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INTRODUCTION

What is the Adolescent job aid ?

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

Who is the Adolescent job aid intended for?

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

What is the purpose of the Adolescent job aid ?

Its purpose is to enable health workers to respond to adolescents more effectively and with greater sensitivity. To do this, it provides precise and step-wise guidance on how to deal with adolescents when they present with a problem or concern regarding their health and development.

What does the Adolescent job aid contain?

It contains guidance on commonly occurring adolescent-specific problems 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 adolescents (e.g. sexually transmitted infections) and highlights special considerations in dealing with these conditions in adolescents.

How does the Adolescent 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
- Decision-making tool for family planning clients and providers.

How is the Adolescent job aid organized?

Following this introductory section, it contains thematic topic specific sections. Each thematic area is comprehensively treated in each section. where each section also has, attached to it frequently asked questions.

2. Establishing rapport with your adolescent clients/patients

What you should be aware of:

1. 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.
2. 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:

1. Greet the adolescent in a cordial manner.
2. Explain to the adolescent that:
 – you are there to help them, and that you will do your best to under-stand 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.
3. 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:

1. Many adolescent health issues are sensitive in nature.
2. 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:
1. 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 need to ask to
determine classification and subsequent management. However, if you were
to ask an adolescent, "Are you sexually active?" without first establish-ing rapport, the likelihood of obtaining any answer, let along 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.
2. 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.

3. 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 dis -cussing sensitive matters with anyone, whether adults or adolescents.
What you should do:
1. 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.

2. 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 problem or concern
What you should be aware of:
1. When adolescents seek help from a health worker, 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 problems 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 present -ing complaint only (e.g. fever and cough) and go no further thereby missing other existing problems.
2. Further, adolescents may not volunteer information about a health prob-lem 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 patient carefully, by explaining each step of the examination i.e. what you are examining for and why.
g) Communicate your working diagnosis to the patient/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 patient 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 patient of your commitment to his/her health and well being
- Establish rapport by introducing yourself and getting introduction of patient
- Take History of presenting complain
- HEADS assessment

HEADS is an acronym for

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

-

CLINICAL EXAMINATION
- Communication of working diagnosis
- Lab investigation
- Counsel an issues related to working diagnoses discussing 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 patient that you are about to examine the patient clinically and importance of doing so
- Run a short commentary on each step of examination
- Patient should let you know if he/she feels pain at any point during the examination
- Explain the findings to the patient and find out what patient understands from your explanations
- Find out if the patient 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 patient, ensure presence of a female colleague.

1 SUBSTANCE ABUSE

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).

Follow the following steps in managing an adolescent who presents with signs and

- Always welcome the patient 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 patient 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 address and telephone number 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 to a psychiatrist/physician 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 patient is restless and/or aggressive, admit and give IM chlorpromazine (Largactil) 50-100 mg stat and repeat if necessary 6-8 hourly until patient 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

Table 1: DIFFERENT TYPES OF DRUGS AND THEIR EFFECTS

DRUG GROUP	EFFECTS/DANGER
STIMULANTS EXAMPLE • Cocaine (crack) • Caffeine • Nicotine • Amphetamine	• 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 • Alcohol • Lexotan • Valium • Other benzodiazepines, Barbiturates	• Can slow down body functions. • Cause sleep or drowsiness. • Lead to fall in blood pressure, lowering of the heart rate and breathing, unconsciousness. • Can cause death: Can make a person to “feel good” at the beginning. • Difficulty in operating machines • Unconsciousness and death
MARIJUANA EXAMPLE • Indian hemp, also referred to as • “Weed • “Igbo” • “Ganye”.	• 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 · Glue (Solution for patching shoes) · Paint thinner · Nail-polish remover Aerosols like hair spray, and petrol.	• Inhaled fumes can cause Excitation and Dis-inhibition. • Euphoria. • Dizziness or Stupor • Incoordination/ Tremor • Slurred speech • Unsteady gait • Blurred vision • Coma.

Table 2: MENTAL STATE EXAMINATION

Behaviour	Is the patient's behaviour rational or logical?
Appearance	Does patient appear appropriately dressed?
Perception	Does the patient perceive things that no one else perceives e.g hearing or seeing things?
Thought Disorder	Does the patient have abnormal beliefs or thoughts about the people or the environment?
Orientation	Is the patient properly oriented or aware of time, place and persons?
Memory	Does the patient remember things that recently happened e.g what he ate last, dress he wore? Or only remembers long time events
Intelligence	Does the patient exhibit basic intelligence e.g add and subtractions of numbers?
Judgment	Does the patient 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 patient 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 yet 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 2: Mental State Examination

Home	Where they live With whom they live Whether there have been recent changes in their home situation How they perceive their home situation
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 olleagues 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
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
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
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 for this Their sexual orientation
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
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 for this Whether they have had suicidal thoughts Whether they have attempted suicide

FAQs

Frequently Asked Questions

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 affects the immune system, which 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 in the face of 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. syrups, foil paper, lighter and burnt spoon.

2 COUNSELLING YOUTH ON SEXUAL ACTIVITIES

Adolescence/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 STI nor unwanted pregnancies. There is need to professionally counsel adolescence/youth on sexual activity at the first contact they have with an AYFHS.

Please note the need for deploying a great level of professionalism, courtesy of patient in counselling youth on sexual activities.

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 the 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 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.
- Especially for female clients, counsel to resist sex based on transactions, pity or threat. Reestablish their ownership of their bodies and need for total will and conscious personal decision to have sex before engaging in it.
- 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

CONTRACEPTIVE METHODS FOR ADOLESCENTS

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.	• Protection against STIs, HIV, unwanted pregnancy, • Male involvement, inexpensive	• 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.	• Controlled by the woman. • Prevents STIs and HIV. • It can be inserted (8) hours before intercourse.	• Difficult to place in the vagina • woman must touch her vagina. • Makes noise during sexual intercourse.
Spermicides	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.	• Serves as lubricant, • easy to apply, • easily available	• Provides little protection against STIs and HIV when used alone. • Not as effective as pill.

CONTRACEPTIVE METHODS FOR ADOLESCENTS (contd.)

Method	Description	How to Use	Advantages	Disadvantages
COCor Progesterone only (Pill)	Contraceptive tablets taken every day for either 21 or 28 days.	Anytime during the menstrual cycle. However, 5th day of the menstruation cycle is the best.	• Decreased menstrual flow. • Decreased menstrual pain. • Treatment of menstrual pain. • Fertility returns after stopping the pill.	• Spotting, • Nausea and vomiting, • Weight gain, • Do not protect against STIs, HIV/AIDS.
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.	Provides opportunity to prevent pregnancy after forced or unplanned sexual intercourse. · Generate the need to initiate contraceptive use.	

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.

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.

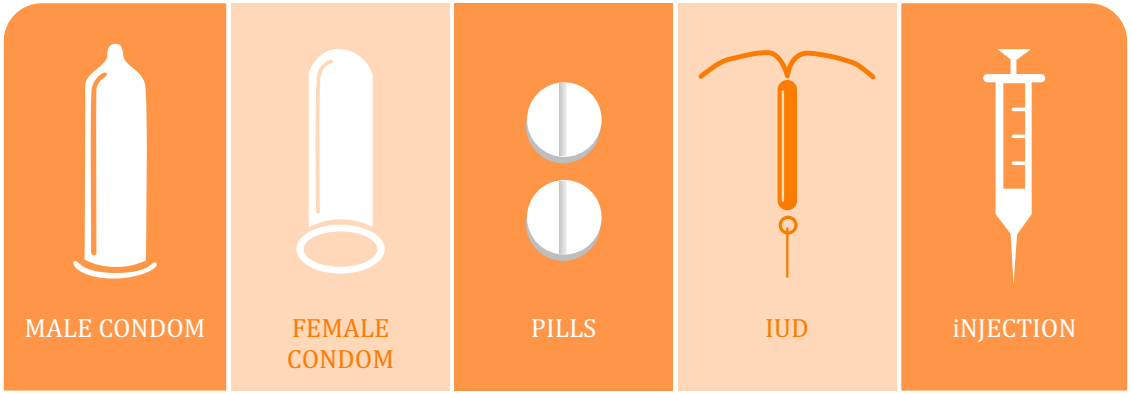
1. Welcome the adolescent, introduce self to the client and ask general questions to establish rapport.
- Take a detailed history (personal, social, economic, past medical, obstetric and gynaecological history, previous contraception).
- Obtain a sexual history (vaginal discharge or irritation, frequency or 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 please follow laid down guides and rules for examining the most private parts of a person's body

4. Conduct necessary laboratory investigations basedon 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.

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.



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%.

FAQs

Frequently Asked Questions

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 STI which can lead to infertility. Although three-monthly injectable can delay fertility for 3months 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 (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 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 Immunodeficiency Virus (HIV).

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 patient particular questions to determine the probability of her contracting or transmitting an STI.

     If male partner has urethral dischargeor 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 (RTI) and STI 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 STI and ascertain the extent of infection.

   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

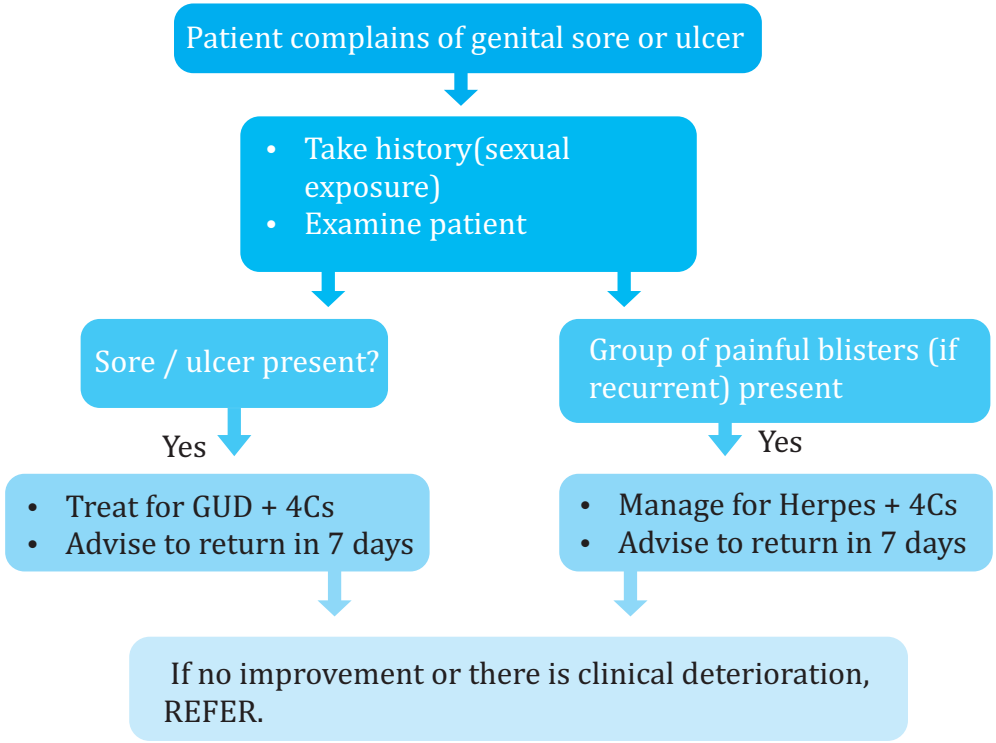
4. Treat all classified STI according to the syndromic approach to STD Management, which is presented as flow charts (See next pages and also “National Guidelines on the Syndromic Management of Sexually Transmitted Infections (STIs) and other Reproductive Tract Infections (RTIs)).

5. Follow the 5Cs of STI management and offer HIV counseling and testing to all sexually active clients.

Table 3- The 5Cs of good STI Management

COUNSELLING You should:	COMPLIANCE Encourage patient to:	CONDOMS You should:	CONTACT TREATMENT Encourage patient to:	CONFIDENTIALITY
Put yourself in your patient's place (show empathy).	Avoid self medication.	Inform patient of proper condom use as the only alternative.	Inform all sexual partner(s) in the last three months to seek medical treatment.	
Listen to patient 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 patient 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 patient on STI prevention.	Follow other instruction.	Provide condoms to patient.		
Educate patient on the implications of untreated STI.				

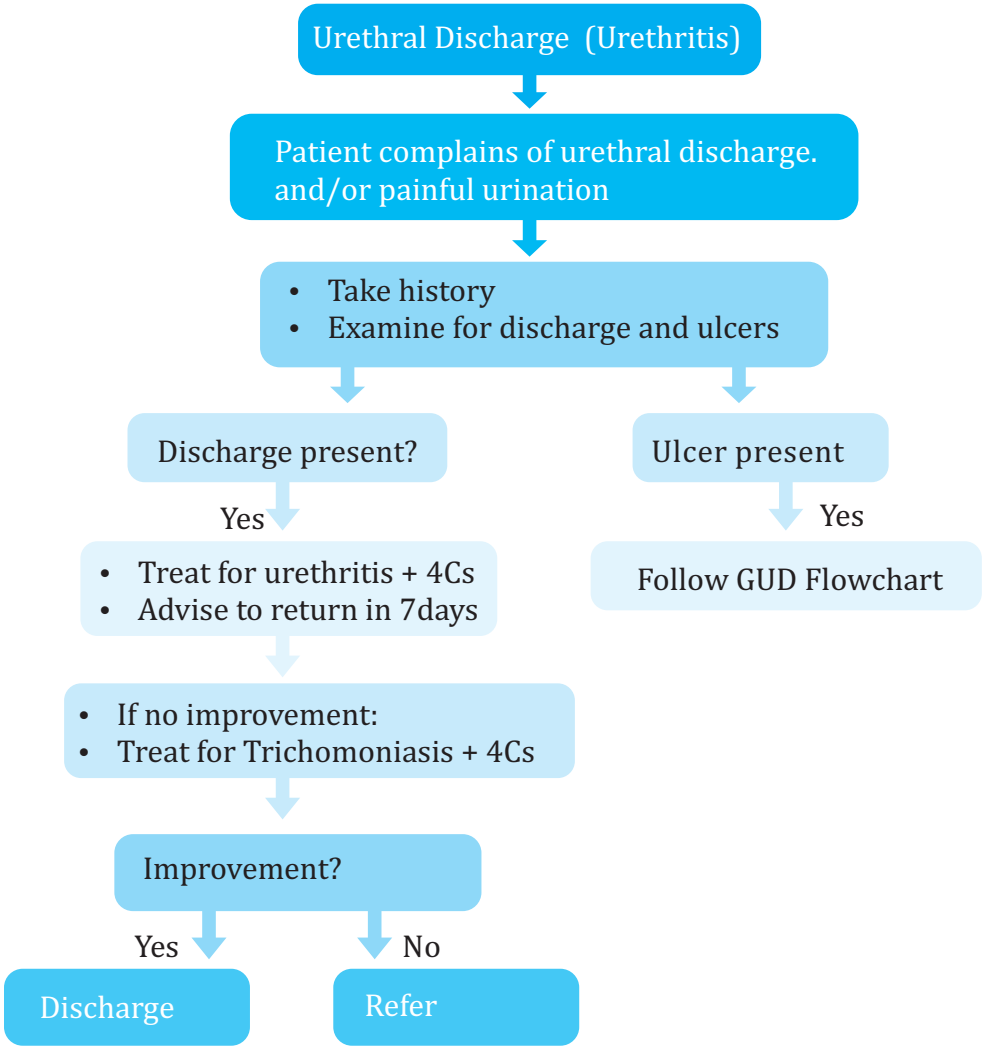
Fig. A - SYNDROMIC MANAGEMENT OF GENITAL ULCER DISEASE



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.

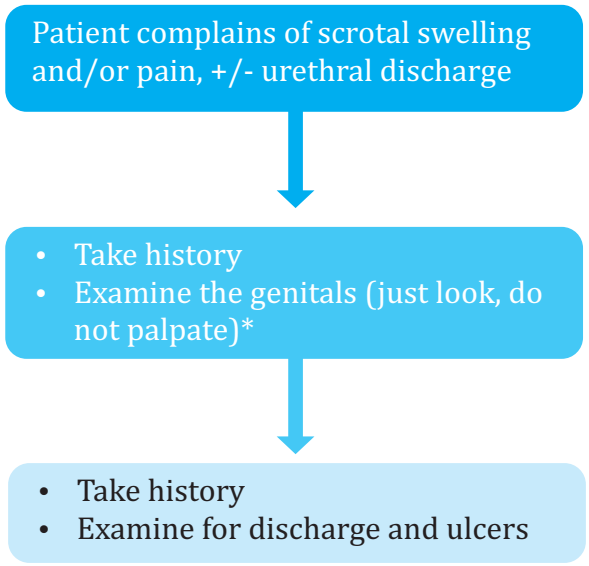
Fig. B - SYNDROMIC MANAGEMENT OF URETHRITIS



Drug Treatment for Urethritis:
- Ciprofloxacin 500mg tab as single oral dose.
- Doxycyline 100mg orally twice daily for 7days.

Drug Treatment for Trichomoniasis:
- Metronidazole 2g orally in a single dose

Fig. C - SYNDROMIC MANAGEMENT OF SCROTAL SWELLING



Drug Treatment for Urethritis:
- Ciprofloxacin 500mg tab as a single oral dose.
- Doxycyline 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.
- Doxycyline 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 7days.

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

Fig. D - SYNDROMIC MANAGEMENT OF ABNORMAL VAGINAL DISCHARGE
(IF DIAGNOSTIC FACILITIES ARE AVAILABLE)

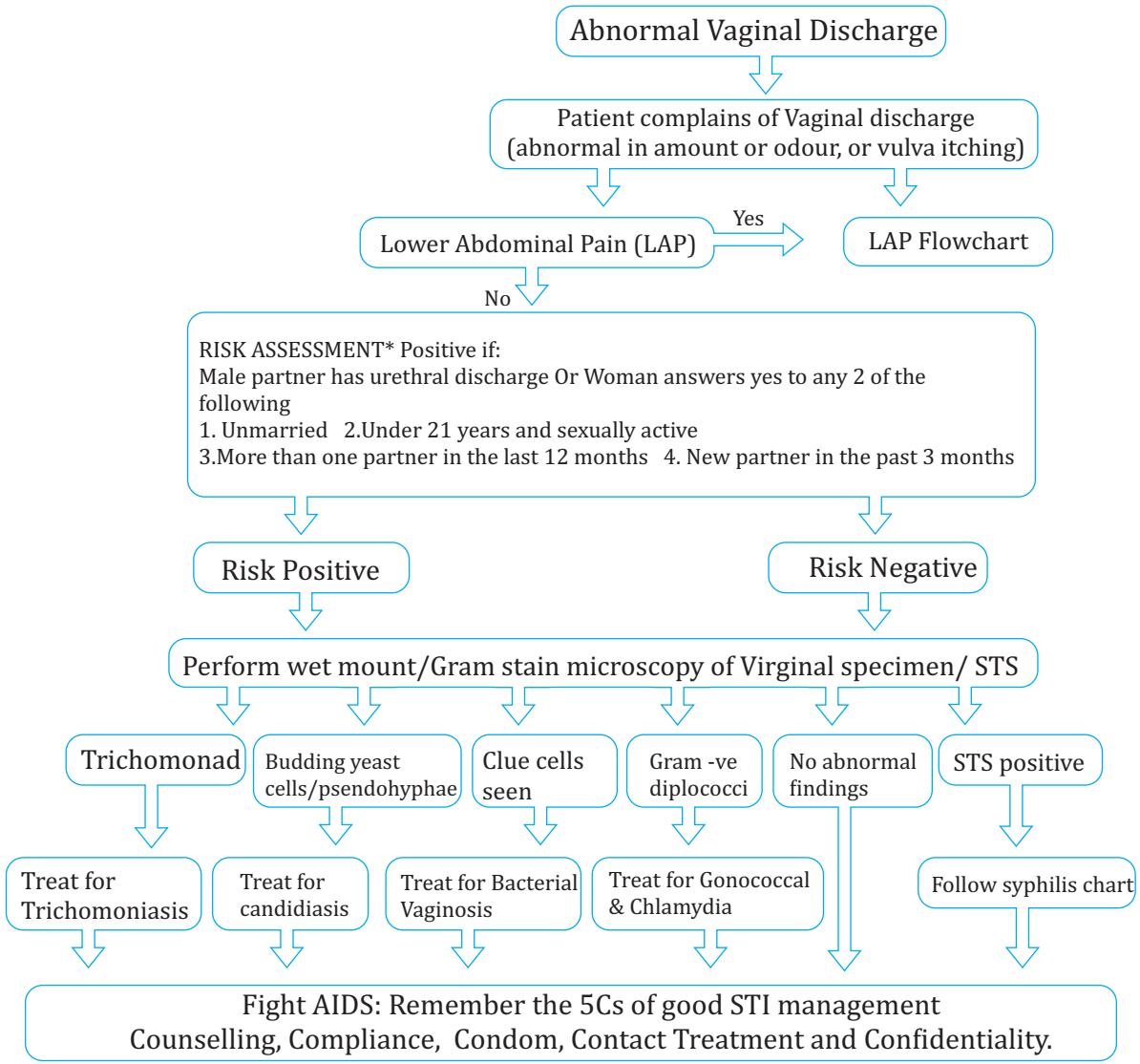


Fig. E - SYNDROMIC MANAGEMENT OF ABNORMAL VAGINAL DISCHARGE
(IF DIAGNOSTIC FACILITIES ARE AVAILABLE)

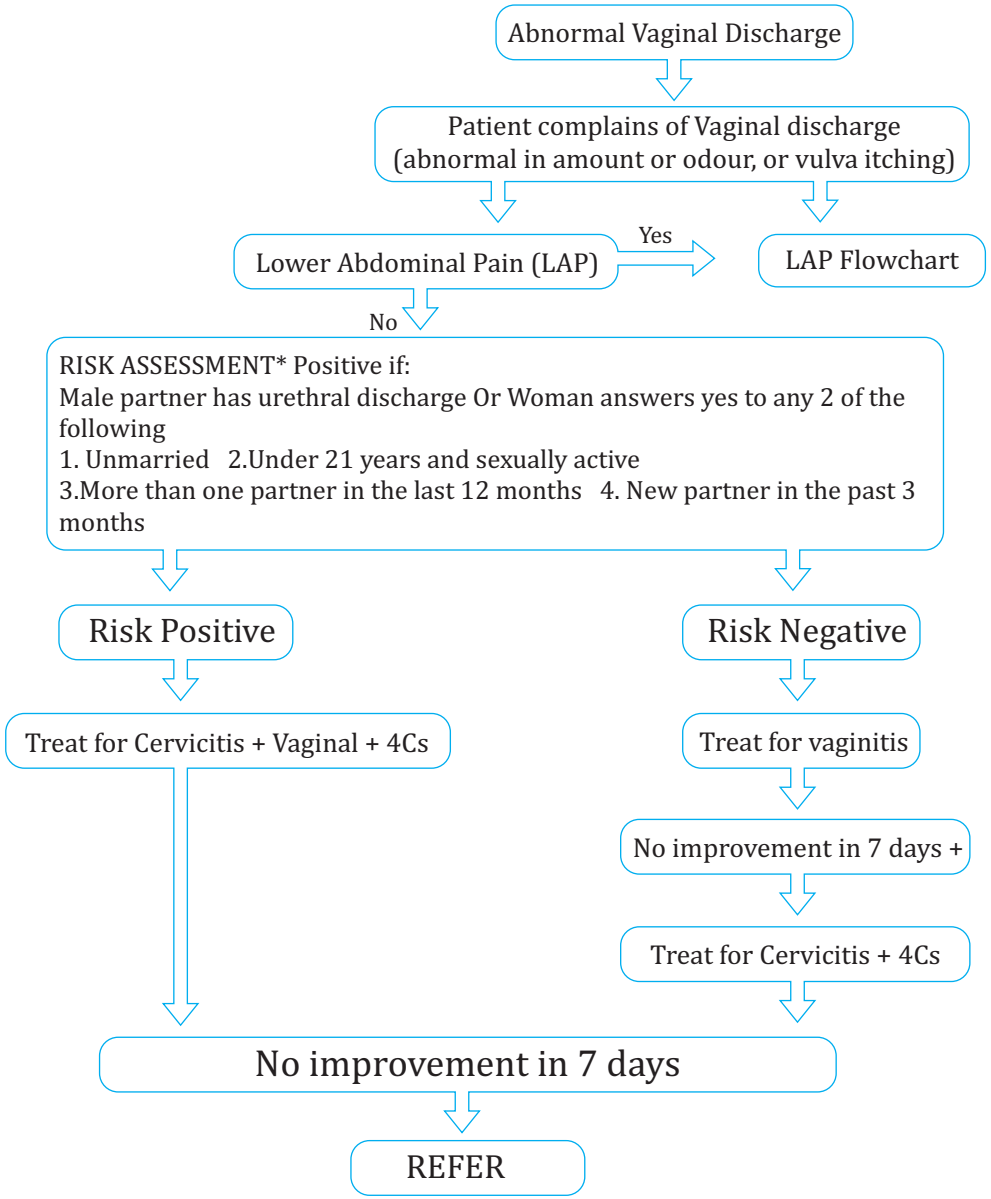
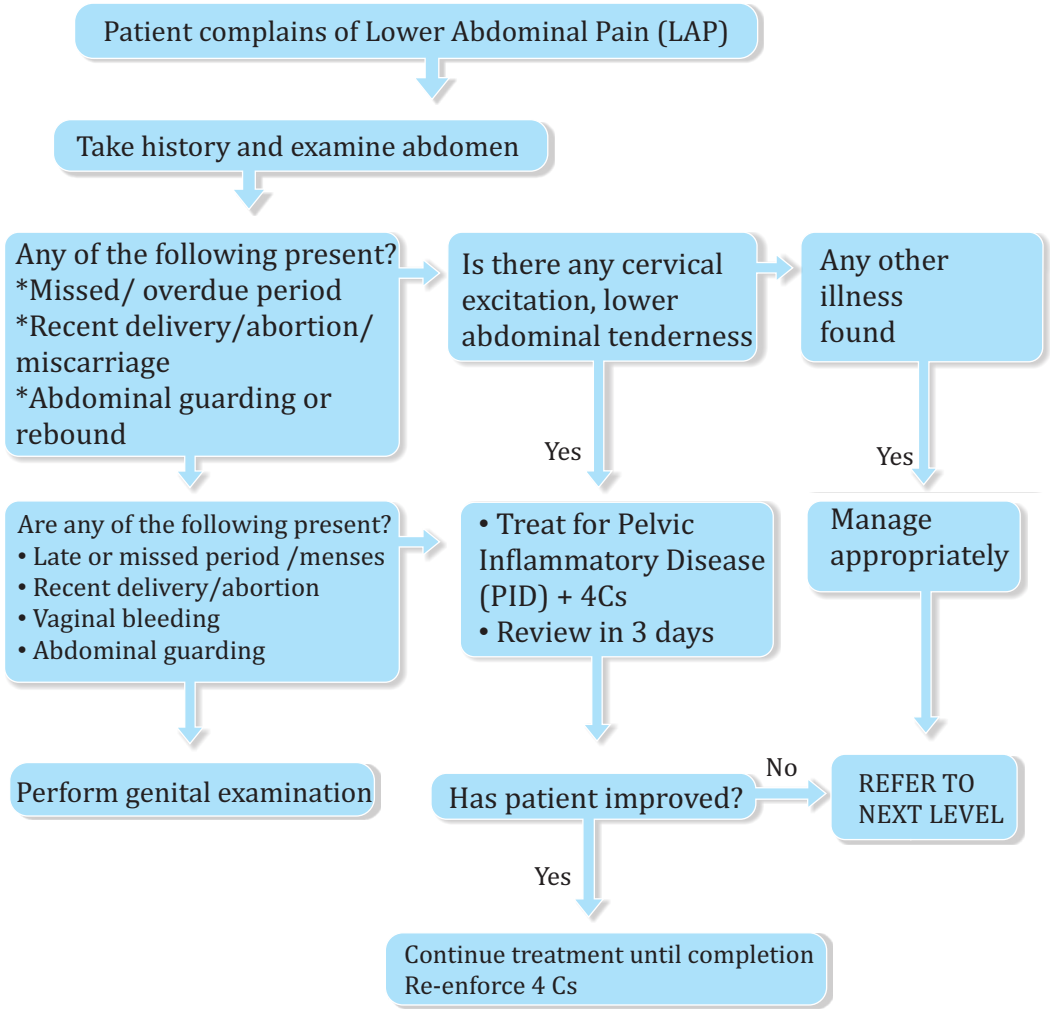


Fig. F - SYNDROMIC MANAGEMENT OF FEMALE LOWER ABDOMINAL PAIN



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

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

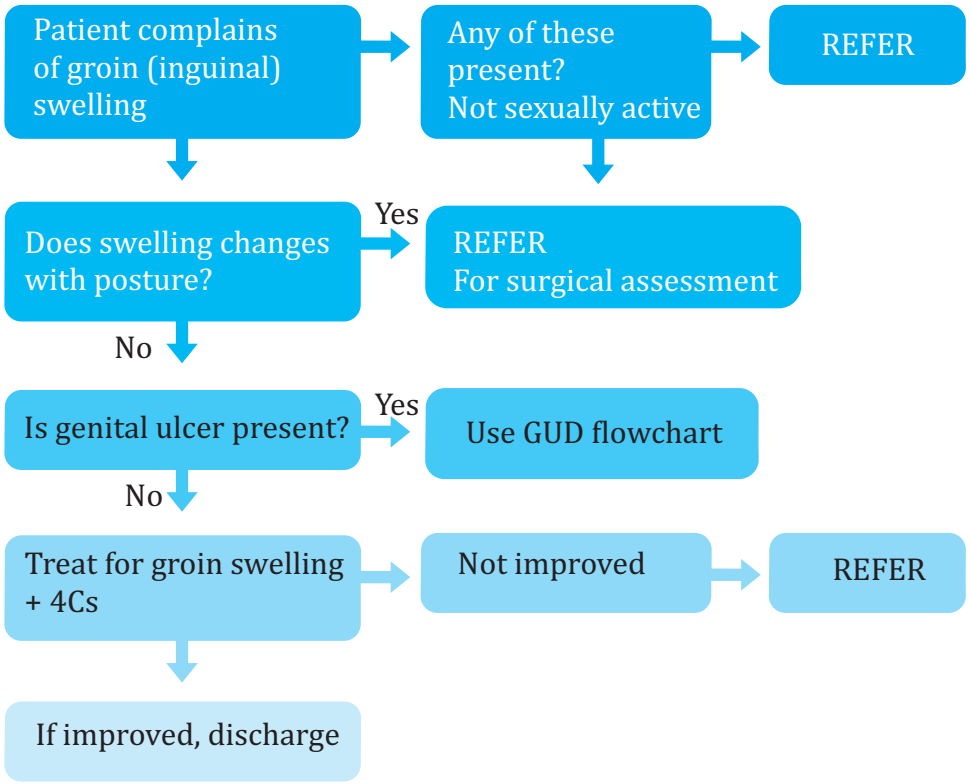
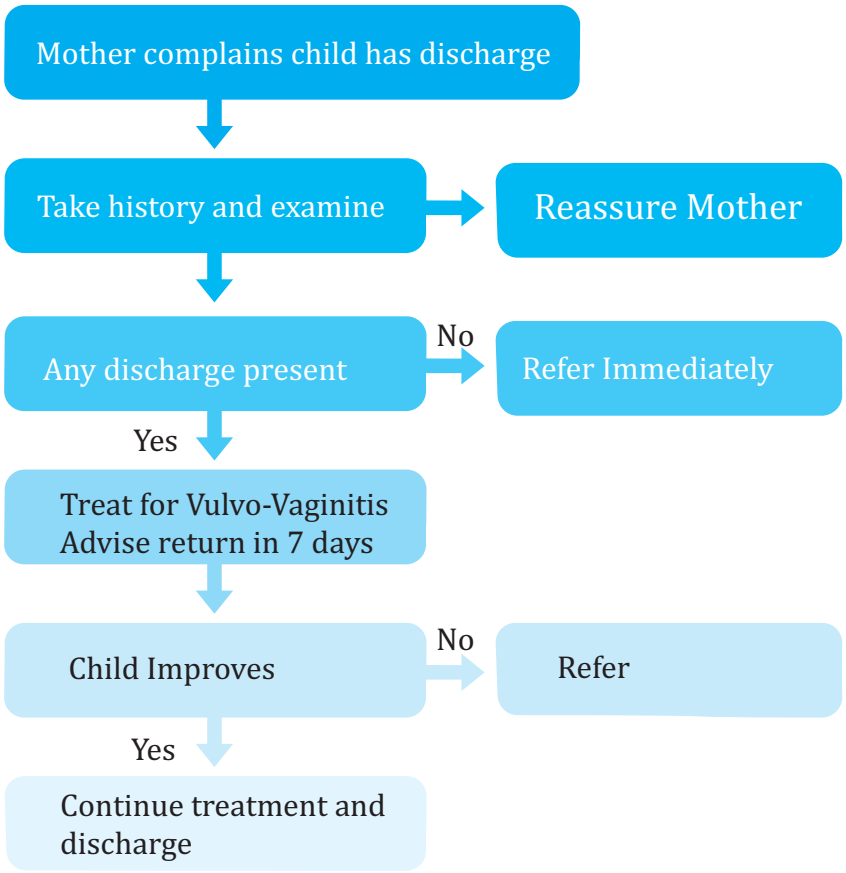


Fig. H - MANAGEMENT OF VULVO-VAGINITIS IN PRE-PUBERTAL GIRLS



Drug Treatment for Groin Swelling:

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

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 anything like toilet infection?

Sexually transmitted diseases are spread sorely from sexual intercourse with an infected person. None of the STI is spread through the toilet except maybe Syphilis and Herpes which can be spread by direct non-sexual contact with infectious lesions. As long as the skin is intact it serves a s 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 registered 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 protectsthe 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 ?

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.

4 HUMAN IMMUNE DEFICIENCY VIRUS (HIV)

Acquired Immune Deficiency Syndrome (AIDS) is a viral disease 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 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 your 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

4 **HIV testing**: Conduct or refer for testing after obtaining informed consent.
Please note that children and adolescents who are below 18year cannot legally provide informed consent. However, they have the right to be involved in all decisions affecting their lives.

5 **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 6months 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 patient 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;
  - - Pregnancy causes deterioration in the HIV-infected female and can affect the unborn baby;
  - -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 infection.
- 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 youths taking medications.

FAQs

Frequently Asked Questions

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 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 is exposed to heat)

5 UNPLANNED PREGNANCY

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 for friendship by asking general questions or issues pertaining to her welfare. Assure her that the information she divulges 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. Don't 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's 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 then advice and counsel on nutrition, personal care and need to register for ante natal care. Refer if there is any medical pregnancy 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 72 hours, counsel on STI/HIV risk and offer HIV counseling and testing and contraceptive counseling.

ADOLESCENT WHO IS PREGNANT

The aim of 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 (history, exam, testing) or local policy.

During Antenatal ensure she recieves

- Tetanus toxoid (at 1st contact, a month after 1st contact ,6 months after 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) Diabeties Mellitus
  c) Vaginal Bleeding
  d) Convulsion
  e) Malpresentation
  f) Kidney Disease
  g) Multiple Pregnancy
  h) Prior Cesarean Section
  i) Documented 3rd Degree Tear

FAQs

Frequently Asked Questions

1. 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.

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

Firstly the adolescent girl would have late or missed period, she might also have the following nausea, vomiting, excessive weight gain, easy tiredness.

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

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.

ADOLESCENT MALE PUBERTY CONCERNS

1. Greet the client and make him comfortable.
- Take relevant biodata
- Take history from the adolescent/parent/guardian after obtaining consent from the adolescent about: similar history in siblings ,dietary habit, chronic illnesses , stressful conditions and evidence of reduced function of other endocrine glands e.g. thyroid gland-excessive sweating or coldnesss
- Take history regarding the following: pubertal development in other siblings. Appearance and development of the pubertal growth indices such as pubic hair, beard, penile growth, voice mutation, testes etc.
- Take history of use of drugs e.g. oestrogen containing drugs, on rare occasions, prolong use of some drugs such diazepam, metronidazole, opiates inhibits testosterone secretion. Also ask about excessive alcohol consumption.
- Take history about pain and swelling of testicles suggestive of orchitis.
- Find out if there are symptoms of STI syndromes
- Do a sexual reproductive health and HEADS assessment

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.	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 a physician.
DELAYED PUBERTY	
Delayed puberty is present if a boy's pubertal development (genital development, testicular growths) has not started by age of 14 years.	In most cases of Constitutional DP, 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 to a physician for evaluation and treatment.
GYNECOMASTIA	
Gynecomastia is defined as increased mammary gland size in the male. Usually occurs in boys aged 13-14 years	If gynecomastia is mild and non-progressive, reassure the client and follow up 3-6 months later. If in doubt, please refer to a physician/ surgeon.

UNDESCENDED TESTES

We may have the following situations.
1. Cryptorchidism: The testis lies intra-abdominally above the inner inguinal opening or retroperitonially 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

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.

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 to a physician

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. Epididymoorchitis.
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.

Refer to a physician/surgeon. Allay the fears of the client.
Provide adequate analgesia.
Provide scrotal support to relieve pain.

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

FAQs

Frequently Asked Questions

1. What are the effects of the condition?

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.

2. 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.

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.
- 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

PRECOCIOUS PUBERTY

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

Counsel the client accordingly and refer to a gynaecologist or physician if necessary.

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.

If there are no specific lumps or swelling, or enlargement follows use of oral or other pubertal signs of development are normal and menarche is not delayed.

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 to a physician 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 to gynaecologist/physician 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 to physician/ gynaecologist 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.

FOR MENSTRUAL IRREGULARITIES 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.

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.

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

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.

FAQs

Frequently Asked Questions

1. 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.

2.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 while 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).

3. 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 EARLY MARRIAGE

Early marriage is a common practice in some parts of this country. Whatever the reason, adolescents involved face health and social consequences.The Nigerian review draft decree 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

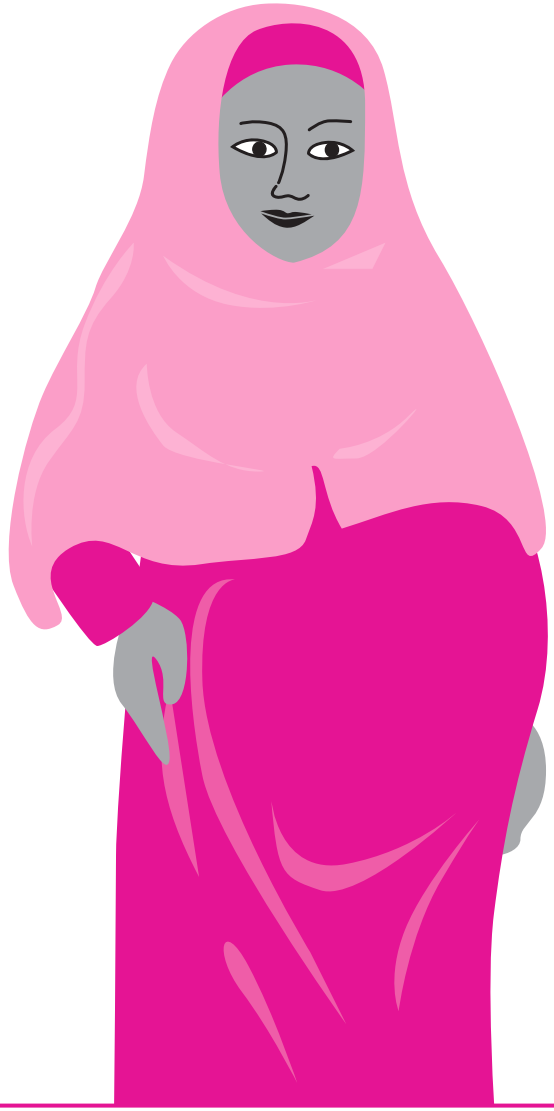
1. **Essential information to obtain during history taking:**

- Biodata: Name, Sex, Age/ date of birth, Address, Level of education, Occupation, culture Marital status, Religion, school
- Ask about school status i.e. school expulsion or inability to complete school, information about the spouse education, socio economic status, acceptance of and support.
- 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 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.
- 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 assets directly to girls and women by forming co-operative groups and small enterprises
- Get girls through secondary school; and encouraging married adolescents to still 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.

Some of the consequences of early marriage include: early pregnancy;. . .



FAQs

Frequently Asked Questions

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 18-20 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?

VVF means Vesico-vaginal fistula a breakage in the skin layer in between the vagina and the rectum or urethra(urinary tract).It is a complication of obstructed labour usually in pregnant adolescents whose pelvic bones and outlet are not yet sufficient to bear childbearing. It is associated with leakage of urine from the vagina or rectum uncontrollably.

7 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, unwanted pregnancy, etc.

   B. Symptoms and signs: 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 into major disorders and mange according to the table below. In case of any serious symptom or complications refer to the psychiatrist/psychologist.

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	• 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	Counsel the adolescent if the anxiety is related to an identifiable situation as follows: - 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. - In addition, the health worker should: - 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. - Refer those who do not get relief or who develop more severe disturbance to a Psychiatrist/Physician.
MOOD DISORDERS		
Major depressive disorder	• 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 wakening • Psychomotor agitation or retardation in movement and thinking • Feeling of worthlessness or inappropriate guilt • Diminished ability to think or concentrate • Recurrent thought of death • Suicidal thought and/or attempts	Counsel the patient. Give amitrypline tablets 25mg nocte and build up to 50-75mg nocte over 2-3 days. Continue amitrypline for up to four months. During this period, the patient should attend follow-up visits at least two weekly. Thereafter, taper off the drug. If there is no improvement in four weeks or patient is suicidal, refer to the psychiatrist/physician.

MOOD DISORDERS	Signs and symptoms	Management
Manic episode	• 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	If patient is violent or aggressive, refer to section on management of violent psychotic behaviour. 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. Thereafter, taper down medication over 2 to 4 weeks. Refer to a psychiatrist/physician if symptoms persist or recur.
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.	• Aggression to people and animals • Destruction of property • Deceitfulness of theft • Serious violation of rules	Counsel and refer to a psychiatrist, physician.
Substance (drug) related disorders	• 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) • Withdrawal symptoms.	See table on substance abuse.

CONDUCT DISORDERS	Signs and Symptoms	Management
Adjustment disorders Emotional or behavioural symptoms that occur in response to stressful life events	• 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: • 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.	• 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 to a psychologist
Organic brain Disorders • These are mental illnesses caused by physical problems such as infections, trauma, substance abuse, epilepsy etc.	• Disturbance of consciousness e.g. confusion • Memory deficits • Development of perceptual disturbance e.g. Visual hallucinations.	Refer to physician

SCHIZOPHRENIA	Signs and Symptoms	Management
These are mental disorders 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.	• 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). - 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.	Refer to a psychiatrist.

FAQs

Frequently Asked Questions

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, alcohol and drugs abuse or controlling your behavior. It can affect your thoughts ,behavior and feelings

2. What are the symptoms of depression?

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

3. What causes mental health 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.

8 MALARIA

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), headache, anorexia, vomitting etc. Note history of drug intake/allergies

2 Conduct a physical examination and do the following:

- Check if patient is ill looking, pale, lethargic, weak and tired.
- Assess patient for pyrexia, 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 arteminisin 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:
– Prostration – Impaired consciousness – Respiratory distress (acidotic breathing) – Multiple convulsions – Circulatory collapse – Pulmonary oedema (radiological) – Abnormal bleeding – Jaundice – Haemoglobinuria	– Severe anaemia – Hypoglycaemia – Acidosis – Renal impairment – Hyperlactataemia – Hyperparasitaemia

FAQs

Frequently Asked Questions

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 cell.

Until this stage, the human host of these parasites will not have experienced any symptoms of disease. That all changes when the spores burst out of their now destroyed liver cells and enter the blood stream. At this point, the host human will experience a clinical attack of malaria with high fevers, sweating, joint pains, nausea, maise etc.

2. Do all mosquitoes transmit malaria?

No. So far, researchers have identified over 2000 species of mosquito, but only the 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.

9 DOMESTIC 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.

DOMESTIC VIOLENCE
IS A MAJOR SOCIAL AND MEDICAL PROBLEM

- Welcome patient, and make them 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 complaint
- 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 td 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 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?

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

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

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

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

Yes! A lot of NGOs/Organizations support to help protect, check within your localities and you will find one. Look around your community for NGOs that support assaulted persons.

10 RAPE

Rape is a form of sexual violence and a violence 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 this client. In cases where that is not available, a female health worker (Chaperone) should be in the during examination
- Introduce yourself
- Welcome patient, make 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.
- If there has been vaginal penetration, inspect the cervix, posterior fornix and vaginal mucosa for trauma, bleeding and sign of infection
- Take swabs and collect vaginal secretions. If client presents more than 72hours 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 infections suspected
- Post exposure prophylaxis should be offered the client
- Give emergency contraceptive pills. Progestin- only pills are the recommmended regimen
- Provide wound care, cleaning and dressing 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 statues 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 in 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, to look for the presence of sperm and for 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, semen stains, and involved 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 below table

DESCRIBING FEATURES OF PHYSICAL INJURIES

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.

FAQs

Frequently Asked Questions

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 isn't 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 to either maintain or establish an emotional relationship. Sexual activity is the means by which this is achieved, not the reason for the rape.”

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've offended. The laws of the country are being reviewed to increase the punishment of rape legally. 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 to and at your own pace. If the person you tell reacts badly, it's not your fault. Don't be discouraged, be proud that you've 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 doesn't 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've tried to tell someone and they haven't listened, it is really important that you keep telling until somebody does. You have the absolute right to be safe, to be safe from abuse. If adults are not helping you to be safe, you might like to call the police, a sexual assult support agency, a teacher or a social worker and let them know what's 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 don't assume that it's sexual assault. You can find out what's 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.

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

“It's great that you want to support your friend. If they've told you about their abuse, chances are they have already identified you as their

support person so ask them what you can do to help. If you've heard about the abuse from someone else, but you'd still like to support your friend, let them know. You can start of by telling them that you know what happened and ask them how they are doing at the moment.

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 youth friendly primary health care in your area."

can contact your nearest sexual assault support agency for information. Talking to someone can really help you work out what you want for yourself."

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 experience emotional and physical abuse than sexual abuse. So, no, the answer is 'no' to this. Every person is responsible for whether or not they go on to offend.

11 HEALTHY EATING

To be healthy, adolescents must have the right amounts and kinds of foods. 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.

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 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; monounsaturated fat — found in olive and canola oils; and polyunsaturated fats — in safflower, soybean, and corn oils, among others.

ADOLESCENT NUTRITIONAL REQUIREMENT

NUTRIENT	REQUIREMENT	EXAMPLE
Vitamins and Minerals	Calcium- Daily requirement for calcium is between 1200 to 1500 mg/day. Iron- Adolescent males require about 12mg/day while females require about 15mg/day. Vitamins- Adolescents who are eating normal daily requirements of nutrients are not deficient in vitamins. Vitamin supplements may be added to meet requirements	
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	
Water	An adolescent approaching adult size should drink about 170 - 227 ml of fluid per day, with more during exercise and in hot weather.	

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).	Eat enough fruits, dark green and yellow leafy vegetables. - Take vitamin and mineral supplements including iron and folate. - Diversify diet/ eat a variety of foods. - Use iodized salts for cooking.
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 BMI > 30 while overweight is BMI between 25 and 30. 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 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 outpatientpsychological treatment, including cognitive behaviour therapy.

CLASSIFY	MANAGE
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. I. 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. II. 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.	**UNDERNUTRITION** Set goals for weight gain and weight maintenance. 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. Refer the patient to a Nutritionist/Dietician, and a physician if necessary. - 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.

CLASSIFY	MANAGE
UNDER-NUTRITION Under nutrition is manifested in the form of stunting (short-for-age) or wasting (thin-for-age). · 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)	**OBESITY/OVERWEIGHT** Encourage gradual weight loss through dieting and exercise. • Encourage family support to attend to emotional problem and assist in behavioural changes. • Refer to dietician/nutritionist and physician if necessary. • Advise the adolescent to acquire the following preventive habits: - 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.

FAQs

Frequently Asked Questions

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 inability to eat nutritious and well balanced diet.

2. I try to eat healthy but I can't 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 a balanced diet 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.

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.

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. Sometimes obese boys develop enlarged breasts.

12 IMMUNIZATION

Vaccinating adolescents offers 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.

Disease	Mode(s) of Transmission	Symptoms	Complication/ Long term risks	Dose	Route	Vaccines Available
Measles	Measles	High fever. Cough. Conjunctivitis . Exanthem . Maculopapular Rash Encephalitis (more common in adolescents and adults).	Otitis media Bronchopneumonia (accounts for 60% of deaths).	0.5 mL	SC	• 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).	• Thrombocytopenia • Encephalopathy	0.5 mL	SC	• Combination vaccines as per Measles or monovalent rubella. • One dose in adolescence.
Pertussis	Respiratory inhalation	Phase I catarrhal stage—cold-like symptoms. Phase II paroxysmal stage—cough with classical paroxysmal whoop often terminated with vomiting and exhaustion. Convalescent Stage—diminishing paroxysms.	• Pneumonia • Seizures • Encephalopathy		1M	• 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 Headache	Meningeal signs Fever Purpuric rash	• Death if not promptly treated. • Neurological deficits. • Amputation		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	Parenteral perinatal sexual	Acute infection —fever, malaise, anorexia, nausea, vomiting, abdominal pain, icteric symptoms of liver damage Chronic infection —mild or inapparent disease	• Primary Hepatocellular • carcinoma • Cirrhosis of the liver	5 g/0.5 mL	IM	• 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	Fecal-oral	Headache Abdominal discomfort Constipation or diarrhea	Peritonitis		Oral	Oral Ty21a 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	• 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.	• 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)	• Increased likelihood of achieving herd immunity • Decreased likelihood of inducing stigma around certain diseases such as sexually transmitted infections .	• The ability to achieve herd-immunity will be undermined if low vaccination rates occur. • Higher costs to society.
Targeted	Hepatitis B virus (HBV)	Reduced costs if every adolescent does not require vaccination. Reduced risk of adverse events in the whole e population. Reduced costs if every adolescent does not require vaccination.	• 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)	In countries with school-based programs, success has been mediated by the requirement to attend school and by a lack of private sector healthcare .	• 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)	• Maintain immunity to prevent infection and subsequent infection of un-immunized individuals. • Reduced healthcare costs associated with decreased disease burden.	• 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)	• Large number of individuals can be vaccinated in a rapid time frame. • Excellent for outbreak situations. • Limited amount of resources can be mobilized.	• 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.

FAQs

Frequently Asked Questions

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 like measles and hepatitis B give lifelong immunity 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.

13 PIMPLES

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 women to develop pimples in their late youth.

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

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

- The Health worker should welcome the client and introduce herself to the client. Make the client introduce herself 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 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 male 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.

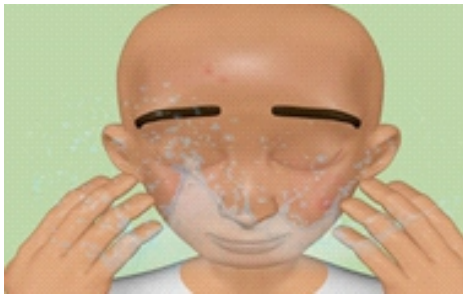
The clog can appear as a whitehead if it covered by a thin layer of skin or if exposed to the air the darker exposed portion of the plug is called a "blackhead".
The plugged hair follicle gradually enlarges, producing a bump. As the follicle enlarges, the wall may rupture, allowing irritating substances 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 female pimples appear in relation to their menstrual cycle.
Taking oily meals may exacerbate pimples in some adolescents.

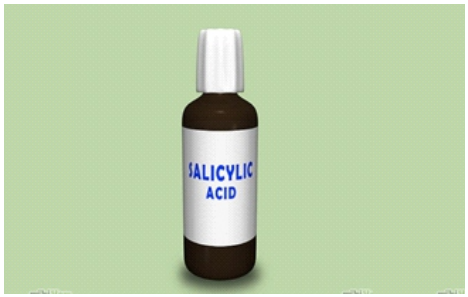
Treatment Options

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



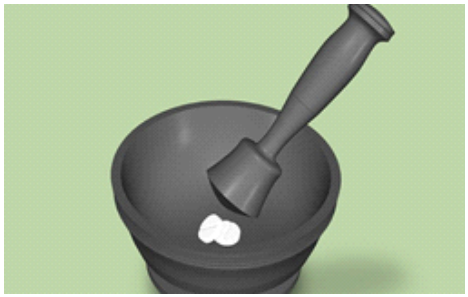
Keep your skin clean

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.



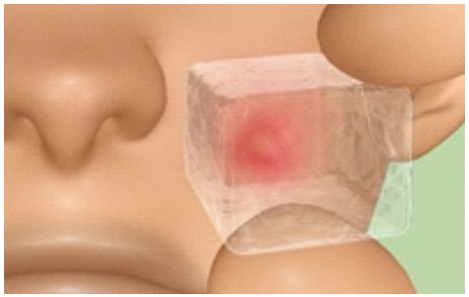
Apply salicylic acid

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 for 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're able. Rinse it off with cool water, and your pimple should be nearly gone!



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.

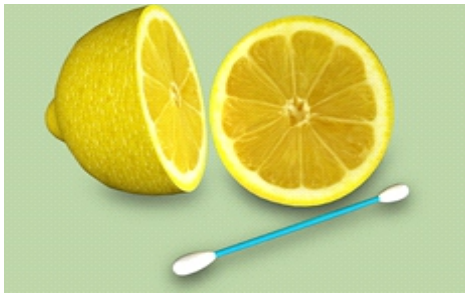
Using Home Remedies

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've gotten the desired pimple-diminishing effect.

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're 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're 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.

FAQs

Frequently Asked Questions

1. Are there some kinds of food that 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?

Yes! Because cleansing reduces bacterial infection that could cause Acne development. 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 don't the medicines work faster?

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.
- Don't pick or "pop" existing blemishes.

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

You don't have to stop wearing makeup altogether, but you might try switching brands or going with a different type. If you're 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

14 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.

Usually, this is a 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 himself.
- 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 if 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 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 client to a Urologist.

FAQs

Frequently Asked Questions

1. What causes bedwetting?

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 don't 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 bedwetting. 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 bedwetting. There are probably several causes of bedwetting, 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 bedwetting 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 bedwetting, then they will also overcome it.

3. 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.

4. My seven year old son has always wet the bed. A friend once told me the cause is psychological and emotional. My son appears very confident, happy and comes from a loving family. Could this still be the case, or could there be another reason?

It certainly appears to be a common misunderstanding that bedwetting is caused by psychological problems. This misconception, along with the fact that it relates to a bodily function contributes to the notion of bedwetting being a socially taboo topic and associated with shame and embarrassment.

In actual fact, bedwetting can become a causal factor of basic psychological disturbance if left untreated. Studies on self-esteem in enuretic children reveal that it is lowered in enuretic children and that as most people know self-esteem is an important psychological variable associated with mental health. Therefore, low self-esteem can be an indicator for present and possible later psychological dysfunction.

Bedwetting is an inherited condition with a child having a 40% chance of bedwetting if one bedwetting parent and this doubles to 80% if both parents wet the bed as children. So generally children have their parents to blame in terms of genetics. This of course can be reassuring to many children, knowing that dad wet the bed when he was a child and he turned out ok and doesn't have any bedwetting issues now!

5. 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.

6. Does limiting fluid intake in the afternoon and evening help to stop bedwetting?

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.

7. Should I get my child up in the night to toilet?

No, waking your child to toilet during the night will not allow her or him to recognise the sensation of their full bladder. It may seem to work temporarily in helping them to be dry, but generally as soon as parents tire (and that happens pretty quickly) from waking them, the child resumes wetting again. Also, it quite often results in a grumpy child and frustrated and tired parent.

8. What is the most effective method for stopping bedwetting?

Bell and Pad Alarms are generally the most effective method of stopping bed wetting (the Boss of the Bladder program has a 90% success rate), provided that they are used under the supervision of a psychologist or consultant. The psychologist can assist with the implementation of supportive methods such as coaching and bladder training. Coaching refers to having a support team that rallies around the child and encourages them to stay dry with self-esteem strategies and rewards. Bladder training teaches children how to increase the size of their bladder so that they can “hold on” and avoid accidents.

15 PERSONAL HYGIENE

Body odor 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 odor 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 odor.

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.

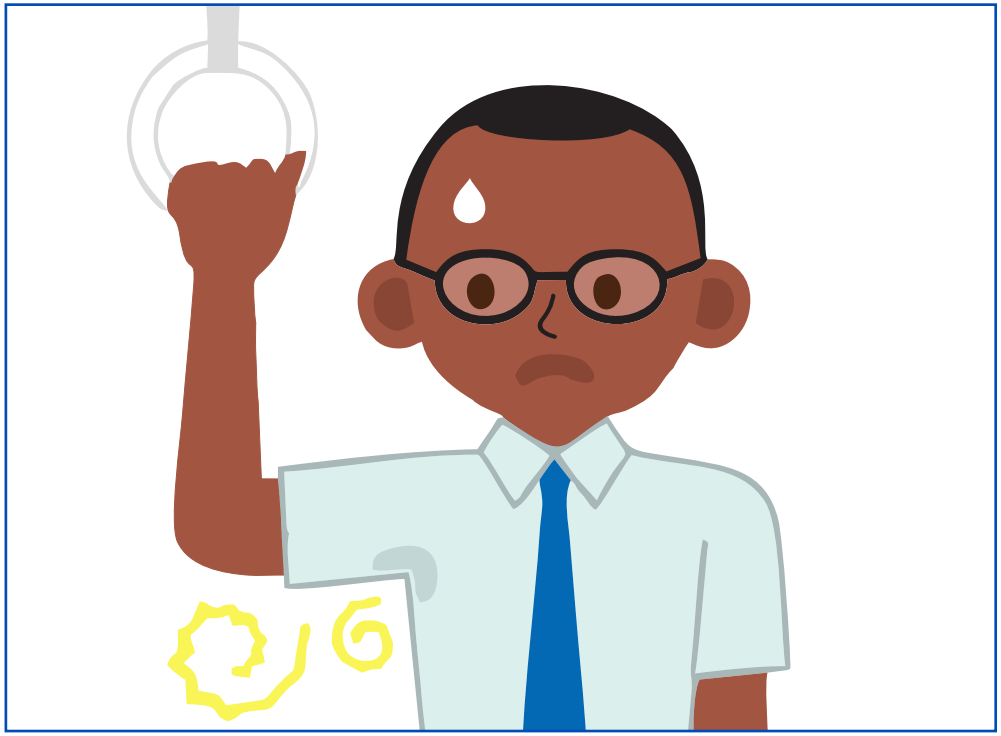
Explain the cause of body odor to the adolescent, emphasizing that there may be need to adjust cleanliness habits in order to solve the issue of body odor.

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.

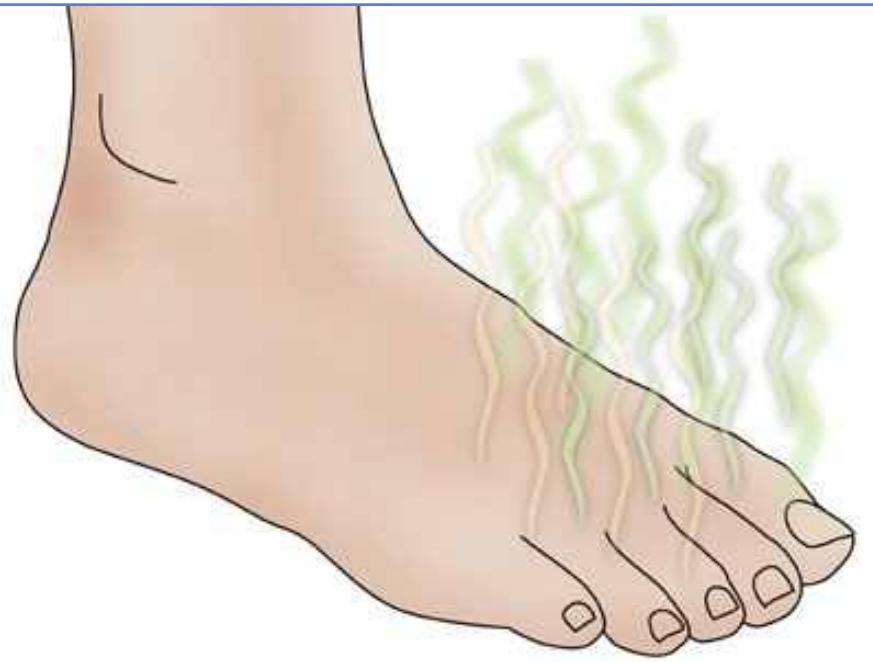


Treatment for smelly feet (bromodosis) -

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.

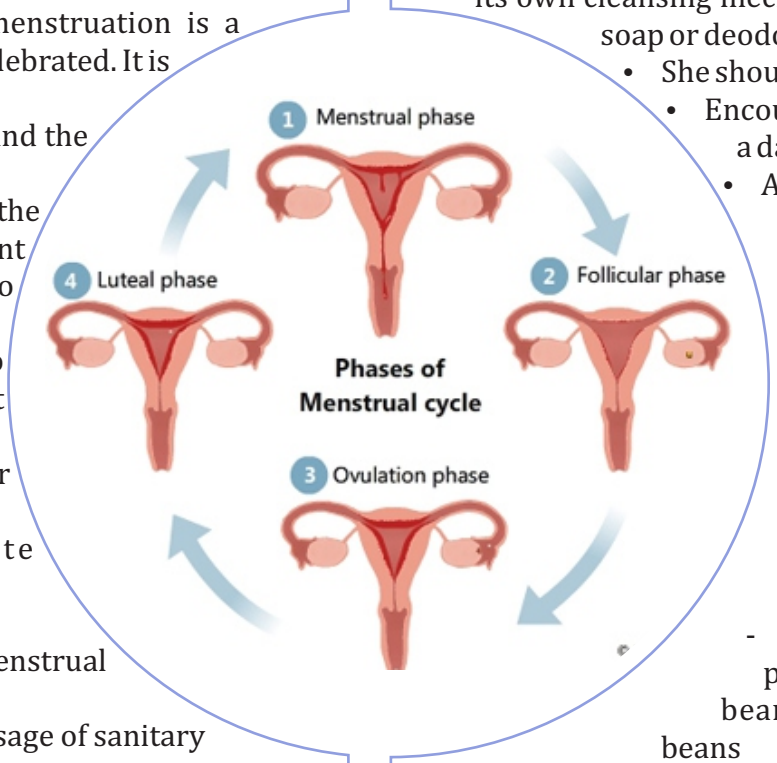


Smelly Feet

- 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 unwanted adolescent pregnancies.
- Advise adolescent to Discuss with older trusted ladies
- The health worker should educate adolescent on menstrual cycles
- Help them feel free to discuss it maturely
- 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.



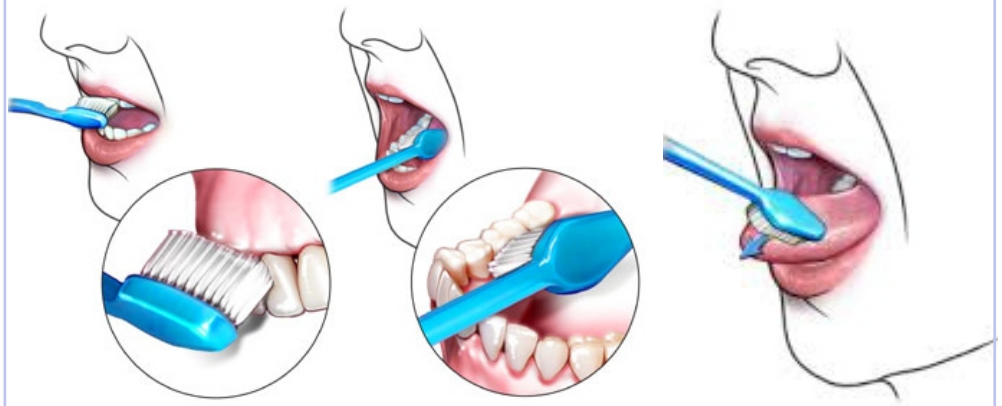
- Sanitary towels should be treated as disposables, and must not be reused for any reason in order to avoid incubation of pathologic micro organisms that may lead to infections in the reproductive tract of the adolescent.
- Adolescent should be taught to clean her vagina properly with water, without 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 oral 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 if 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 and talking habits of the client.
- 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 gaggle with warm saline solution at least twice a day, immediately after brushing the teeth.
- Where available and affordable client can use mouth wash regularly each day.
- 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.



FAQs

Frequently Asked Questions

1. How can you maintain your personal hygiene?

You can maintain your personal hygiene by:
Bathing and washing regularly.
Always wash hands regularly.
Since we're talking about hands, 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.
Your under garments should be washed 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 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. Poor personal hygiene, in relation to preventing the spread of disease is paramount in preventing epidemic or even pandemic outbreaks. To engage 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. Short term solutions may be to offer them a breath mint or gum, "This flavor is great!". Pull out your perfume and try a "Hey man/girl check out this awesome scent" and spray them.

4. What are the implications of poor personal hygiene?

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

16 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 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 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..

FAQs

Frequently Asked Questions

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 an STI (Sexually Transmitted Infection) while masturbating.

17 DENTAL HEALTH

Welcome the adolescent and make 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.

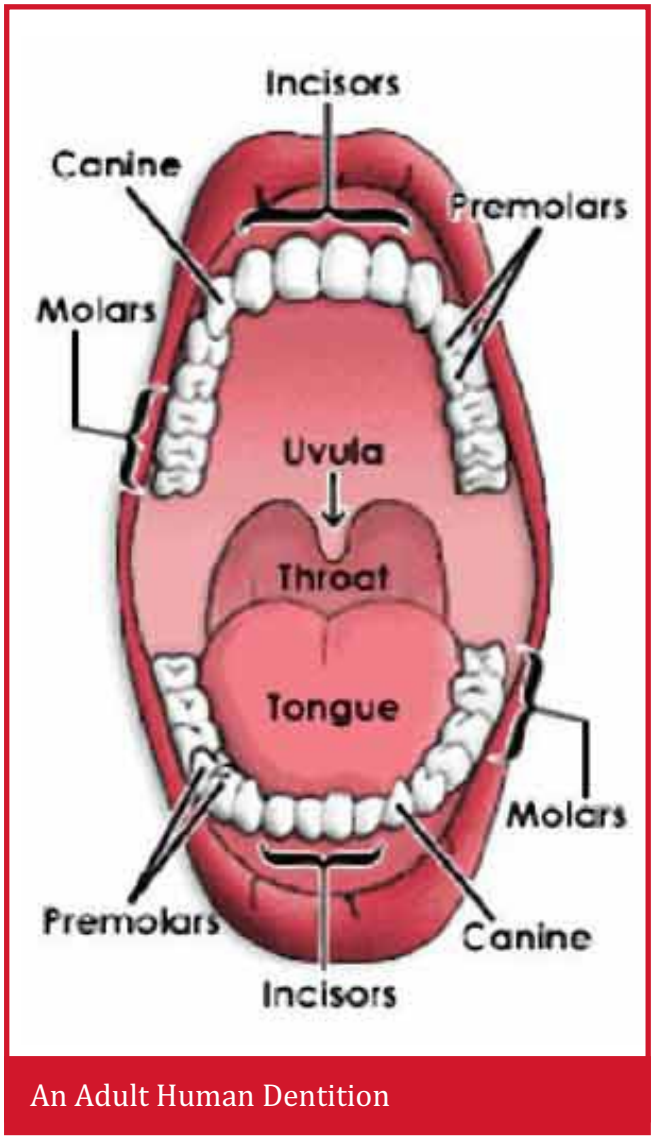
However, If the client recently had a filling this sensation is normal for up to six weeks.

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, 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.



An Adult Human Dentition

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 hasn't 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

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 establish 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.

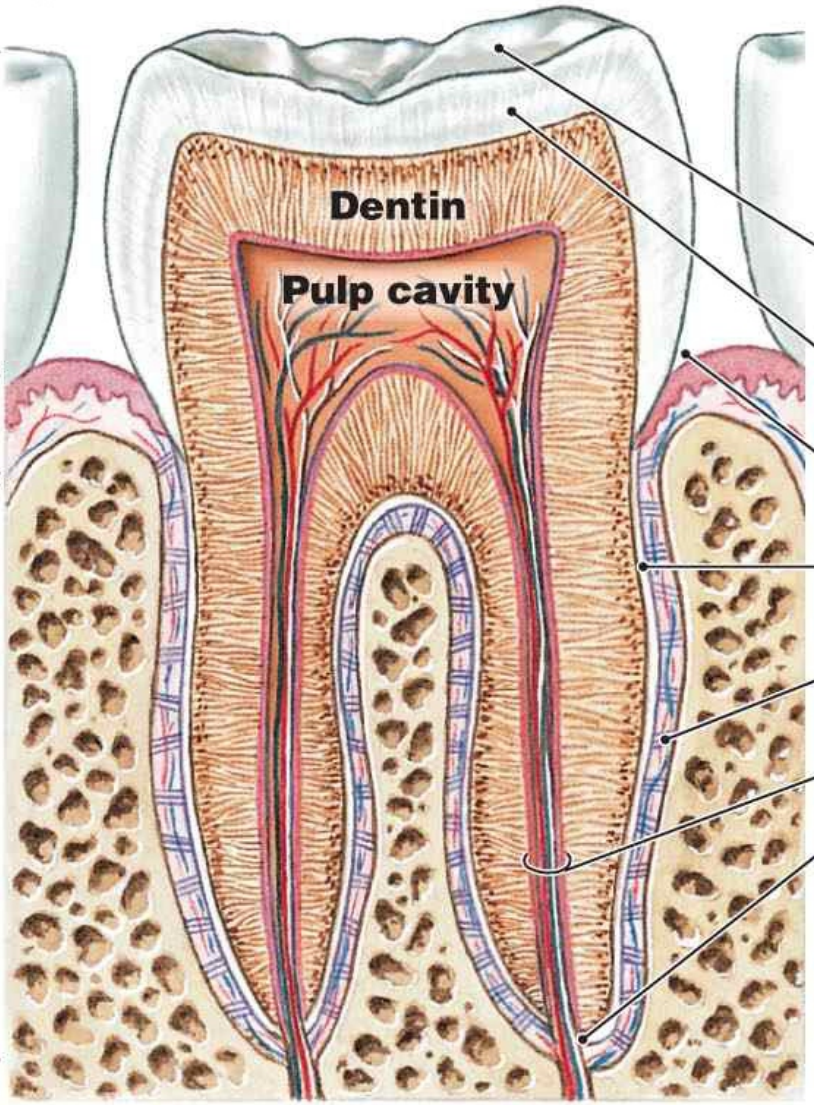
Explain how to brush properly, viz:

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.

Either way, clients should brush their teeth at least twice a day: in the morning and before going to bed.

A Sectional View Through a Representative Adult Tooth

1. The **crown** of the tooth projects into the oral cavity from the surface of the gums.
2. The **neck** of the tooth marks the boundary between the crown and the root.
3. The **root** of each tooth sits in a bony socket called an **alveolus**.



Components of a Tooth

- Occlusal surface
- Enamel
- Gingival sulcus
- Layer of cementum
- Periodontal ligament
- Pulp cavity
- Apical foramen

FAQs

Frequently Asked Questions

1.What is an Abscessed Tooth?

An abscess of the tooth is an infection. 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 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.

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.

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.

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. So, see your 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

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18 EYE CARE

The eyes are extremely Important part to 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.

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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.

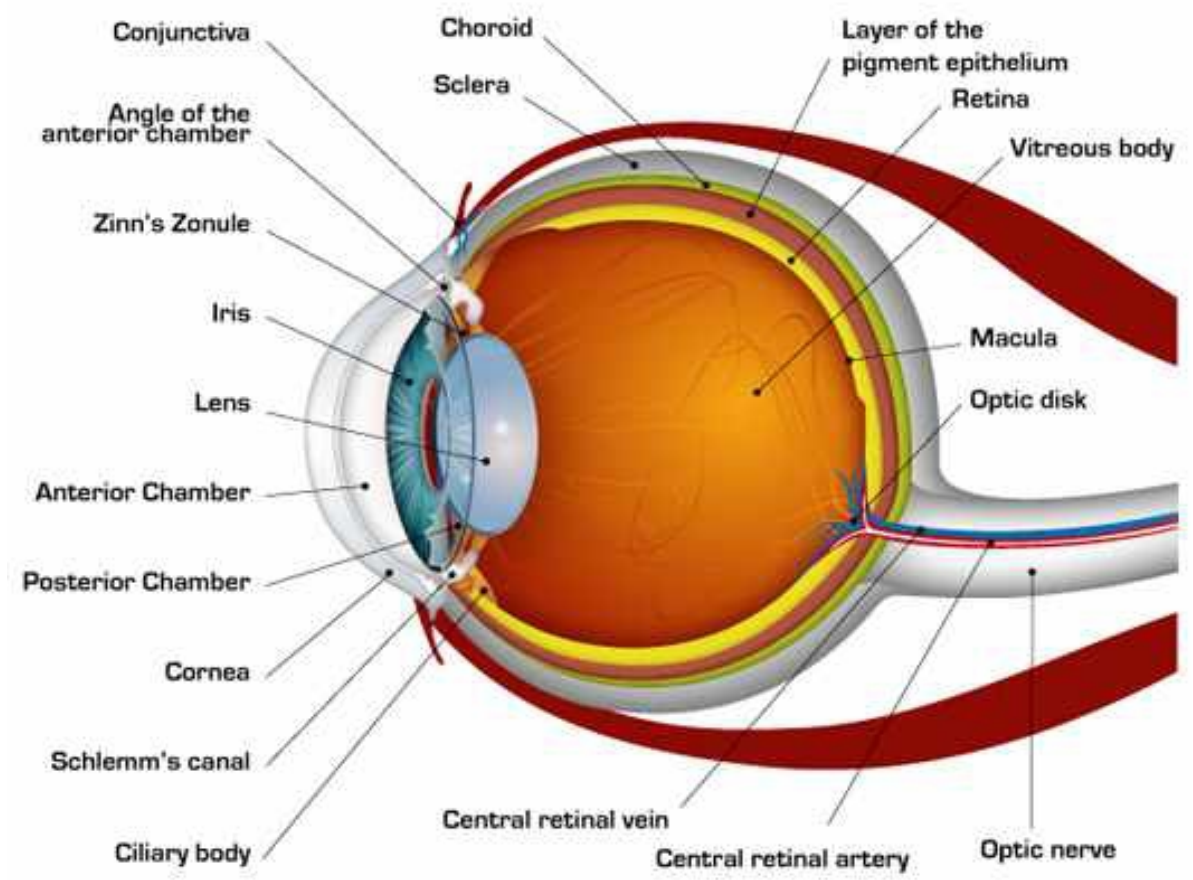
Common infectious conjunctivitis types often have viral or bacterial origins.

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.

CROSS SECTION OF THE EYE



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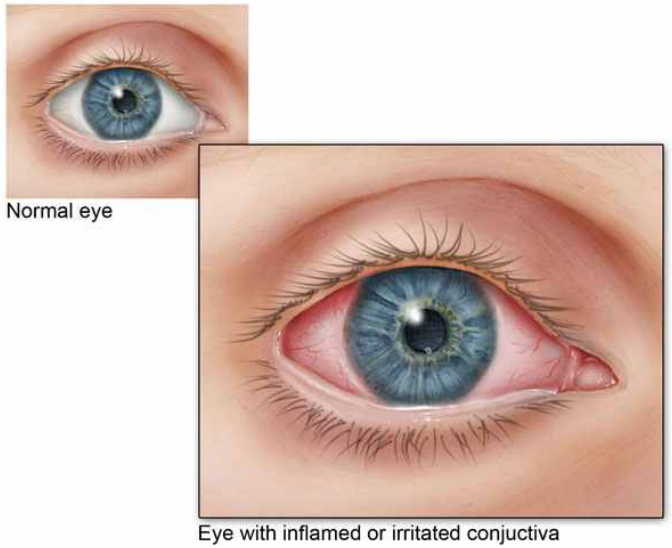

Eye with inflamed or irritated conjuctiva

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 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 referral to an Ophthalmologist is highly encouraged.

FAQs

Frequently Asked Questions

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, discharge fluid, Red eyes, Pain, Gritty sensation, Dry eyes, Light sensitivity, Swollen eyes, Swelling around the eyes, Itching, Blurry vision. Whoever is experiencing this should go to the Doctor.

2. What is 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 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 ultra-violet protection.