocatively at all times. Never feel guilty after being raped. The rapist is the guilty one.

3. What are the punishments for people who rape or sexually abuse?

Punishments for sexual offenders can vary widely. Punishments include things like being sentenced to prison, being put on periodic detention, or having to attend a treatment programme for sexual offenders. The punishment can depend on such things as the age of the offender and how many times they have offended. There are increasing clamour for the laws of Nigeria on rape to be reviewed to increase the punishment for offenders. Many communities also have local customs that ostracize a rapist from the community.

4. Should I tell someone that I have been raped?

Telling someone that you have been raped or sexually abused can be tremendously hard, but it is really important that you tell someone so you can get some support. Pick someone that you trust and feel comfortable with, tell them in a place where you feel safe and in control. Only tell them as much as you want them to know and at your own pace. If the person you tell reacts badly, it is not your fault. Do not be discouraged, be proud that you have got the strength to tell someone and keep doing it. Most importantly, report a rape to law enforcement agents to protect you and others from being assaulted again by the rapist.

5. What happens if the person I tell does not help to make it stop.

If the abuse is still happening to you or you think that it might happen again, that is what we call a high-risk situation. If you have tried to tell someone and they have not listened, it is really important that you keep telling until somebody does. You have the absolute right to be safe from abuse. If adults are not helping you to be safe, you might like to call the police, a sexual assault support agency, a teacher or a social worker and let them know what has happened. Often people in these agencies can help you make abuse stop.

6. I think my friend has been sexually assaulted – how can I tell?

It is really great that you are concerned about your friend. There are lots of things that can happen to somebody that can make them act differently than they usually do, so do not assume that it is sexual assault. You can find out what is going on for your friend by spending some time with them and catching up. You might like to let your friend know that you are there to listen and that you can support them unconditionally. Also encourage the friend to visit a health worker.

7. My friend has been sexually assaulted – how do I know if they need my help?

It is great that you want to support your friend. If they have told you about their abuse, chances are that they have already identified you as their support person so ask them what you can do to help. If you have heard about the abuse from someone else, but you would still like to support your friend, let them know.

FAQs

8. What happens if a female gets pregnant as a result of being raped?

If a woman becomes pregnant as a result of a rape, there is a range of different options available to her. If she can get to a doctor within the first week, she can have an IUD or the morning after pill, both of which will prevent pregnancy. If a woman decides to carry the baby to full term, she can either choose to keep it or adopt/foster the baby out to another family. She may also choose to terminate the pregnancy. Whatever option a woman decides to take, it is really important that she gets some support for herself and a general check-up. You can contact the nearest primary health care in your area or refer as appropriate.

9. Do people sexually abuse because it has happened to them when they were children?

What we know from sexual offender treatment programmes, is in fact that more offenders have experienced emotional and physical abuse than sexual abuse. So, the answer is 'no' to this. Every person is responsible for whether or not they go on to offend.

To be healthy, adolescents must have the right amounts and kinds of foods regularly. Adolescents that do not eat enough food become undernourished. Those that do not eat the right amounts of different kinds of foods may suffer from micronutrient deficiencies while those that eat too much food suffer from overweight or obesity.

TABLE 9: ADOLESCENT NUTRITIONAL REQUIREMENT

NUTRIENT	REQUIREMENT	EXAMPLE
Energy	Three nutrients — carbohydrate, protein and fat — provide energy in the form of calories. Carbohydrates and protein each contain 4 calories per gram; fat contains 9 calories per gram. Non-pregnant and non-lactating female adolescents require between 2,000 and 2,200 calories each day and adolescent males require about 2,500 to 3,000 calories per day.	Yam, cassava, rice , millet and corn etc
Protein	Protein needs depend on the individual's rate of growth. On the average, adolescent females require 0.8g/kg body weight/day while adolescent males require 1.0g/kg body weight/day.	Fish, meat, milk, soya beans, beans, eggs etc
Fat	Recommendations for fat intake for adolescents are the same as those for adults: Fat from all sources should represent 30% or less of the day's calories – or about 65 to 100 grams for a 2,000 to 3,000-calorie diet.	The three major forms of dietary fat: saturated fat - found primarily in animal products and some processed foods; mono unsaturated fat found in plants e.g. ground nut oil (unsaturated fats in plants are healthier than those in animals) - found in olive, canola oils; and polyunsaturated fats - in safflower, soyabean and corn oils, among others.

ADOLESCENT NUTRITIONAL REQUIREMENT (contd...)

NUTRIENT	REQUIREMENT	EXAMPLE
Vitamins and Minerals	<p>Calcium- Daily requirement for calcium is between 1200 to 1500 mg/day.</p> <p>Iron- Adolescent males require about 12mg/day while females require about 15mg/day.</p> <p>Vitamins- Adolescents who are eating normal daily requirements of nutrients are not deficient in vitamins. Vitamin supplements may be added to meet requirements</p>	Fruits and Vegetables e.g. Orange, Pawpaw, mango, African pears, Pineapples, garden eggs, etc.
Fiber	The average fiber intake for adolescents is approximately 12 grams per day. Recommended daily fiber intake= (Adolescent's age in years) + 5 to 10 grams per day	Cassava source (Abacha), banana, potato chips, whole grains, spinach, lentils, apple etc
Water	An adolescent approaching adult size should drink as frequent as possible.	

MICRONUTRIENT	SYMPTOMS AND SIGNS OF DEFICIENCY	MANAGEMENT
Vitamin A	Dryness of the eye, poor night vision, eye lesions and permanent blindness accompanied by foamy accumulations on the inner eyelids (conjunctiva) that appear near the outer edge of the iris (Bitot's spots).	<p>Eat enough fruits, dark green and yellow leafy vegetables.</p> <ul style="list-style-type: none"> - Take vitamin and mineral supplements including iron and folate. eg. Carrot, red palm oil, milk, beef, yogurt etc. - Diversify diet/ eat a variety of foods. - Use iodized salts
Iron	Pale conjunctivae (inner eyelid), nail beds, gums, tongue, lips and skin, low resistance to infections.	
Iodine	Goitre or swelling of the thyroid gland in the neck and cretinism, which can present as mental deficiency or dwarfism.	
Vitamin C	Swollen and bleeding gums.	
Vitamin D	Bowing of legs.	

1. Take history on:
 - Personal data including name, address, age, religion, culture, food preferences, socio-economic status,
 - Ask about home, communal conflicts and school status i.e. school expulsion,
 - Ask about medical history: Infectious diseases ,recurrent /chronic illness,
 - Nutritional and dietary habit/dietary intake,
 - Ask for history of weight loss,
 - Family history,
 - Physical activity,
 - Do a HEADS assessment.
2. Do a general physical/clinical examination: look for pallor, oedema of the legs, sunken eyes, wasting of muscles of the shoulder, hips and limbs.
 - Anthropometrics measurement: Obesity is Body Mass Index (BMI)> 30 while overweight is Body Mass Index (BMI) between 25 and 30. Body Mass index (BMI) < 18.4 is reported as underweight.
 - Do a hemoglobin test if available.
 - Dietary assessment.
3. Management may require individual or team care by a sensitive experienced group of professionals, including a physician, clinical psychologist, clinical nutritionist, Dietician, family member and nurse.
 - Organise education and counselling for individuals/ groups.
 - Effect behavioural changes by developing a plan with the adolescent for dietary improvement (some form of self-help with written material).
 - Ensure better nutrient intake using low cost nutritious foods and still maintain body shape.
 - Set goals for weight maintenance or weight gain.
 - Take client's concerns seriously and develop a sense of trust.
 - Arrange for individual outpatient psychological treatment.

TABLE 10: MANAGEMENT OF NUTRITIONAL ABNORMALITIES

CLASSIFY	MANAGE
<p>1. Anorexia Nervosa: This is a clinical syndrome of self-induced starvation characterized by a voluntary refusal to eat due to an intense fear of fatness and disturbed perception of body size.</p> <p>2. Bulimia Nervosa: This is defined as recurrent episodes of rapid uncontrollable ingestion of large amounts of food in a short period of time usually followed by purging, either by forced vomiting and/or abuse of laxatives or diuretics.</p> <p>3. Binge Eating or Compulsive Overeating: This is an eating problem, which is not followed by purges as in bulimia nervosa. Those affected usually become obese. It occurs in response to stress or an anxiety as an emotional eating pattern to soothe or relieve painful feelings.</p>	<p>Undernutrition</p> <p>Set goals for weight gain and weight maintenance.</p> <p>Ensure adequate nutrient intake using low cost nutritious foods (food demonstrations inclusive). Encourage good dietary habits. Undertake dietary-counseling sessions with adolescent alone and with parents to understand the issues for effective behavioural change.</p> <p>Refer the patient appropriately, if necessary.</p> <ul style="list-style-type: none"> - Educate on preventive measures: - Advise on establishment of family home garden to increase food availability and accessibility. - Explain the importance of clean environment. - Encourage patient to eat an adequate diet. - Discuss with parents/care providers on the need to improve intra-household distribution of food in favour of the girl – child. - Provide information on the ideal body weight and need for regular exercise. - Encourage personal and food hygiene.

MANAGEMENT OF NUTRITIONAL ABNORMALITIES (Contd.)

CLASSIFY	MANAGE
<p>Under-nutrition Under nutrition is manifested in the form of stunting (short-for-age) or wasting (thin-for-age).</p> <ul style="list-style-type: none"> • Stunting Is observed when the height-for-age is less than two standard deviation units from the median height-for-age of the NCHs/World Health Organization reference values. Stunting is usually a consequence of chronic under-nutrition or deprivation of food. • Wasting or thinness Is the result of acute energy deficiency leading to the individual being underweight for his or her height (i.e. a Body Mass Index (BMI)=weight/Height², below 18.5) 	<p>Obesity/Overweight Encourage gradual weight loss through dieting and exercise.</p> <ul style="list-style-type: none"> • Encourage family support to attend to emotional problem and assist in behavioural changes. • Refer to dietician/nutritionist and others as necessary. • Advise the adolescent to acquire the following preventive habits: <ul style="list-style-type: none"> - Eat enough fruits, vegetables and fibre diet. - Avoid sweet and high energy (calorie) foods such as fatty and oily foods, excess carbohydrate diet, sugars, minerals and “junk” food etc. - Perform regular physical exercises.



1. Why is my weight so low/why am I so thin?

There are several causes of being thin or low in weight. It might be constitutional and natural or due to long standing/ chronic illness. Most times however it is due to lack of nutritious and well balanced diet.

2. I try to eat healthy but I cannot sometimes and I am so fat. How can I lose weight?

Losing 2.2-4.4kg per week is safe. It is important to eat sufficient protein as well, maintain adequate nutritious food avoiding high fat and high sugary foods. Losing weight requires eating less calories than your body burns up i.e. eating less and being more active (doing more physical activity including sport) or a combination of both. There is also need to avoid sedentary activities like watching television and long periods on the computer. Avoiding high fats e.g animal fats and less of meat pies, soft drinks etc

3. Why am I so fat?

One becomes fat whenever you eat food such that it gives more calories than is required for your daily needs or than you can burn from your daily activities. It is important that adolescents do not eat late or take junk and high sugar containing foods which can also make one to be fat. Genetic and other health issues should be looked into.

4. Does weight affect puberty?

Obese or overweight girls start puberty earlier and start their periods earlier than girls who have normal weight or underweight.

14 IMMUNIZATION

Vaccinating adolescents offer three types of immunization opportunities: catch-up on missed vaccinations, boosting waning immunity (derived from prior childhood vaccinations), and achievement of primary immunization through administration of new vaccines best delivered during adolescence.

Always use the opportunity of contact with adolescents to ask for their immunization history and screen for immunization deficiencies and administer those indicated vaccines that have not been received or refer to centres where they can be administered.

TABLE 11: IMMUNIZATION SCHEDULE

Disease	Mode(s) of Transmission	Symptoms	Complication/ Long term risks	Dose	Route	Vaccines Available
Measles	Direct contact with infected person	High fever. Cough. Conjunctivitis . Maculopapular Rash Encephalitis (more common in adolescents and adults).	Otitis media Bronchopneumonia (accounts for 60% of deaths).	0.5ml	SC	<ul style="list-style-type: none"> Combination vaccines comprise of measles, mumps, rubella, varicella (MR, MMR, MMRV). One dose in adolescence for catch-up.
Rubella	Respiratory inhalation	Maculopapular or macular rash . Arthritis or arthralgia (adults).	<ul style="list-style-type: none"> Thrombocytopenia Encephalopathy 	0.5ml	SC	<ul style="list-style-type: none"> Combination vaccines as per Measles or monovalent rubella. One dose in adolescence.
Pertussis	Respiratory inhalation	Phase I catarrhal - cold-like symptoms. Phase II paroxysmal - cough with classical paroxysmal whoop often terminated with vomiting and exhaustion. Phase III Convalescent - diminishing paroxysms.	<ul style="list-style-type: none"> Pneumonia Seizures Encephalopathy 		1M	<ul style="list-style-type: none"> Tetanus toxoid, reduced. Diphtheria toxoid, and acellular Pertussis (Tdap) One dose in adolescence

Disease	Mode(s) of Transmission	Symptoms	Complication/ Long term risks	Dose	Route	Vaccines Available
Meningococcal sepsis and meningitis	Respiratory secretions	Meningeal signs Fever Purpuric rash Headache	- Neurological deficits - Amputation - Death if not promptly treated		SC/IM	Quadrivalent conjugate One dose in adolescence Or Quadrivalent polysaccharide One dose in adolescence Or Monovalent serogroup C conjugate One dose in adolescence
Hepatitis B	Unprotected Sexual intercourse, perinatal and parenteral	<ul style="list-style-type: none"> Acute infection fever, malaise, anorexia, nausea, vomiting, abdominal pain, icteric symptoms of liver damage Chronic infection mild or inapparent disease 	<ul style="list-style-type: none"> Primary Hepatocellular carcinoma Cirrhosis of the liver 	5 g/0.5 mL	IM	<ul style="list-style-type: none"> Recombinant hepatitis B surface antigen (HBsAg) One dose in adolescence for catch-up Or Two or three doses for adolescents not previously vaccinated
Typhoid fever	Faecal oral (contaminated foods, water)	Headache Abdominal discomfort Constipation or diarrhea	Peritonitis		Oral	Oral Ty21 a live attenuated Four capsules over 7 days prior to travel to endemic areas Or Vi capsular polysaccharide antigen One dose prior to travel to endemic areas

Disease	Mode(s) of Transmission	Symptoms	Complication/ Long term risks	Dose	Route	Vaccines Available
Varicella	Respiratory or direct contact	Fever Maculopapular rash progressing to vesicles and crusting	<ul style="list-style-type: none"> • Bacterial superinfection • Interstitial pneumonia • Hospitalization • Post-herpetic neuralgia • Encephalitis (rare) • Reye syndrome (rare) • Scarring 	0.5 mL	SC	Live attenuated One dose in adolescence as catch-up Or Two doses 3 months apart for those not previously vaccinated
Human papilloma virus	Sexual, vertical (very rare)	Incident and persistent infection with HPV are usually asymptomatic. Pruritis may be associated with genital warts.	<ul style="list-style-type: none"> • Primary cervical cancer • Anogenital cancers including vulvar, vaginal, anal, and penile. • Oropharyngeal cancer • Genital warts • Recurrent respiratory • Papillomatosis. 		IM	Quadrivalent (types 6, 11, 16, 18) Three doses in adolescence Or Bivalent (types 16, 18) Three doses in adolescence

Strategy	Example Vaccine	Advantages for adolescent programs	Disadvantages for adolescent programs
Universal	Meningococcal conjugate (MCV4)	<ul style="list-style-type: none"> Increased likelihood of achieving herd immunity Decreased likelihood of inducing stigma around certain diseases such as sexually transmitted infections. 	<ul style="list-style-type: none"> The ability to achieve herd-immunity will be undermined if low vaccination rates occur. Higher costs to society.
Targeted	Hepatitis B virus (HBV)	<p>Reduced risk of adverse events in the whole population.</p> <p>Reduced costs if every adolescent does not require vaccination.</p>	<ul style="list-style-type: none"> Target groups can be difficult to identify. Adolescents may not perceive themselves to be high risk. Adolescents may be unwilling to seek care if fear of judgment or lack of confidentiality exists especially for sexually transmitted infections. Increased risk of stigmatization particularly for sexually transmitted infections.
School-based	Rubella (MMR, MR, or R)	<p>In countries with school-based programs, success has been mediated by the requirement to attend school and by a lack of private sector healthcare.</p>	<ul style="list-style-type: none"> School attendance by adolescents is low in many countries . School-based healthcare infrastructure is generally directed at younger children; therefore, retention and/or creation of appropriate infrastructures in many countries will need to be developed for an adolescent program. Future adolescent vaccines targeted at sexually transmitted diseases will necessitate integration with health promotion, especially sexual health issues associated with absenteeism will require development of catch-up programs.

Strategy	Example Vaccine	Advantages for adolescent programs	Disadvantages for adolescent programs
Catch-up	Pertussis (Tdap)	<ul style="list-style-type: none"> • Maintain immunity to prevent infection and subsequent infection of un-immunized individuals. • Reduced healthcare costs associated with decreased disease burden. 	<ul style="list-style-type: none"> • Timing of catch-up programs will need to coincide with other preventive services in order to increase the likelihood of vaccination uptake.
Mass vaccination	Typhoid fever (Ty21a, Vi)	<ul style="list-style-type: none"> • Large number of individuals can be vaccinated in a rapid time frame. • Excellent for outbreak situations. • Limited amount of resources can be mobilized. 	<ul style="list-style-type: none"> • Suitable for single-dose vaccinations; however, less effective for multi-dose vaccines as the likelihood of individuals returning for subsequent vaccination decreases with each additional dose.



1. Why must I be immunized ?

Immunization is a simple, safe and effective means of protecting yourself against some diseases. If you are immunized, you become protected and may not pass the disease to another person.

2. How long does immunity last after getting a vaccine?

Some vaccines give life long immunity such as measles and hepatitis B vaccines but others like tetanus require periodic boosters for continued protection against the disease. It is important to keep a record of vaccinations so time for a booster dose would not be forgotten.

3. Do immunization cause bad reaction?

Reactions to vaccines do occur but a majority of the effects are minor like redness and swelling at site of the vaccination, fever or soreness. In rare cases immunizations can cause serious problems like severe allergic reactions or seizures. Always tell the healthcare provider if you are allergic to food or medication or if you have had a problem with a vaccine taken previously.

Pimples or Acne (acne vulgaris, common acne) is a disease of the hair follicles of the face, chest, and back that affects almost all teenagers during puberty. It is not primarily caused by bacteria, although bacteria play a role in its development. It is not unusual for some young people to develop pimples in their late youth.

This condition is fairly common among the adolescents and can be a source of discomfort and unease.

Usually, the adolescent would have taken advice from different people and tried some unsuccessful remedies before coming to the health facility.

-
- The health worker should welcome the client and introduce self to the client. Make the client introduce self as well.
- Find out how long the client has had the pimples. Take a history of the pimples and find out if it worsens with consumption of any type of foods.
- Find out what attempts have been made to alleviate the problem.
- Examine the pimples and identify the locations of the pimples.
- Explain the causes of pimples or acne to your client.

What causes pimples (acne)?

No one factor causes acne. Acne occurs when sebaceous (oil) glands attached to the hair follicles are stimulated at the time of puberty by circulating hormones. Sebum (oil) is a

natural substance which lubricates and protects the skin. Associated with increased oil production is a change in the manner in which the skin cells mature, predisposing them to clog the follicular pore.

The clog can appear as a whitehead if it is covered by a thin layer of skin or if exposed to the air. The darker exposed portion of the plug is called a "blackhead".

The plugged hair follicle gradually enlarges, producing a bump. As the follicle enlarges, the wall may rupture, allowing irritating substances and normal skin bacteria access into the deeper layers of the skin, ultimately producing inflammation.

Inflammation near the skin's surface produces a pustule; deeper inflammation results in a papule (pimple); if the inflammation is deeper still, it forms a cyst.

In some people, the appearance of pimples is a sure sign of stress. Whereas in some females, pimples appear in relation to their menstrual cycle.

Taking oily meals may exacerbate pimples in some adolescents.

Treatment Options

Health worker should advise client on the various treatment options viz:



Keep your skin clean

Throughout the day, pollution from the air, sweat, and dirt stick to the skin on your face and make your pimples worse. Wash your face twice daily, and keep cleansing pads/towelettes with you throughout the day. This way, whenever your face feels oily, grimy, or sweaty, you can wipe it off and leave your skin fresh and clean.



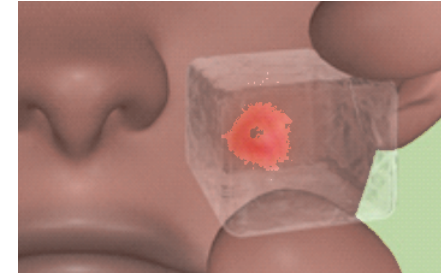
Apply salicylic acid

The most common dermatologist recommended treatment for pimples/acne is salicylic acid. This acid is used to safely kill bacteria and dry up the excess oil that causes a pimple. You can also use a facial soap that contains salicylic acid, to help reduce acne and the formation of more pimples in the future.



Try an aspirin mask

One of the primary uses of aspirin is to bring down inflammation and swelling; something it does when applied to a pimple, as well. Grind up one or two aspirin tablets, and add a drop of water to form a paste. Put this directly on your pimple and leave it on for as long as you are able. Rinse it off with cool water, and your pimple should be nearly gone! Aspirin mask should be applied to yet to be broken pimples only



Ice your pimple

Similar to aspirin, ice is often used to bring down swelling and redness on the body. Hold an ice cube or an ice pack over your pimple for 20-30 minutes. This will cause the pore to close up, which then causes the excess bacteria and dirt to drain out on its own. Further, it will lose its redness and size, giving your skin a nearly normal texture and appearance.

Using Home Remedies



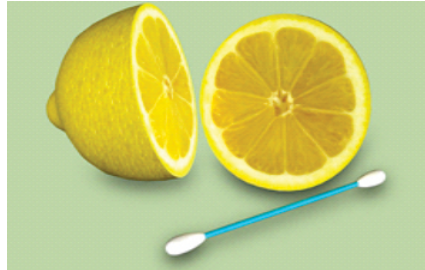
Make a baking soda paste

Baking soda is excellent for cleaning surfaces, so why not use it to clean up your pimples? Mix a tiny amount of baking soda with enough water to form a thick paste, and dab it onto your pimple. Let it sit for 15-20 minutes or until it has completely dried, and then rinse it off with cool water. You can repeat this several times a day until you have gotten the desired pimple-diminishing



Try a bit of garlic

As odd as it may seem, garlic is great for reducing pimples for two reasons: it is a natural antiseptic, and it also contains high levels of sulfur (good for drying oil). Either mince a clove of garlic to form a paste, or cut a clove of garlic in half and hold it to your pimple. Leave the garlic on for 5-10 minutes, and then rinse off with cool water.



Use fresh lemon

Cut a fresh lemon in half, and rub a q-tip over it to pick up the fresh juice. Dab this onto your pimple and allow it to dry, repeating the application every few hours if necessary. Be sure to use fresh lemon rather than bottled lemon juice, as the latter often contains preservatives that are unhealthy for your skin.



Use a honey spot treatment

Honey is a great all-natural skin purifier, as it works to kill bacteria and block out dirt and grime. Pour a bit of honey onto your pimple, and leave it on for as long as you are able. If you prefer to add the goodness of honey to your whole face, you can do so in the form of a honey mask. When you are ready to take it off, simply dissolve the honey with a bit of warm water.

Using Home Remedies



Steam it out

Rather than icing your pores to close them, you can use steam to open up your pores and make them easier to clean out. Fill a pot or bowl with hot, steamy water, and hold your face over it with a towel draped over your head to trap the moisture in. Do this for 5-10 minutes, followed by a good cleaning with your regular face cleanser. You can do this in combination with any of the spot treatments as well for added cleansing effect.



Try using toothpaste

An old home remedy for getting pimples gone is to use toothpaste. The bacteria fighting powers of this teeth-cleaning agent work wonders at getting rid of the bacteria clogged in your pores. Choose white, non-gel toothpaste and dab it onto your pimple. This works best when done at night before you head to bed, but can be done at any time during the day as long as you have a few hours for the paste to cure.



Try using Pawpaw

Juice a pawpaw or crush a small amount of the fruit to form a paste, and then dab it onto your pimple(s). Let it set for as long as you are able before washing it off and splashing your face with cold water. You can repeat this process several times daily if you desire.



Use the mouthwash, Listerine

The alcohol dries up, and pimple disappears!

The health worker should give the client a 2 week appointment to monitor improvement. If no improvement is reported after 2 weeks, please refer to a Dermatologist.



1. Do the foods one eat contribute to more pimples?

Although certain patients may find that a particular food or food group may cause an increase in pimples, there is no connection between specific foods and an increase in acne lesions.

2. Is acne caused by a lack of cleansing?

Acne is a disorder of the pilosebaceous unit, which consists of the hair follicle, sebaceous gland and duct. When oil and dead skin cells become trapped within the follicle, it creates a comedo. If bacteria invade and the follicle wall ruptures, an inflamed lesion develops.

3. Why are drugs for treating pimples slow to act?

Although most other conditions respond within a few days, the treatments for acne take longer. Your body naturally heals most pimples within four to six weeks. During that time, the acne treatments work to prevent new pimples from taking the place of the old ones.

4. Can you prevent acne?

If you know your skin is prone to acne, there are a few steps you can take to reduce the chance of a breakout.

- Cleanse daily with a mild cleanser.
- Exfoliate regularly to help reduce the amount of dead skin cells.
- Drink plenty of water.
- Avoid oily skin and hair care products.
- Do not pick or "pop" existing blemishes.

5. Should I stop wearing makeup if I have acne?

You do not have to stop wearing makeup altogether, but you might try switching brands or going with a different type. If you are noticing breakouts along the sides of your temples, hair creams or gels might be exacerbating your acne. Look for cosmetics and toiletries with the label "noncomedogenic," meaning that they do not clog pores.

16

BED-WETTING IN THE YOUNG ADULT

About one out of every fifty young adults has a problem with bed-wetting. Fortunately, help is available, and the problem can be controlled or cured in the majority.

Bed-wetting seems like an insurmountable problem for young adults who would like to enter into an intimate interpersonal relationship, live in a dormitory, or otherwise share living accommodation with friends when they leave home to go to school or start a career.

Undoubtedly, this is one of the most embarrassing issue for an adolescent or youth to discuss. It can generate a demeaning feeling in the youth experiencing bed wetting.

Therefore, it is important that the health worker appreciate this difficulty in discussing with the adolescent.

- Introduce yourself with a smile and make the youth introduce self.
- Find out about the complaint, in this case, bed wetting. Find out frequency, estimated volume and pattern of bed-wetting. Whether it is connected to intake of specific liquids or solids; if diurnal or nocturnal; if there is family history of bed-wetting at adolescence in any member of the client's family.
- You need to allow for a free flow discussion for the adolescent to explain the feelings attached to this issue and process by which bed-wetting occurs in this client.
- The health worker should explain to the adolescent, a simple summary, of how urine is made and passed out of the human body viz; the kidney filters blood and makes urine, the urine is passed down, through the ureters, into the bladder. When the bladder is filled to some point, it sends information to the brain that the bladder should be emptied. The individual is then expected, as an adolescent, to consciously go to an appropriate location and empty the bladder.
- Let the adolescent know that a disturbance of this pattern can lead to bed-wetting in

adolescents and youth.

The three most common causes of bed-wetting in a young adult include a problem waking up to the sensation of a full or contracting bladder, making too much urine overnight, or a bladder that acts small. When daytime voiding problems are present, other causes should be considered such as overactive bladder, urinary tract infection, and constipation.

For young adults who snore and have problems sleeping, obstructive sleep apnea is a consideration. In this case, refer to a Physician.

Treatment for bed-wetting in a young adult should be directed at the underlying cause.

It is important to encourage the client to take more responsibility over volume of liquid ingested before periods of bed-wetting and greater sensitivity to bladder impulse for voiding.

Advise client to reduce volume of fluid ingested at night and set alarm to wake up 2 hours apart to void overnight, until he is able to respond faster to bladder sensations for voiding.

Assure client that the problem has remedy and allay the fears and anxiety experienced by such clients.

Fix a 2 weeks appointment with the client for follow up.

If at the next appointment there has been no improvement at all, please refer appropriately.



1. What causes bed-wetting?

Most people produce most of their urine during the day and very little at night. Some people who wet the bed produce urine at a constant rate throughout the day and night, and this may explain why the bladder needs emptying at night (although not why you do not wake up).

Some people have an overactive bladder (or "unstable" bladder), and this can cause daytime problems as well as at night, such as passing urine very often (frequency), having to rush to the toilet (urgency) and accidentally leaking urine on the way (urge incontinence).

Occasionally, a Urinary Tract Infection (UTI) or other bladder problems may cause bed-wetting. Stress or anxiety may sometimes start the problem, with the wet nights continuing long after the stress is over.

2. Can I pass bed-wetting to my child genetically?

Current research has proved that genetics play a key role in bed-wetting. There are probably several causes of bed-wetting, but it is clear that having parents who wet the bed makes it more likely that a child will wet the bed. Children who have one parent who wet the bed have a 40 percent chance of wetting the bed, and if both parents wet the bed, the chance climbs to 80 percent.

This information should not evoke fears because bed-wetting is a condition that can be taken care of. Also it should give younger ones hope that since their parents may have undergone same problem and have obviously stopped bed-wetting, then they will also overcome it.

3. Why do children wet the bed?

There can be a number of reasons why children wet the bed. One of the most common reasons appears to be that it is inherited. If one parent wet the bed

then a child has a 40% chance of wetting and if both parents wet it is as high as 80%. Other reasons include having a small bladder which means the child needs to urinate more frequently, having a weak bladder muscle, a urinary tract infection and not yet having a good brain-bladder connection.

4. What help is available?

The first step is to talk to your doctor or community nurse. Some people feel too embarrassed to talk about bedwetting. Take this article with you if you think it may help to start the conversation.

Your doctor or nurse will want to know about your bladder habits. You may find it useful to keep a diary for about a week before your appointment showing how often you pass urine, how much you drink and when you are wet. A sample of your urine may be tested for infection.

5. Does limiting fluid intake in the afternoon and evening help to stop bed-wetting?

No, limiting fluids may actually increase wetting, as the bladder remains small and inflexible which decreases the amount of time a child can go without urinating.

Body odour is a perceived unpleasant smell our bodies can give off when bacteria that live naturally on the skin break down sweat into acids i.e it really is the result of bacteria breaking down proteins into certain acids.

Body odour usually becomes evident if measures are not taken when a human reaches puberty - 14-16 years of age in females and 15-17 years of age in males. People who are obese, those who regularly eat spicy foods, as well as individuals with certain medical conditions, such as diabetes, are more susceptible to having body odour.

People who sweat too much, hyperhidrosis, may also be more susceptible to body odor. Sweat itself is virtually odorless to humans; it is the rapid multiplication of bacteria in the presence of sweat and what they do (break sweat down into acids) that eventually causes the unpleasant smell. The smell is perceived as unpleasant, many believe, because most of us have been brought up to dislike it. Body odor is most likely to occur in our feet, groin, armpits, genitals, pubic hair and other hair, belly button, anus, behind the ears, and to some (lesser) extent on the rest of our skin.

It is note worthy, that since feet odor is also common amongst the youth and adolescent. Most of us wear shoes and socks, making it much more difficult for the sweat to evaporate, this also gives the bacteria more sweat to break

down into smelly substances. Moist feet also raise the risk of fungi developing, which can also give off unpleasant smells.

For the adolescent, body odor can be a very embarrassing predicament, which can cause some level of social stigma and loss of companions.

When meeting with such an adolescent, please make him/her feel welcome. Find out what the adolescent's main complaint is, in this case, body odor. Make client explain which area of his body most implicated in the discharge of the unpleasant odor.

Reassure the client that the situation is not without remedy and earn the trust of the client.

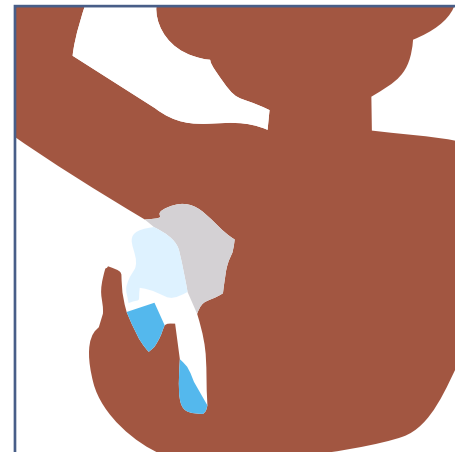
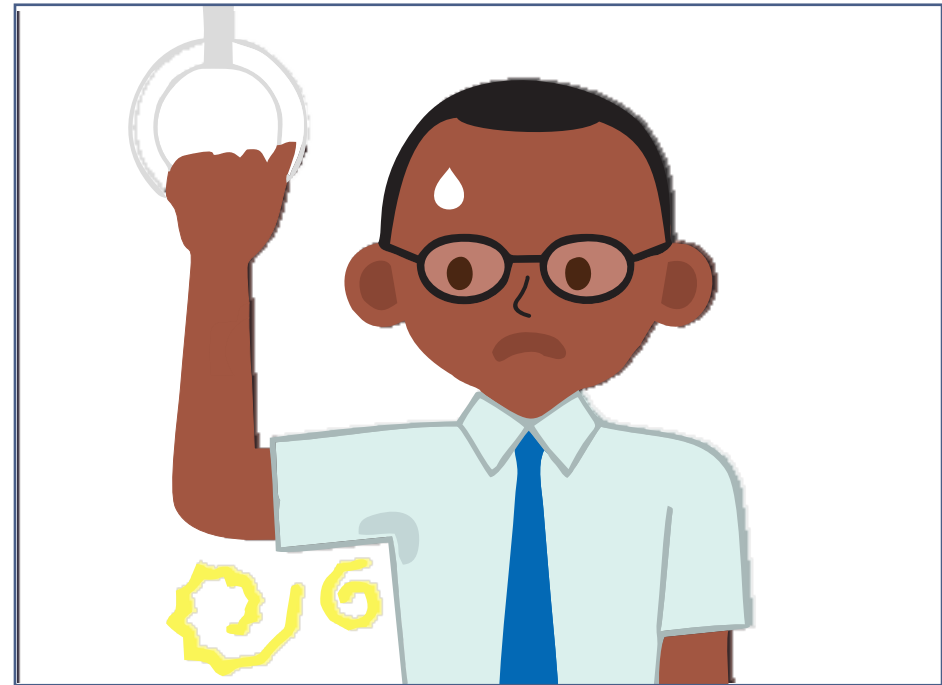
Explain the cause of body odor to the adolescent, emphasizing that there may be need to adjust cleanliness habits in order to solve the issue of body odor.

What are the treatment options for body odor?

Irrespective of the main part of the body most

implicated, please explain the following treatment options to your client:

- Armpits - a large concentration of apocrine glands exist in the armpits, making that area susceptible to rapid development of body odor.
- Keep the armpits clean - wash them regularly using anti-bacterial soap, and the number of bacteria will be kept low, resulting in less body odor.
- Hair under the armpits - slows down the evaporation of sweat, therefore shaving the armpits regularly has been found to help body odor control in that area.
- Deodorant or antiperspirant - deodorants make the skin more acidic, making the environment more difficult for bacteria to thrive. An antiperspirant blocks the sweating action of the glands, resulting in less sweating.
- Wash daily with warm water - have a shower or bath at least once a day. Remember that warm water helps kill off bacteria that are present on your skin. If the weather is exceptionally hot, consider bathing more often than once a day.
- Clothing - natural fibers allow your skin to breathe, resulting in better evaporation of sweat. Natural-made fibers include wool, silk or cotton.
- Spicy foods - curry, garlic and some other spicy foods have the potential to make some people's sweat more pungent.
- Aluminum chloride - this substance is usually the main active ingredient in antiperspirants. If your client's body does not respond to the home remedies mentioned above, advise to talk to a pharmacist or your doctor about a suitable product containing aluminum chloride. Client should follow the instructions given to him carefully.
- Male adolescent need to know how to clean themselves. In the rare occurrence of an uncircumcised penis, he needs to be taught to pull back the foreskin when he washes the penis.

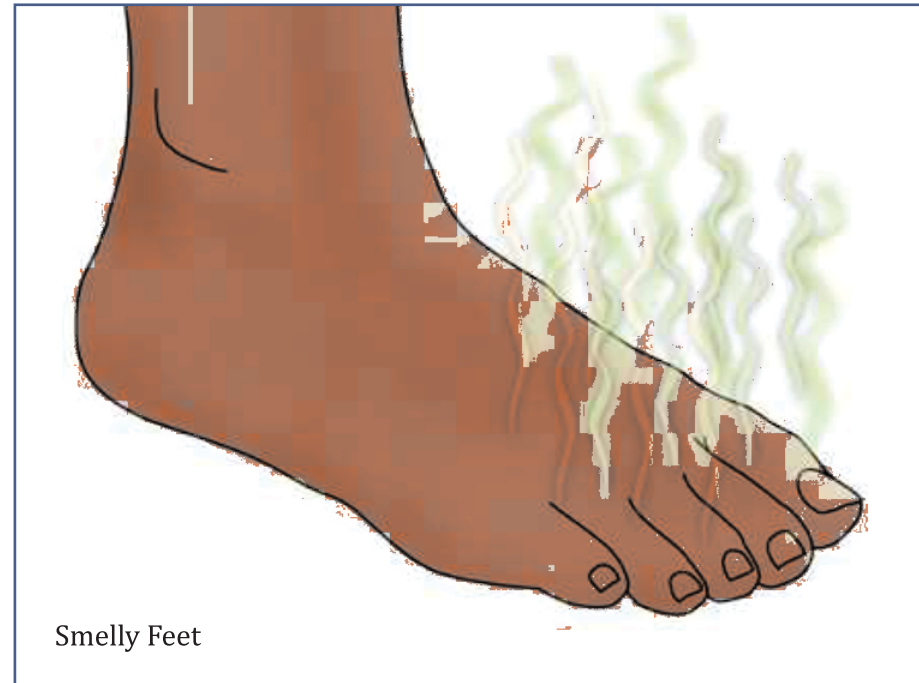


Treatment for smelly feet (bromodosis) -

Smelly feet are less of a problem socially than underarm body odor, because the unpleasant odor is usually contained by shoes and socks. However, the smell may become obvious if the person with smelly feet visits a home where shoes are taken off before entering, as is the custom in various countries and homes.

The following steps may help control foot odor:

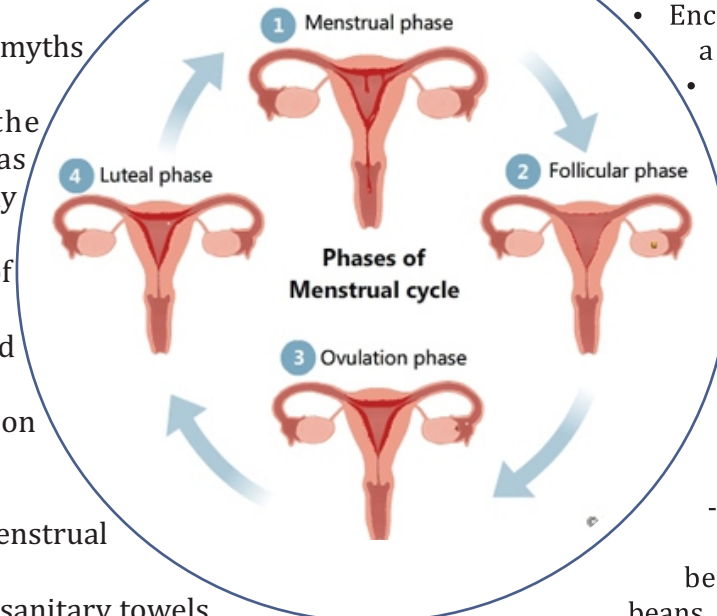
- Advise client to wash the feet in warm water regularly - this means at least once a day. Remember that warm water is better at killing off bacteria than cold water. Make sure the feet are thoroughly dry afterwards, including in between the toes.
- Socks - they must allow the sweat to evaporate. The best socks are those made of a combination of man-made fibers and wool. Wear a clean pair of socks each day.
- Shoes - if client wears trainers or shoes with plastic linings he should make sure it is not for long. A leather lining is better for sweat evaporation.
- Pumice or foot stone - bacteria thrive on dead skin. If the soles of the feet have patches of dead skin remove them with a pumice stone.
- Deodorants and antiperspirants -Direct client to ask pharmacists for special foot deodorants and antiperspirants where available.
- If client has athlete's foot, deodorants or antiperspirants must not be used - treat the fungal infection first with appropriate anti fungal medication.



- Encourage client to go around barefoot - advise client to walk, whenever possible, around barefoot, or at least slip out of the shoes regularly.
- Encourage to wash and air their socks regularly. Put pairs of shoes in open space where it can be aired and kept dry.
- Assure client of the need to pay strict attention to these instructions, as a remedy to bad odor.

MENSTRUAL HYGIENE

- Welcome the adolescent and get to know her.
- Introduce yourself to her and affirm your willingness to be of help to her concerning her health needs.
- Make her relax and be comfortable. Create an atmosphere of trust and privacy.
- Find out what concerns she has about her menstrual cycles and how she manages her menstrual hygiene.
- Convince the adolescent female that menstruation is a signpost of womanhood, and should be celebrated. It is something to be proud of, not ashamed of.
- Find out what she knows about menses and the myths around it.
- Teach about menstrual cycle, and fill in the knowledge gaps noticed while adolescent was discussing. Engage knowledge to dispel unhealthy myths about menses.
- Link teaching of menstrual cycle to possibilities of unplanned adolescent pregnancies.
- Advise adolescent to discuss with older trusted ladies
- The health worker should educate adolescent on menstrual cycle
- Help them feel free to discuss it maturely
- Conduct outreach from clinics to schools on menstrual hygiene management.
- Discuss and demonstrate the types and usage of sanitary towels available.
- Where sanitary towels are not available, the adolescent should be encouraged to have dedicated clean cloths that she can fold properly, with the edges flapping over her underpants to avoid leakages. It should also be folded thick enough to absorb the menstrual flow. Each cloth, once soaked, should be changed and washed in hot water, properly dried, before reuse.



- Sanitary towels should be treated as disposables, and must not be reused for any reason in order to avoid incubation of pathologic micro organisms that may lead to infections in the reproductive tract of the adolescent.
- Adolescent should be taught to clean her vagina properly with water, without soap, each time she changes a sanitary towel. The vagina has its own cleansing mechanism so advise the adolescent not to use soap or deodorants inside the vagina.
 - She should keep the area between the thighs dry.
 - Encourage adolescent to have a bath at least once a day, during her menstruation.
- Adequate nutrition should be encouraged during menses, especially foods rich in iron. Good sources of iron include the following:
 - Meats - beef, pork, lamb, liver, and other organ meats
 - Poultry - chicken, duck, turkey, liver (especially dark meat)
 - Fish - shellfish, mackerel and oysters, sardines.
 - Leafy greens of the cabbage family - such as broccoli, spinach such as Ugwu, sokoyokoto, Efo.
 - Legumes - such as lima beans and green peas; dry beans and peas, such as pinto beans, black-eyed peas, and canned baked beans
 - Iron-enriched white bread, pasta, rice, and cereal.
- Discourage virgins from using tampons, especially where small size tampons are unavailable.
- You must aim to make your client happy about her menstrual cycles and womanhood at the end of your discussions.

BAD BREATH

For an adolescent and youth, this condition can be most embarrassing and could very often, lead to anxiety. It is a condition that, more often than not, leaves the subject ignorant until he or she is told about the bad breath emanating from his mouth cavity.

The youth approaching the health worker to discuss his condition will most likely be anxious and passively agitated. They are sensitive to unsavory changes in countenance when they start talking. The health worker must ensure that a calm, friendly mien is maintained while discussing with this client.

- The health worker should endure the situation and help ease the client's anxiety and feeling of despair.
- Make the client relax and earn client's trust.
- Take a brief history on when the client noticed or was told about the bad breath.
- Explore what client perceives may be contributing to the persistence of the bad breath.
- Find out the oral hygiene habits of the client, with respect to, how often he brushes or cleans his mouth daily, mode of cleaning.
- Find out if he has any history of tooth ache. Also explore the eating habits, talking habits and if the client smokes.
- Take history on nasal symptoms, especially chronic nasal congestion.
- Explain to the client that you would like to examine his oral cavity to ensure there are no infection in the mouth such as dental caries.
- Reassure the client there is no need to be embarrassed with you as you are on duty to help him.
- Examine the oral cavity carefully, starting from the upper jaw, and then the lower jaw.
- Examine the nostrils to ensure no masses are in the nasal cavity.
- Where evidence of oral or dental pathologies are found, please refer to a Dentist.

- Where history of chronic nasal symptoms is established, or a mass is seen in the nasal cavity, please refer to an ENT surgeon.
- Otherwise where none is found, the health worker should respond to other potential causes of halitosis realized during history taking.
- Teach the client to brush his teeth properly, vertically, ie, top to bottom and bottom to top. The teeth should not be cleaned horizontally, i.e. Sideways, as this causes food debris to get stuck within the crevices or opposing sides of the teeth.
- Encourage client to brush at least twice a day; morning and before bedtime.
- Client should gargle with warm salt water at least twice a day, immediately after brushing the teeth.
- Reassure adolescent that the problem can be solved by following the instructions you have shared.
- Give client a follow up appointment of 2 weeks to monitor progress made.

First brush the insides

1



Then brush the outsides

2



Brush all the biting surfaces

3



Lastly, gently brush the tongue

4





1. How can you maintain your personal hygiene?

You can maintain your personal hygiene by:

Bathing and washing regularly.

Always wash hands regularly.

Trim and clean your nails regularly.

Wash your hair regularly.

You can also clean your combs and brushes once a week to keep them clean.

Brush your teeth and floss two times a day.

Wear deodorant.

Keep your clothing cleansed and presentable at all times.

Wash underwear regularly

2. Why is good personal hygiene necessary?

Personal hygiene is very important because not only does it maintain your cleanliness, it also contributes greatly to your health. Personal hygiene includes taking a bath, brushing your teeth, cleaning your nails, your ears, washing your hands, wearing clean cloths etc.

Failure to keep up a standard of hygiene can have many implications. Not only is there an increased risk of getting an infection or illness, but there are many social and psychological aspects that can be affected. Good personal hygiene, in relation to preventing the spread of disease is paramount in preventing epidemic or even pandemic outbreaks. Engaging in some very basic measures could help prevent many coughs

and colds from being passed from person to person.

3. How do you make an individual aware about effect of poor personal hygiene on others?

The best way is, they can simply be told. The closest thing to a polite way of accomplishing this is to take them aside and to inform them that their personal hygiene needs some improvement. However, this is likely to cause the individual to feel cornered or embarrassed and depending on the individual's state of mind may or may not turn out well in the long run.

4. What are the implications of poor personal hygiene?

- People will not want to be around you
- Low self esteem
- More prone to illnesses
- You could also be prone to transmit diseases

18

MASTURBATION

Masturbation is the self-stimulation of the genitals to achieve sexual arousal and pleasure, usually to the point of orgasm (sexual climax). It is commonly done by touching, stroking, or massaging the penis or clitoris until an orgasm is achieved. Some women also use stimulation of the vagina to masturbate or use "sex toys," such as a vibrator.

Masturbation is a very common behavior, even among people who have a sex partner. In some surveys, 95% of males and 89% of females reported that they have masturbated. Masturbation is the first sexual act experienced by most males and females. In young children, masturbation is a normal part of the growing child's exploration of his or her body. Most people continue to masturbate in adulthood, and many still do.

This underscores the fact that it would be a common practice amongst adolescents and youth. However, it is an act that most people feel guilty about, because of the religious and cultural tilt that masturbation is a sin or a taboo. This feeling of guilt will be the major reason why many youths seek support of counselors to understand the issue of masturbation

- The health worker should welcome the youth by introducing yourself. You should also have the youth introduce himself/herself to you. Assure the client of your professionalism and commitment to be of assistance to him concerning his health and well being.
- Seek areas of common interest and help put the youth at ease. Listen to the concerns the youth has about masturbation and maintain a tone and countenance that is relaxing and

non-judgmental.

- Explain to the youth that, clinically, masturbation is a normal and harmless act.
- Find out what mythical beliefs the client holds concerning, and scientifically dismiss such.
- In addition to feeling good, masturbation is a good way of relieving the sexual tension that can build up over time, especially for people without partners or whose partners are not willing or available for sex.
- Masturbation also is a safe sexual alternative for people who wish to avoid pregnancy and the dangers of sexually transmitted diseases.
- When sexual dysfunction is present in an adult, masturbation may be prescribed by a sex therapist to allow a person to experience an orgasm (often in women) or to delay its arrival (often in men).
- Let the youth know that there is no need to feel guilty about the act, judging from the known functions of masturbation.
- Educate the youth that masturbation has no known harmful effects.
- However, if masturbation or the urge to masturbate inhibits his or her ability to function at work, socially or sexually, then he should seek assistance from an older trusted person of same gender, a health worker or clergy.



1. Is masturbation dangerous?

Masturbation is not dangerous!

Masturbation, or self-stimulation of the genitals for pleasure, is not a dangerous or bad activity for men or women. In fact, it is quite normal. It cannot cause any health problems-- even though there are many myths that warn of dangers. Masturbation does not cause fertility changes in men or women, such as decreased sperm or egg counts.

2. How often can one masturbate?

There is no numerical safety limit to how many times a day one can or should masturbate. The only time a person should be concerned is if his or her masturbation is so frequent that it significantly interferes with other aspects of the individual's life. For example, if a young man stops socializing because all he wants to do is masturbate, he may become socially withdrawn which creates its own problems. Otherwise, pleasuring oneself is safe.

3. Is masturbating like sex?

Self-pleasuring is a form of sexual expression. Masturbation is a type of sex. It is safe sex, since you cannot become pregnant or contract a Sexually Transmitted Infection (STI) while masturbating.

19 DENTAL HEALTH

Welcome the adolescent and make him/her feel comfortable

Observe the countenance of the adolescent for grimacing due to pain

Find out what particular complaints the adolescent has concerning the teeth

If the complaint is pain, find out duration of pain, whether localized or generalised in the oral cavity.

Also take history of what brings on the pain.

Common Dental Complaints/Emergencies

1. Pain upon chewing

Find out if the client has recently had tooth filling. Explain to the client that if tooth has a large filling, it is possible that over time, cracks may have occurred in the tooth. Therefore, every time you bite down and release, the tooth flexes which causes fluid in the tooth to move causing pain.

However, if the client recently had a filling, this sensation is normal for up to six weeks.

2. Pain with hot or cold

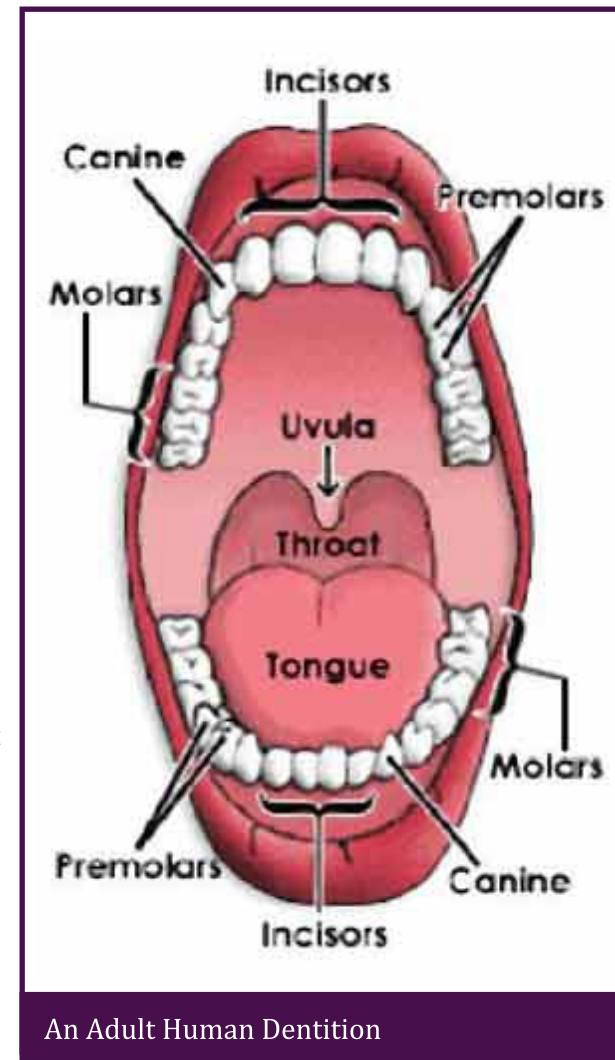
Explain to the client that decay/cavities causes a breakdown in the protective enamel which exposes the underlying, nerve rich portions of the tooth to outside stimuli.

A newly placed tooth filling can also cause some temperature sensitivity for a few weeks following placement. You should not be concerned unless it persists for more than six weeks.

If a tooth is more sensitive to hot substance, it can be related to a deeper nerve pain and should be checked by the dentist before it worsens.

3. Pain that is spontaneous, throbbing and radiating

Pain that occurs spontaneously, throbs is an indication of deeper involvement of the nerve of the tooth. Once decay reaches deep into the tooth, the nerve becomes inflamed and this causes pain.



The client may present with swelling in gums or face

An infection of the nerve of a tooth can cause swelling in the gums and face. An infection will try to drain but sometimes there is no outlet so there will be a collection of fluid close to the site of infection.

Swelling can also occur from blocked salivary glands as well. Pain will occur right before eating when the saliva duct attempts to expel the saliva to digest the incoming food.

Bleeding Gums

Find out if there had been trauma to the teeth prior to bleeding. There is also need to find out the oral hygiene status of the client, noting that best practice is to brush twice daily.

If client has not had a professional teeth cleaning in some time, plaque and tartar can build up, causing chronic inflammation of the gums.

Many people stop flossing believing that they are causing the bleeding by flossing, however, it is the lack of proper hygiene and flossing that causes the bleeding.

Ulcers

These are very painful usually round/oval whitish/yellow lesions that can be found throughout the mouth. The most common cause is trauma to the delicate oral tissues from sharp food or objects. These lesions will go away on their own in 10-21 days.

Bump on gums

An abscess can form for a variety of reasons. If you have poor oral hygiene, pus can accumulate and cause a “bump” on the gums. A thorough cleaning is needed. Find out if client is pregnant as it is known that during pregnancy hormones can cause bumps on the gums. Again, a good cleaning is needed to keep plaque from accumulating.

Examine the oral cavity

During a dental exam, the health personnel should clean the teeth of the client and identify gum inflammations, bleedings, holes in the teeth or bone loss. All the teeth in the oral cavity should be examined carefully. The health personnel should evaluate the client's risk of developing tooth decay and other oral health problems.

Treatment options

In cases where pain is a presenting complaint, appropriate analgesics should be prescribed for the client. If pains persist enough to compel a second visit to your facility, refer client to a secondary health facility to see a dentist.

In cases where infections have been established, antibiotic treatment should be prescribed.

Clients with dental infections should be referred to a secondary health facility to see a dentist.

Clients with other forms of dental anomalies should be treated symptomatically and referred to a Dentist.

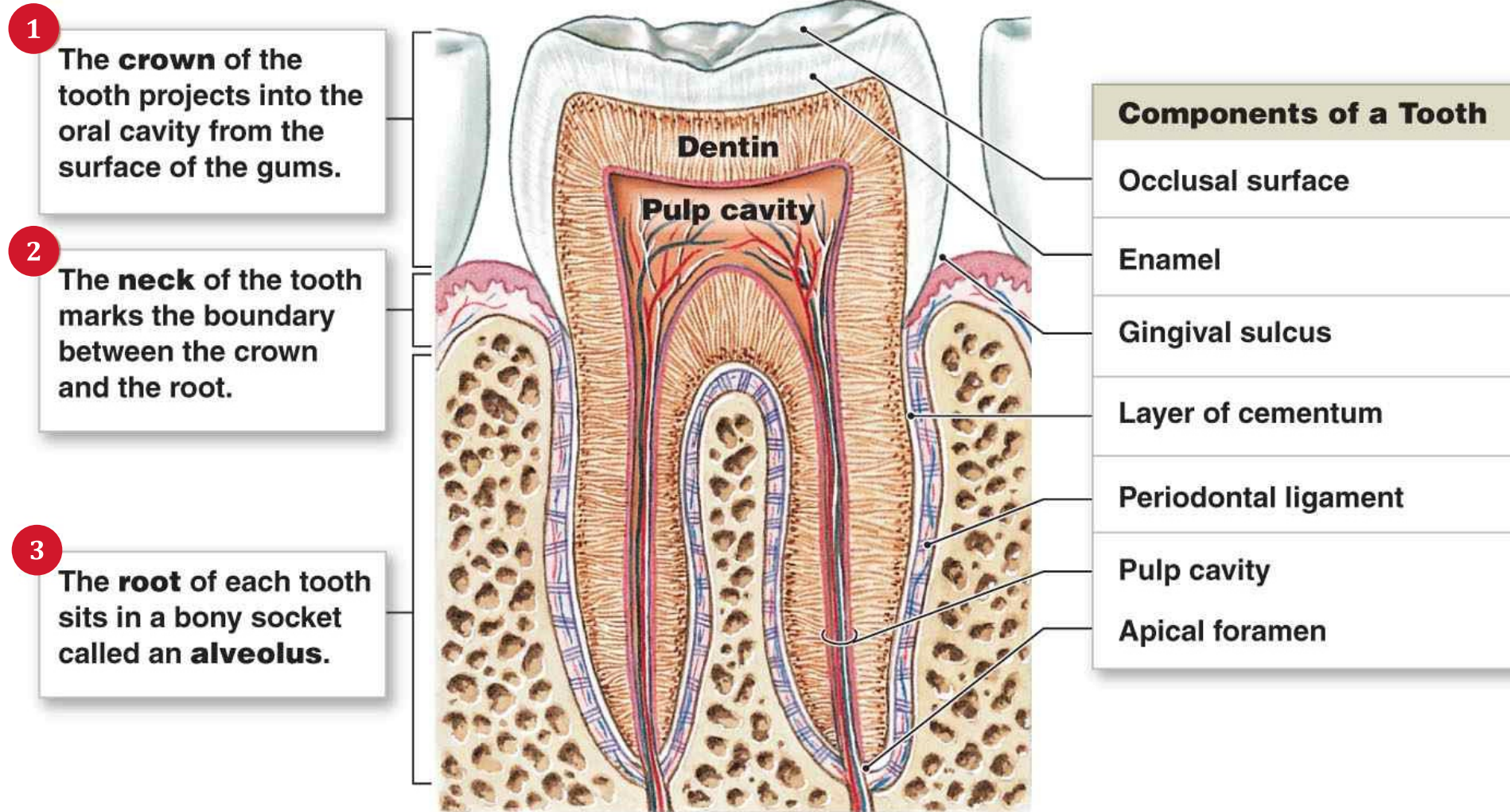
For all clients, counsel on proper oral hygiene.

Encourage client to brush the teeth every day.

Explain how to brush properly:

Hold your toothbrush at a slight angle against your teeth and brush with short back-and-forth motions. Remember to brush the inside and chewing surfaces of your teeth, as well as your tongue. Avoid vigorous or harsh scrubbing, which can irritate your gums.

A Sectional View Through a Representative Adult Tooth



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1. What is an Abscessed Tooth?

An abscess of the tooth is an infection of the gum or surrounding tissues. An abscess can include pus and swelling of the soft gum tissues surrounding the tooth. An abscess can develop from tooth decay or tooth trauma, such as a broken tooth. If there is an opening in the enamel of a tooth, such as a cavity, bacteria can get in and infect the pulp (center) of the tooth and cause an abscess.

Once an abscess happens, the infection could spread throughout the mouth and body. A root canal treatment is usually the only option to save a tooth once it has become abscessed. If you suspect that you have an abscessed tooth, you should see your dentist right away.

2. What causes sensitive teeth?

The part of the tooth we can see above the gum is covered by a layer of enamel that protects the softer dentine underneath.

If the dentine is exposed, a tooth can become sensitive. This usually happens where the tooth and the gum meet and the enamel layer is much thinner.

Here are some causes of sensitivity:

Toothbrush abrasion - brushing too hard, and brushing from side to side, can cause enamel to be worn away, particularly where the teeth meet the gums. The freshly exposed dentine may then become sensitive.

Dental erosion - this is loss of tooth enamel caused by attacks of acid from acidic food and drinks. If enamel is worn away, the dentine underneath is exposed which may lead to sensitivity.

Gum recession - gums may naturally recede (shrink back), and the roots will

become exposed and can be more sensitive. Root surfaces do not have an enamel layer to protect them.

Gum disease - a build up of plaque or tartar can cause the gum to recede down the tooth and can even destroy the bony support of the tooth. Pockets can form in the gum around the tooth, making the area difficult to keep clean and the problem worse.

Plaque is a thin film of bacteria. It constantly forms on the surface of your teeth. As plaque advances, it hardens and becomes tartar. When plaque extends below the gum line, infection can occur.

Tooth grinding - this is a habit which involves clenching and grinding the teeth together. This can cause the enamel of the teeth to be worn away, making the teeth sensitive.

Other causes of pain from sensitivity may be:

A cracked tooth or filling - a crack can run from the biting surface of a tooth down towards the root. Extreme temperatures, especially cold, may cause discomfort.

3. What is gum infection?

Gum infection is called Gingivitis. This can be due to various causes.

Causes

Your gums actually attach to the teeth lower than the gum edges that we see. This forms a small space called a sulcus. Food can get trapped in this space and cause a gum infection or gingivitis.

FAQs

Left unchecked, gingivitis can cause the gums to separate from the teeth. This can cause injury to the soft tissue and bone supporting the teeth. The tooth may become loose and unstable. If infection progresses, you may lose your tooth if unattended to by a dentist.

4. What are the symptoms of Gingivitis?

Many people are unaware that they have gingivitis. It is possible to have gum disease without any symptoms. However, the following can be symptoms of gingivitis:

- gums that are red, tender and swollen
- gums that bleed when you brush or floss your teeth
- gums that have pulled away from the teeth
- loose teeth
- a change in how your teeth fit together when you bite
- pus between teeth and gums
- pain when chewing
- sensitive teeth
- partial dentures that no longer fit
- foul-smelling breath that does not go away after you brush your teeth

20 EYE CARE

The eyes are an extremely important part of the human body. The eye is an organ for which much care must be taken at all times.

Most human activities rely on the ability to see clearly, more so in the case of the youth. It is important to welcome a youth that approaches the facility with an eye problem, with words of care and reassurance

Find out what the complaints are, about the eye. Examine the eyes by examining the unaffected eye before the affected eye. If both are affected, you may start with either eye.

Note, if complaints include 'in-turning' of eye lids with eye lashes grazing on the eye.

Look out for symptoms of infection which include:

Red eyes, Pain, Eye discharge, Gritty sensation, Watery eyes, Dry eyes, Light sensitivity, Swollen eyes, Swelling around the eyes, Itching, Blurry vision.

The presence of a 'pinkish' eye and discharge from the eyes is strongly indicative of a conjunctivitis. The client should be informed that the infection is highly contagious so strict maintenance of hygiene should be encouraged to avoid infecting others.

Contact lens users with eye infection should use normal glasses and not the contact lens until the infection is resolved. The contact lens hygiene should be maintained.

The eye infections may be viral, fungal or bacterial in origin. Common infectious

conjunctivitis types often have viral or bacterial origins.

A conclusive diagnosis of the cause of infection can be achieved at a secondary facility, to which the client should be referred.

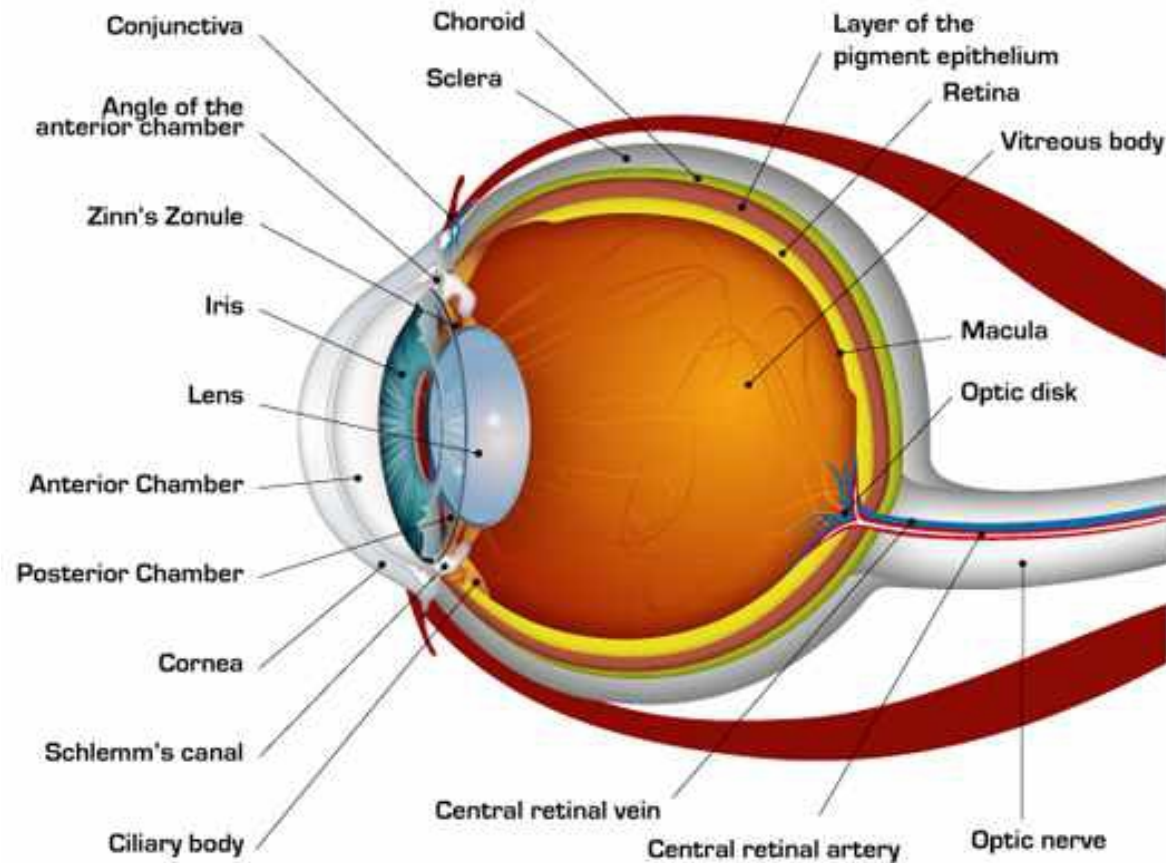
However, since bacterial conjunctivitis is very common in most Nigeria environments, the health worker may prescribe Chloramphenicol eye drops and request for a repeat visit after 3 days. If no improvement is reported at all, client should be referred to a secondary health facility.

The health worker should also be aware of other forms of eye infection like Trachoma. Trachoma is an eye infection which is so widespread in certain under-developed regions that it is a leading cause of blindness. Flies can spread the infection in unsanitary environments, and reinfection is a common problem.

Trachoma typically infects the inner eyelid, which begins to scar. Scarring then causes an "in-turning" of the eyelid, and eyelashes begin to brush against and destroy tissue on the cornea, with resulting permanent blindness.

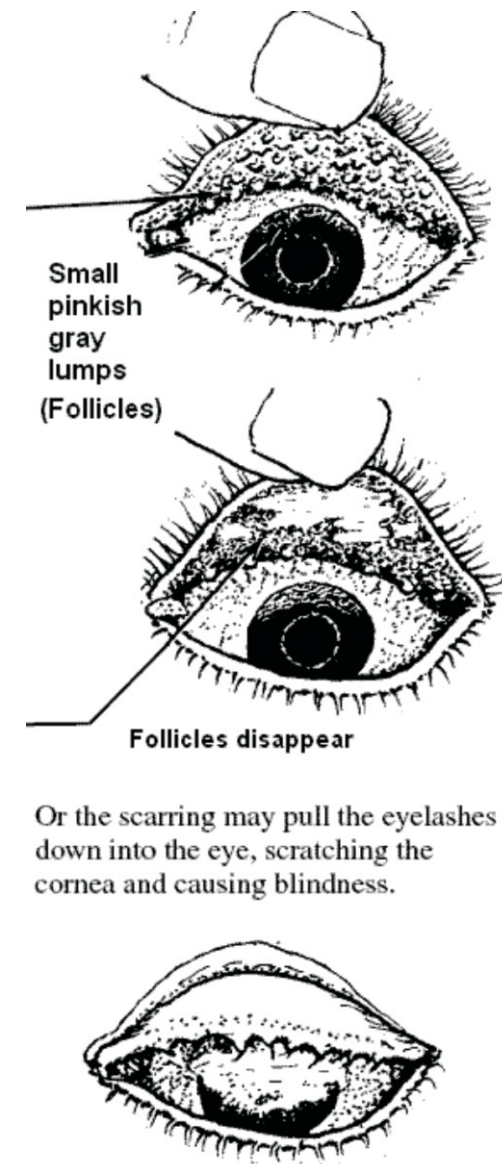
Good hygiene and availability of treatments

CROSS SECTION OF THE EYE



such as oral antibiotics are essential to controlling trachoma. However, where this is suspected, the client should be referred immediately to a secondary health facility.

Endophthalmitis. When an eye infection penetrates the eye's interior, as with bacterial endophthalmitis, blindness could result without immediate treatment, often with potent antibiotics. This type of infection can occur with a penetrating eye injury or as a rare complication of eye surgery such as cataract surgery. In all these forms of eye diseases, prompt and appropriate referral is highly encouraged.



TRACHOMA



1. What is an eye infection?

Eye infections occur when harmful microorganisms — bacteria, fungi and viruses — invade any part of the eyeball or surrounding area. This includes the clear front surface of the eye (cornea) and the thin, moist membrane lining the outer eye and inner eyelids (conjunctiva).

In this case, the eye may appear red and discharge fluid, Whoever is experiencing any of the following - Red eyes, Pain, Gritty sensation, Watery eyes, Dry eyes, Light sensitivity, Swollen eyes, Swelling around the eyes, Itching, Blurry vision should be referred appropriately.

2. What is the difference between near sightedness and far sightedness?

People with farsightedness are able to see things at a distance clearly, but close objects are blurry. With nearsightedness close objects are clear and distant objects are blurry.

The medical term for nearsightedness is myopia, correctable with glasses, contact lenses or, in some cases, refractive surgery . The medical term for farsightedness is hyperopia, correctable with glasses, contact lenses or, in some cases, refractive surgery.

Related conditions (also correctable with glasses or contact lenses) include astigmatism and presbyopia.

3. Are sunglasses good for my eyes?

There is a benefit to wearing Ultra Violet (UV) protective lenses--wearing them may protect against cataract formation. Clear lenses with UV protection may offer greater protection than dark lenses because they allow the eyes to be exposed to more light. This causes greater constriction of the pupil which lets less light enter the eyes. When buying sunglasses, find out if it has UV protection.

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ADOLESCENTS WITH SPECIAL NEEDS

Adolescent with impairment of physical ability of any kind should be considered as adolescents with special needs.

The impairment may be of vision, hearing, movement, speaking, developmental delays. This may be chronic or active neurological conditions.

The health worker should be aware that adolescents/youths with special needs should be specially cared for.

Background understanding of this special group of adolescents will help in the consultation and care of adolescents/youths with special needs.

Globally, about 180 million young people between the ages of 10-24 live with a physical, sensory, intellectual or mental disability which is significant enough to make a difference in their daily lives.

The adolescent undergoes remarkable physical and psychological maturation as they become independent and acquire skills for social interaction and adventure.

However disabilities often make them handicapped in many areas of their social lives.

Adolescents with disabilities often receive less education than their able-counterparts.

This reduces opportunities for gainful employment later in life. In Nigeria, the exact number of adolescents living with disabilities and types of disabilities are not known.

Special needs may be impairment which are:

- Disability
- Handicap
- Mental Retardation

There are different causes of disability

- Genetic
- Prenatal: defects that affect the developing foetus in the womb.
- Perinatal: If a baby has problems during labour and birth, such as not getting enough oxygen, he or she may have developmental disability due to brain damage.
- Exposure to certain types of disease or toxins.

- Exposure to poisons
- Trauma/accident

Concerns of Adolescent with Special Needs

Adolescents with special needs generally want what all adolescents want in life – happiness, success, independence, marriage etc.

Disabilities place the individual in a more vulnerable position than his/her counterparts.

Even within their own homes, many are isolated. They are often viewed as a liability because they cannot readily contribute to the family income.

Many resort to begging when they cannot obtain gainful employment since they have inadequate education and no skills.

Many of them are victims of social stigma, discrimination, exploitation and abuse. There are some consequences of being a special needs youths/adolescents that the health worker should be aware of and probe into viz:

- Have concerns for self-esteem
- Receive less education
- Lack of support
- Violence related issues,
- Inadequate access to appropriate programs
- Lack of appropriate health care facilities.

Socially,

- Young adults with disabilities are more likely to still be living with parents (compared with able young adults).
- They are more likely to be single.
- They may be at greater risk for poor health outcomes.
- They may have strained relationship between parents.

Presentation of impairments includes amongst others, problems with social interaction, coordination of movements and communication. They also have a limited range of activities and interests. Many adolescents with autism and Down's Syndrome also have some degree of mental retardation.

Usually adolescents with special needs come to the health facility in company of either a parent, guardian or care giver.

Make the adolescent and companion feel welcome and make the extra effort to meet the special need of the adolescent that will make him very comfortable. Offer the adolescent with special needs a seat.

Ensure that your words and actions depict full acceptance of the adolescent with special needs, without betraying any form of pity whatsoever.

Observe the adolescent closely in order to identify various challenges caused by the impairment of the client.

Where there is need for support in communicating with the adolescent with special needs, provide such support where available. For instance, sign language for the hearing impaired, lip reading for the speech impaired, clear descriptive communication for the sight impaired.

If the appropriate support for the special need adolescent is not available and can't be accessed in the community, please refer to a secondary health facility.

However, where available:

Find out the complaint of the adolescent and refer to the appropriate section of the job aid to follow the guidelines for treatment of the issues presented by the adolescents while ensuring the client enjoys special care within the health facility.

However, nutrition related health problems are often found in adolescents with special needs especially those with developmental delay issues. Where this is found, the health worker should find out why the

client has nutrition related issues.

Common nutrition problems for the adolescent with special health care needs may include the following:

- Altered energy and nutrient needs
- Delayed or stunted linear growth
- Underweight
- Overweight or obesity
- Feeding delays or oral-motor dysfunction
- Elimination (bowel) problems
- Appetite disturbances
- Unusual food habits
- Dental and gum disease

Adolescents with special needs may experience one or more of these problems and require the attention of a registered dietician to prevent, treat or correct nutrition-related health problems. Such skilled professionals can be accessed at secondary health facilities, so referral is recommended.

The adolescents with special needs should be referred to centres where specialists are available to meet the specific needs of the adolescents. It will also be helpful to refer them to the social welfare department when necessary for social support.

Adolescents with special needs deserve special care. Show empathy not sympathy!



1. Is disability a sign that you have offended God?

No. The religious books do not support the belief that impairments are a punishment from God. Most of the impairments are either genetically acquired or due to negligence of those who should have given adequate care to the victim of impairment. In any case, which sin would an unborn child have committed?!

2. Can I live a normal life despite the impairment I have?

Yes, you can live a normal life despite the impairment. Technological advancements have been made in the health sector concerning almost every form of impairment, in order to make living normal and comfortable. Some of these support tools are accessible within the country. It is important to seek help from health facilities, where you can be referred appropriately. You may also visit the social welfare department of the State Ministry of Health.

3. Will my children definitely have the same impairment I am living with?

No. It depends on the kind of impairment you are living with. It is best to see your nearest health workers for information specific to your impairment.

4. Can I have a relationship with the opposite sex despite my impairment?

Yes. Physical impairment does not mean you cannot meet a girl or boy that will still be interested in having a relationship with you. You should focus more on the abilities you have more than the impairment you are living with. There is so much more to you than the impairment.

LIST OF CONTRIBUTORS

NAMES	ORGANIZATION
Abraham Sunday	Federal Ministry of Health (FMOH)
Abdulumuni L. Zainab	Women Friendly Initiative (WFI) – Youth Friendly Centre
Abdulhakeem Maina	Women Friendly Initiative (WFI) – Youth Friendly Centre
Abdulraheem A. Habib	Women Friendly Initiative (WFI) – Youth Friendly Centre
Abubakar Zubaida	United Nation Fund for Population Activities (UNFPA)
Achine Patrick	Kiyi Primary Health Centre (PHC) – Youth Friendly Centre
Adamu Suzie J.	FCT School of Midwifery
Addo Samuel	Planned Parenthood Federation of America - Global
Adeoye A.A.	National Primary Health Care Development Agency (NPHCDA)
Adesina Funke	Lagos State Ministry of Health
Agwuncha Collins U.	Forward Africa
Ahemba Peter	Nigerian Union of Journalists (NUJ)
Ajaegbu Vera	Imo State Ministry of Health
Ajagun David O.	Federal Ministry of Health (FMOH)
Ajoke Janet	Federal Ministry of Health (FMOH)
Akalonu Ogechi	National Primary Health Care Development Agency (NPHCDA)
Akinola D.O.	Lagos State Ministry of Health
Akinwande M.B.C.	National Primary Health Care Development Agency (NPHCDA)
Alkali Sani	Kiyi Primary Health Centre (PHC) – Youth Friendly Centre
Aliyu Abubakar	Kiyi Primary Health Centre (PHC) – Youth Friendly Centre
Amaefule Kelechi	National Primary Health Care Development Agency (NPHCDA)
Anochirionye E. Chidiebere	Women Friendly Initiative (WFI) – Youth Friendly Centre
Anukege Evelyn	National Youth Service Corp Member
Attahiru Zirkarim	Kiyi Primary Health Centre (PHC) – Youth Friendly Centre
Arulogun Oyedunni	University of Ibadan
Averehi Isaac	National Youth Service Corp Member
Auwal Bello	Kano State Ministry of Health
Bako-Aiyegbusi Ladidi K.	Federal Ministry of Health (FMOH)
Balami Wapada I.	Federal Ministry of Health (FMOH)
Balogun Ajiboye	Association of General Private Nursing Practitioners (AGPNP)
Barde Abdulkarim	Kiyi Primary Health Centre (PHC) – Youth Friendly Centre
Chukwuocha Lovelyn	Pegi Primary Health Centre (PHC) - Youth Friendly Centre
Danladi Aliyu	Kiyi Primary Health Centre (PHC) – Youth Friendly Centre

NAMES	ORGANIZATION
Efe-Ehigie Helen	Edo State Ministry of Health
Einstein Samuel	Women Friendly Initiative (WFI) – Youth Friendly Centre
Eleazu Lois U.	Lois Eleazu Lifestyle Foundation
Eleri Grace Orieoma	FCT School of Nursing
Emmanuel Godwin	Kiyi Primary Health Centre (PHC) – Youth Friendly Centre
Eno-Obong Ekwere	Education as a Vaccine (EVA)
Eremutha Francis	Planned Parenthood Federation of America – Global
Etta Adefunke	Federal Ministry of Health (FMOH)
Ezeako Augustine	Health TV Africa Ltd
Fagbemi Stephen	Ondo State Ministry of Health
Falana Martin-Mary	Kids and Teens
Fatai S.O.	Federal Ministry of Health (FMOH)
Gabi Elizabeth O.	Kwara State Ministry of Health
Garba Catherine	Planned Parenthood Federation of America – Global
Haruna Mohammed	Kiyi Primary Health Centre (PHC) – Youth Friendly Centre
Henry Uzochukwu	National Youth Service Corp Member (NYSC)
Ibhaga Jane Ene	National Primary Health Care Development Agency (NPHCDA)
Idris Yakubu	Kiyi Primary Health Centre (PHC) – Youth Friendly Centre
Igbang Jeremiah	Kuje General Hospital – Youth Friendly Centre
Igri Lilian E.	Women Friendly Initiative (WFI) – Youth Friendly Centre
Imorgan Wilson	Women's Health and Action Research Centre (WHARC)
Ingbian Sarah N.	Benue State University Teaching Hospital
Jibunor Victoria N	Delta State Primary Health Care Development Agency (SPHCDA)
Kabiru Alhassan	Kiyi Primary Health Centre (PHC) – Youth Friendly Centre
Kanu Helen	Girl's Power Initiative (GPI)
Kolawale Clara	Kiyi Primary Health Centre (PHC)
Lah Jonah	Guidance and Counseling Development Agency (GCDA)
Nanbut Promise	Women Friendly Initiative (WFI) – Youth Friendly Centre
Nuhu Felix	Kiyi Primary Health Centre (PHC) – Youth Friendly Centre
Marcus Cecilia J.	Kaduna State Ministry of Health
Muhammed Hachi	Sokoto State Ministry of Health
Mohammed Lawal	Kiyi Primary Health Centre (PHC) – Youth Friendly Centre
Ndule C. Blessing	Women Friendly Initiative (WFI) – Youth Friendly Centre
Obas Daniel	Women Friendly Initiative (WFI) – Youth Friendly Centre
Ochika Precious	Women Friendly Initiative (WFI) – Youth Friendly Centre
Odigie Helen	Pegi Primary Health Centre (PHC)

NAMES	ORGANIZATION
Ogunbayo Dale	Health TV Africa Ltd
Okai John Kitua	Adolescent Health Information Project (AHIP)
Okebaram Chioma	Health TV Africa Ltd
Okosun Thank-God	Planned Parenthood Federation of America – Global
Okpani Arnold	National Primary Health Care Development Agency (NPHCDA)
Okposio Joshua	Health TV Africa Ltd
Oladipo Deborah Bolatito	National Primary Health Care Development Agency (NPHCDA)
Olalekan Runmonkun	Kaduna State Primary Health Care Development Agency (SPHCDA)
Olawale Titilola J.	Association of General Private Nursing Practitioners (AGPNP)
Ominiya E. Musbau	Women Friendly Initiative (WFI) – Youth Friendly Centre
Onuegbu Joy	Federal Ministry of Health (FMOH)
Onwu Meg	Abia State Ministry of Health
Ortonga I. Gabriel	Federal Ministry of Health (FMOH)
Oyedokun-Adebago Foyeke	Planned Parenthood Federation of America – Global
Sani Balaraba	National Primary Health Care Development Agency (NPHCDA)
Sarki Ayuba	Kiyi Primary Health Centre (PHC) – Youth Friendly Centre
Shimu Ayuba	Kiyi Primary Health Centre (PHC) – Youth Friendly Centre
Shuaibu Usman	Nigerian Union of Journalists (NUJ)
Shuaibu Aliyu	Kiyi Primary Health Centre (PHC) – Youth Friendly Centre
Sulaiman Mamman Lau	Taraba State Ministry of Health
Teshoma Frances	Women Friendly Initiative (WFI)
Tukura David	Grassroot Health Organization of Nigeria (GHON)
Ugboko Christopher C.	Federal Ministry of Health (FMOH)
Ugronegbu Augustina	Federal Ministry of Health (FMOH)
Uky Ejio E.	Federal Ministry of Youth Development (FMYD)
Usman Hasan Shehu	National Primary Health Care Development Agency (NPHCDA)
Yusuf Ismaila	Kiyi Primary Health Centre (PHC) – Youth Friendly Centre
Zakka D. Daniel	Kiyi Primary Health Centre (PHC) - Youth Friendly Centre

