

DEVELOPMENT

MENSTRUAL

part 2

- Algorithms, communication tips and frequently asked questions

PREGNANCY
GENITAL/STI

HIV OTHER CO

Ask	Look/Feel/Listen	Symptoms & signs
<p> <i>TIP for health worker:</i> Say that you are now going to ask him some personal questions and reassure him that the information will be kept confidential.</p> <ul style="list-style-type: none"> • How old are you? <p>Penis</p> <ul style="list-style-type: none"> • Has your penis increased in size since you were a small boy? <i>If the size has increased:</i> <ul style="list-style-type: none"> – How old were you when you first noticed this? <p>Testes</p> <ul style="list-style-type: none"> • Have your testicles increased in size from when were you a small boy? <i>If the size has increased:</i> <ul style="list-style-type: none"> – How old were you when you first noticed this? <p>Pubic hair</p> <ul style="list-style-type: none"> • Have you developed any hair on or near your genital area? <i>If he has pubic hair:</i> <ul style="list-style-type: none"> – How old were you when you first noticed this hair? <p>Chronic illness</p> <ul style="list-style-type: none"> • Do you have any long-standing illnesses? <i>(Note: Probe if there are symptoms of long-standing fever, cough, diarrhoea, loss of weight etc.).</i> <p>Do a sexual reproductive health assessment</p> <p>Do a HEADS assessment</p> <div data-bbox="67 1361 374 1493" style="background-color: black; color: white; padding: 5px;"> <p> ALERT <i>If any anatomical abnormality of the testes or penis are found on examination, refer</i></p> </div>	<p> <i>TIP for health worker:</i> <i>Ensure privacy of the examination setting.</i></p> <p>Check:</p> <ul style="list-style-type: none"> • Weight • Height <p>Calculate:</p> <ul style="list-style-type: none"> • BMI (Body mass index) = $\frac{\text{weight}}{\text{height}^2}$ (or use BMI tabulation charts) <p>Plot BMI Z score on BMI for age centile chart</p> <p>Check:</p> <p>Penis</p> <ul style="list-style-type: none"> • Size (if obese, retract the pubic fat pad to obtain an accurate estimation of size) • Whether there are any anatomical variants (e.g. the opening of urethra is not at the tip of the penis) <p>Testes</p> <ul style="list-style-type: none"> • Size • Lump on testes • Swelling of testes <p>Pubic hair</p> <ul style="list-style-type: none"> • Presence of pubic hair <p>Do a general physical examination</p> <p>Check for signs of chronic illness</p>	<ul style="list-style-type: none"> • No enlargement of penis by age 14 years <i>or</i> • No enlargement of testes by age 14 years <i>or</i> • No pubic hair by age 15 years <i>and</i> • Underweight (BMI less than -2Z score for age) <i>or</i> • Signs or symptoms of chronic illness <ul style="list-style-type: none"> • No enlargement of penis by age 14 years <i>or</i> • No enlargement of testes by age 14 years <i>or</i> • No pubic hair by age 15 years <i>and</i> • Not undernourished (BMI more than -2Z score for age) <i>and</i> • No signs or symptoms of chronic illness <ul style="list-style-type: none"> • He is 13 years of age or younger <i>or</i> • If 14 years of age or older, enlargement of penis has started <i>or</i> • If 14 years of age or older, testicular enlargement has started <i>and</i> • If 15 years of age or older, pubic hair is present

Adolescent: My penis seems small compared to those of my friends.

- My testicles are small.
- I do not have any hair on my body.

Parent: My son's penis seems too small for his age. • My son's testicles seem very small. My son does not have body hair yet.

Classify	Manage	Follow-up
<p>Delayed puberty possibly due to chronic illness or undernutrition</p>	<ul style="list-style-type: none"> • Treat or refer underlying medical condition • Address the nutritional problems using the algorithm “I am too fat/too thin” • Advise him that pubertal development can be delayed due to chronic illness or undernutrition and that a health worker will need to reassess him once the chronic illness and/or nutritional issues have been treated 	<p>Follow up chronic illness as needed</p> <p>Follow up nutritional problems as needed</p> <p>Review pubertal development in six months</p>
<p>Delayed puberty unlikely to be due to chronic illness or undernutrition</p>	<ul style="list-style-type: none"> • Advise him that pubertal development is delayed for his age • Reassure him that even though puberty is delayed, most boys will eventually develop and go through puberty. Stress that a small number do not do so and that is why he needs to be checked further • Refer to an endocrinologist if possible <p>If also short, use the algorithm “I am too short”</p>	<p>Review him in six months if referral to an endocrinologist is not possible</p>
<p>Normal puberty</p>	<ul style="list-style-type: none"> • If he is 13 years of age or younger, even if the signs of pubertal development have not appeared, he is within normal limits for age • Reassure him that most boys will eventually develop and go through puberty 	

Information to be given to adolescents and accompanying adults

1. What is the condition?

What do we mean by puberty?

As a child becomes an adolescent, the body starts preparing for adulthood. This stage, which lasts from two to five years, is called puberty. Chemicals produced by the body, called hormones, trigger these changes. During puberty, there is an increase in height and weight, and in the musculature. There is also marked growth and development of the sexual organs. During puberty one also develops facial and body hair as well as acne.

When does puberty normally occur?

There is significant variation in the timing of puberty between individuals. Puberty usually begins in boys when they are around ten years old and lasts until they are 15 or 16 years of age. However, for many boys, puberty does not start until after they are ten years old.

When do we say that puberty is later than normal?

We say that puberty is later than normal (or is delayed) in a boy when certain changes have not started to occur by a certain age; for example, if the penis has not started to increase in size by the age of 14 years, the testes have not started to enlarge by the age of 14 years, or hair on or near the genital area has not started to appear by the age of 15 years.

2. What are the causes of this condition?

The most common cause of delayed puberty is the normal variation in the age at which boys start puberty. Such variation often runs in the family, for example, the father of a boy who is starting puberty late may have himself started his puberty late. This normal variation needs no treatment. However, sometimes undernutrition can cause delays in puberty. Sometimes, chronic illnesses can cause delays in puberty as well.

3. What are the effects of this condition on your body?

Boys with delayed puberty tend to be shorter than other boys of the same age. However, as their bodies go through puberty their height tends to catch up with that of their peers. In addition, there are psychological and social effects associated with delayed puberty. Boys may feel anxious and isolated if their peers are taller and stronger than them.

4. What treatments are we proposing and why?

If your puberty is delayed we would want to refer you to a specialist to confirm that the delay is due to the normal variation in the age when boys start puberty.

Frequently asked questions

Why is it that I have so little hair on my face and body?

Understanding the reason for the question:

The adolescent may feel inadequate when compared to his peers.

Points to make in responding to this question:

The amount of hair on the face and body changes as a boy grows older, and varies from individual to another, and from boys in one family to another. You may have less body hair because your puberty may be delayed. When puberty occurs, your body hair is likely to increase as well. If you have already gone through puberty and still do not have much body hair, you will need to accept this. (Many completely healthy and well men have little facial and body hair).

My penis seems small when compared to those of my friends. Am I normal?

Understanding the reason for this question:

This question may come from the belief that the size of the penis determines the “maleness” of the person. The boy may be anxious about not being normal.

Points to make in responding to this question:

- Two boys of the same age may have differences in the sizes of their penises depending on their family traits. This has nothing to do with your maleness or sexual function.
- If you are still in your early years of your pubertal development there is still time for your penis size to increase.

Ask	Look/Feel/Listen	Symptoms & signs
<p> TIP for health worker: Say that you are now going to ask her some personal questions and reassure her that the information will be kept confidential.</p> <ul style="list-style-type: none"> • How old are you? <p>Breast development</p> <ul style="list-style-type: none"> • Have you noticed any change in the size of your breasts or any change in the size or colour of the area around your nipples? <p><i>If breast development has started:</i></p> <ul style="list-style-type: none"> • How old were you when you first noticed these changes? <p>Pubic hair</p> <ul style="list-style-type: none"> • Have you developed any hair on or near your genital area? <p><i>If she has pubic hair:</i></p> <ul style="list-style-type: none"> • How old were you when you first noticed this hair? <p>Menstrual periods</p> <ul style="list-style-type: none"> • Have your periods started? <p><i>If her periods have started:</i></p> <ul style="list-style-type: none"> • How old were you when you had your first period? <p>Chronic illness</p> <ul style="list-style-type: none"> • Do you have any long-standing illnesses? (<i>Note: Probe if there are symptoms of long-standing fever, cough, diarrhoea, loss of weight etc.</i>). <p>Do a sexual reproductive health assessment</p> <p>Do a HEADS assessment</p>	<p> TIP for health worker: Ensure privacy of the examination setting. Have a female colleague present if necessary.</p> <p>Check:</p> <ul style="list-style-type: none"> • Weight • Height <p>Calculate:</p> <ul style="list-style-type: none"> • BMI (Body mass index) = $\text{weight}/\text{height}^2$ (or use BMI tabulation charts) <p>Plot BMI Z score on BMI for age centile chart</p> <p>Check:</p> <p>Breasts</p> <ul style="list-style-type: none"> • Presence of breast tissue • Colour and size of the area around the nipples <p>Pubic hair</p> <ul style="list-style-type: none"> • Presence of pubic hair <p>Do a general physical examination</p> <p>Check for signs of chronic illness</p>	<ul style="list-style-type: none"> • No breast development by age 14 years <i>or</i> • No pubic hair present by age 14 years <i>or</i> • Not menstruating by age 16 years <i>or</i> • It is more than five years since the first signs of breast development appeared and she has not yet had her first period <i>and</i> • Underweight (BMI less than -2Z score for age) <i>or</i> • Signs/symptoms of chronic illness <hr/> <ul style="list-style-type: none"> • No breast development by age 14 years <i>or</i> • No pubic hair present by age 14 years <i>or</i> • Not menstruating by age 16 years <i>or</i> • It is more than five years since the first signs of breast development appeared and she has not yet had her first period <i>and</i> • Not undernourished (BMI more than -2Z score for age) <i>and</i> • No signs/symptoms of chronic illness <hr/> <p>She is 13 years of age or younger <i>or</i></p> <ul style="list-style-type: none"> • If 14 years of age or older, breast development has started <i>and</i> • If 14 years of age or older, pubic hair is present <i>and</i> • If 16 years or older, menstruation has started <i>and</i> • Less than five years have passed since the first signs of breast development and her first period

Adolescent: My periods have not started yet. • My breasts seem small compared to those of my friends. • Am I normal?

Parent: My daughter's periods have not started yet. • My daughter's breasts are too small for her age? • Is my daughter normal?

Classify	Manage	Follow-up
<p>Delayed puberty possibly due to chronic illness or undernutrition</p>	<ul style="list-style-type: none"> • Treat or refer the underlying medical condition • Address the nutritional problems using the algorithm “I am too fat/ too thin” • Advise her that pubertal development can be delayed due to chronic illness or undernutrition, and that a health worker will need to reassess her once the chronic illness and/or nutritional problems have been addressed 	<p>Follow up chronic illness as needed</p> <p>Follow up nutritional problems as needed</p> <p>Review pubertal development in six months</p>
<p>Delayed puberty unlikely to be due to chronic illness or undernutrition</p>	<ul style="list-style-type: none"> • Advise her that pubertal development is delayed for her age • Reassure her that even though puberty is delayed, most girls will eventually go through puberty. Stress that a small number do not do so and that is why she needs to be checked further • Refer to a gynaecologist or endocrinologist if possible <p>If also short, use the algorithm “I am too short”</p>	<p>Review her in six months if referral to an endocrinologist or a gynaecologist is not possible</p>
<p>Normal</p>	<ul style="list-style-type: none"> • If she is 13 years of age or younger even if the signs of pubertal development have not appeared, she is within normal limits for age • Reassure her that most girls will eventually develop and go through puberty 	

Information to be given to adolescents and accompanying adults

1. What is the condition?

What do we mean by puberty?

As children grow and develop, there comes a stage when their bodies start preparing for adulthood. This stage, called “puberty”, can last from two to five years. Chemicals produced by the body called hormones trigger these changes. As girls go through puberty, there is an increase in height and weight and there is a broadening of the hips. There are also associated changes such as the enlargement of the breasts and the appearance of body hair on or near the genital area and in the armpits, and acne on the face and elsewhere. There is also marked growth and development of the sexual organs, in preparation for adulthood.

When does puberty normally occur?

There is significant variation in the timing of puberty between individuals. For most girls, puberty usually begins at around 9 years of age and is usually complete by the age of 14 to 16 years. However, for many girls, puberty does not start until after they are 9 years of age.

When do we say that puberty is later than normal?

We say that puberty is later than normal (or delayed) in a girl when certain changes have not started to occur by a certain age. For example we say puberty is delayed if her breasts have not started to increase in size before the age of 14 years; there is no appearance of hair on or near the genital area by the age of 14 years, or her periods have not started by the age of 16 years.

2. What are the causes of this condition?

The most common cause of delayed

puberty is the normal variation in the age at which girls start puberty. Such variation often runs in the family, for example, the mother of a girl who is late in starting her puberty may herself have started her puberty late. This normal variation needs no treatment. However, sometimes poor nutrition can cause a delay in puberty. Sometimes chronic illnesses can cause delays in puberty as well. It is important that the nutritional problems and chronic illnesses are assessed and dealt with.

3. What are the effects of this condition on your body?

A girl with delayed puberty is likely to be shorter than other girls of the same age. However, as she goes through puberty her height is likely to catch up with that of her peers. Almost all girls with delayed puberty eventually develop normally and are able to live normal lives (including having children if they wish to).

4. What treatments are we proposing and why?

Delayed puberty possibly due to chronic illness or undernutrition

If your puberty has been delayed because of an underlying chronic illness or undernutrition, it is important that they be assessed and dealt with.

Delayed puberty not related to chronic illness or undernutrition

If your puberty is delayed we would want to refer you to a specialist who will examine you and carry out tests to confirm whether the delay is due to the normal variation in the age when girls start puberty or where there is an underlying condition which is causing it.

Frequently asked questions

Why have my periods not yet started? Why are my breasts smaller than those of my friends?

Understanding the reason for the questions:

All adolescents – boys and girls – are concerned about whether what is happening to their bodies is normal or not.

Points to make in responding to this question:

There is significant variation in the size of the breast between individuals. The size of your breast can depend on a number of things including, how far you are through the process of puberty (your development),

and the normal variation in girls in the amount of fat deposited in their breasts. Breast development is one of the early signs of puberty, and usually starts to occur a few years before the periods start. You will need to eat a healthy and nutritious diet, have adequate exercise and wait for your breasts to develop with time as you go through puberty.

Different girls go through puberty at different rates depending on their family traits and their nutrition. Almost all girls go through the process of puberty with no problems.

“I have a lot of pain during my periods”

Ask	Look/Feel/Listen	Symptoms & signs
<p> TIP for health worker: Say that you are now going to ask her some personal questions and reassure her that the information will be kept confidential.</p> <p>Pain</p> <ul style="list-style-type: none"> • Are you in pain now? • When you get your pain does it usually come when you have your period or in the middle of your cycle? <p>Bleeding</p> <ul style="list-style-type: none"> • Are you having your period/bleeding now? <p><i>If bleeding or in pain now:</i></p> <p>Sexual activity, contraception and pregnancy</p> <ul style="list-style-type: none"> • Do you think you could possibly be pregnant?* <p><i>If “yes”, probe as to why*</i></p> <p><i>If it is not certain as to whether or not she may be pregnant:</i></p> <ul style="list-style-type: none"> • Are you sexually active? <p><i>If sexually active:</i></p> <ul style="list-style-type: none"> • Do you use any contraceptive method to prevent pregnancy? • Have you had sex since your last normal period? <p><i>If she has had sex since her last period:</i></p> <p>i) <i>If using condoms to prevent pregnancy:</i></p> <ul style="list-style-type: none"> • Since your last normal period, have you used a condom every time you have had sex? Has the condom ever broken or come off? <p>ii) <i>If using oral contraceptive pills:</i></p> <ul style="list-style-type: none"> • Since your last normal period, have you forgotten to take any of your pills?* <p>Symptoms of pregnancy</p> <ul style="list-style-type: none"> • Is your period late? Have you missed a period? 	<p> TIP for health worker: Say that you are now going to examine her. Ensure privacy of the examination setting. Have a female colleague present if necessary.</p> <p>Abdominal examination</p> <p>Check for:</p> <ul style="list-style-type: none"> • Lower abdominal tenderness If there is tenderness, – Is the tenderness mild/moderate/severe? – Is there rebound tenderness? • Abdominal mass <p>Pregnancy</p> <p>If sexually active and she is:</p> <ul style="list-style-type: none"> • Not using contraception correctly and consistently* or • She has missed her period or it is late or • She has any symptoms of pregnancy <p>Look for signs of pregnancy:</p> <ul style="list-style-type: none"> • Palpable uterus in the lower abdomen <p>Do a pregnancy test</p> <p> TIP for health worker: <i>Even if she is pregnant, a urine pregnancy test can be negative up to two weeks after her next missed period.</i></p> <p><i>If a test done before this time is negative and if symptoms of pregnancy persist, the test should be repeated when it is more than two weeks after her missed period.</i></p>	<p>In pain now or Bleeding now and Pregnant or Possibly pregnant</p> <ul style="list-style-type: none"> • Sexually active since her last normal period and – Not using any contraceptive method correctly and consistently* or – Period missed or late or – Any symptom or sign of pregnancy present <p>or Abdominal tenderness (moderate to severe, or rebound tenderness) or Abdominal mass present</p> <p>Has had the pain before with periods or in mid-cycle and If in pain now or bleeding now:</p> <ul style="list-style-type: none"> • Not possibly pregnant and • Abdominal examination shows mild or no tenderness and – No rebound tenderness and – No mass <div data-bbox="767 1276 1036 1436" style="background-color: black; color: white; padding: 10px;"> <p>! ALERT If the abdominal pain is unrelated to the menstrual periods, use the algorithm “I have abdominal pain”</p> </div>

Adolescent: I have a lot of pain during my periods.

Parent: My daughter has a lot of pain during her periods

Classify	Manage	Follow-up
<p>Possible surgical or pregnancy related condition</p>	<p>Refer to a hospital</p>	<p>* If there is concern regarding possible pregnancy because she has mised any of her oral contraceptive pills, use the section “Guidance for missed combined oral contraceptive pills” in the algorithm “I do not want to get pregnant”</p>
<p> TIPS for health worker: <i>For any patient who is sexually active, regardless of diagnostic classification:</i></p> <ul style="list-style-type: none"> • <i>Counsel regarding future contraception and safer sex</i> • <i>Offer HIV counselling and testing on site if available or through referral</i> 		
<p>Dysmenorrhoea/ mid-cycle pain</p>	<p>Treat Pain</p> <p>Hot fomentation when she gets pain</p> <p>If hot fomentation does not control pain: Treat with ibuprofen</p> <p>If weight is more than 40 kg: 400 mg orally four times per day</p> <p>If weight is less than 40 kg: 200 mg orally four times per day</p> <p>Start medication as soon as the pain begins</p> <p>Continue medication until the pain stops</p> <p>Take medication with food</p> <p>Do not take medication for more than seven continuous days <i>(Note: Aspirin or paracetamol can be substituted but they are not as effective)</i></p> <p>If the above approach has been tried for three months with no improvement in period pain, consider combined oral contraceptives (Use the algorithm “I do not want to get pregnant”)</p> <p>Advise her to continue with her normal daily activities as much as possible</p>	<p>Follow up after three months</p> <p>If there is no improvement with ibuprofen, advise her to use combined oral contraceptives</p> <p>If there is no improvement after three months of combined oral contraceptives: Refer</p>

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Ask	Look/Feel/Listen	Symptoms & signs
<ul style="list-style-type: none"> Do you have any of these symptoms: <ul style="list-style-type: none"> – Nausea or vomiting in the morning – Swelling or soreness in your breasts <p>Do a sexual and reproductive health assessment</p> <p>Do HEADS assessment</p>	<p><i>If a pregnancy test is not available, and the uterus is not palpable abdominally:</i></p> <p>Check for:</p> <ul style="list-style-type: none"> Enlarged uterus on vaginal examination <p>If sexually active:</p> <p>Check for signs of STI syndromes</p> <p>Do a general physical examination</p>	

Information to be given to adolescents and accompanying adults

1. What is the condition?

Period pain occurs just before or during the menstrual periods. It is a very common condition in adolescents. The pain can be continuous or could come in bouts. It generally starts in the lower abdomen and moves to the lower part of the back and the inner part of the thighs. It is most severe in the early days of the period and gradually reduces in severity as the period continues.

2. What are the causes of the condition?

In girls and young women, the pain is not associated with an underlying medical problem in the majority of the cases. It is due to a natural chemical substance – called hormones – produced in the body during the periods, which cause the muscles of the uterus to tighten. The level of this chemical substance is higher in the first 2–3 days of the period; that is when the pain is most severe.

3. What are the effects of the condition on your body?

If the pain is very severe, it may be accompanied by headache, diarrhoea, nausea and vomiting. These symptoms too are caused by the action of the chemical substance. If the pain is severe it can make it difficult for one to carry out daily activities. It can also affect one's mood. However, there are no long-term negative effects of the pain or other symptoms.

4. What treatments are we proposing and why?

The aim of the treatment is to reduce the pain. The treatment is very effective and so further examination and laboratory tests are not needed in most cases.

There are two types of treatment:

- Medicines called non-steroidal anti-inflammatory drugs (NSAIDs) are given to reduce pain – these are safe and will not cause serious or lasting side effects. They

Classify	Manage	Follow-up

should not be taken on an empty stomach, but preferably with or after meals or snacks. The medicines work best if taken as soon as menstrual pains start (even if that is before the bleeding actually starts).

- Oral contraceptive pills are given to regulate menstrual periods and reduce the pain.

5. What can you do?

The application of hot fomentation (i.e. the application of a hot water bottle or a warm pad of cloth on the abdomen and back) can help soothe the pain. If that does not help, you will need to take some medicines to reduce the pain.

Continue with your daily routine. This will help you to focus on other things. Of course, if the pain is severe this may not be possible to do. However, once the pain subsides with treatment, try to continue with your daily routine.

Frequently asked questions

Will I be able to have a child normally in the future?

Points to make in this response:

Pain with menstrual periods does not affect one’s ability to bear children. It is a common phenomenon and is easily managed.

My friends say this problem becomes less after childbirth. Is that right?

Points to make in this response:

The pain usually tends to lessen after a woman bears a child. This is believed to be due to the stretching of the cervix (the mouth of the uterus) during childbirth and the damage to some of the nerve fibres in the area.

Ask	Look/Feel/Listen	Symptoms & signs
<p> TIP for health worker: Say that you are now going to ask her some personal questions and reassure her that the information will be kept confidential.</p> <p>Menstrual periods</p> <ul style="list-style-type: none"> • For how many days do your periods normally last? • How many sanitary napkins/pads/tampons/other material do you soak each day during your periods?* • Do your periods interfere with your daily routine?* • Are you having your period/bleeding now? <p>Medications to regulate periods</p> <ul style="list-style-type: none"> • Do you use any medications/contraceptive pills to regulate your periods? <p>Contraceptive method</p> <ul style="list-style-type: none"> • Do you use: <ul style="list-style-type: none"> – Intrauterine Device (IUD) <i>or</i> – Depot-medroxyprogesterone acetate (DMPA) injections? <p>Anaemia</p> <ul style="list-style-type: none"> • Do you feel tired all the time? <p>Contraception and pregnancy</p> <p><i>If bleeding now:</i></p> <ul style="list-style-type: none"> • Do you think you could possibly be pregnant?* <p><i>If “yes”, probe as to why</i></p> <p><i>If it is not certain as to whether or not she may be pregnant:</i></p> <ul style="list-style-type: none"> • Are you sexually active? <p><i>If sexually active:</i></p> <ul style="list-style-type: none"> • Do you use any contraceptive method to prevent pregnancy? • Have you had sex since your last period? <p><i>If she has had sex since her last period:</i></p> <p>i) <i>If using condoms to prevent pregnancy:</i></p>	<p> TIP for health worker: Say that you are now going to examine her. Ensure privacy of the examination setting. Have a female colleague present if necessary.</p> <p>Anaemia</p> <p><i>Check for</i></p> <ul style="list-style-type: none"> • Palmar pallor • Lower conjunctival pallor <p>Do a haemoglobin test (if available)</p> <p>Pregnancy</p> <p>If sexually active and she is:</p> <ul style="list-style-type: none"> • Not using contraception correctly and consistently** <p><i>or</i></p> <ul style="list-style-type: none"> • Her period is late <i>or</i> • She has any symptoms of pregnancy <p>Look for signs of pregnancy:</p> <ul style="list-style-type: none"> • Palpable uterus in the lower abdomen <p>Do a pregnancy test</p> <p> TIP for health worker: <i>Even if she is pregnant, a urine pregnancy test can be negative until up to two weeks after her next missed period.</i></p> <p><i>If a test done before this time is negative and if symptoms of pregnancy persist, the test should be repeated when it is more than two weeks after her missed period.</i></p>	<p>Bleeding now <i>and</i> Pregnant <i>or</i> Possibly pregnant</p> <ul style="list-style-type: none"> • Sexually active since last normal period <i>and</i> <ul style="list-style-type: none"> – Not using any contraceptive methods correctly and consistently** <i>or</i> – Missed/late period <i>or</i> – Any symptom or sign of pregnancy <p>Needs more than seven pads (or local equivalent) a day,* <i>or</i> Bleeding lasts for more than seven days, <i>and</i> Haemoglobin less than 12 gm% <i>or</i> If haemoglobin test is not available</p> <ul style="list-style-type: none"> • Any symptom or sign of anaemia <ul style="list-style-type: none"> – Always tired <i>or</i> – Palmar pallor <i>or</i> – Lower conjunctival pallor <p><i>and</i> Does not use IUD or DMPA</p> <p>Needs more than seven pads a day* <i>or</i> Bleeding lasts for more than seven days <i>and</i> Haemoglobin is more than 12 gm% <i>Or</i>, if haemoglobin test is not available No symptoms or signs of anaemia <i>and</i> does not use IUD or DMPA</p> <p>Needs more than seven pads a day* <i>or</i> Bleeding lasts for more than seven days <i>and</i> Uses IUD or DMPA</p>

Adolescent: I bleed a lot during my periods. • My periods last a long time.

Parent: My daughter bleeds a lot during her periods. • My daughter's periods last a long time.

Classify	Manage	Follow-up
<p>Possible pregnancy-related bleeding</p> <p><i>* Quantifying menstrual bleeding can be difficult. The number of pads that would be soaked over 24 hours is a better estimate than how many times she changes pads. The classification of “menorrhagia” should also be considered in situations where the bleeding seems subjectively excessive and interferes with her daily routine.</i></p>	<p>Refer for hospital</p>	<p>** If there is concern regarding possible pregnancy because she has missed any of her oral contraceptive pills, use the section “Guidance for missed combined oral contraceptive pills” in the algorithm “I do not want to get pregnant”.</p>
<p>Menorrhagia with anaemia</p>	<p>Regulate bleeding</p> <ul style="list-style-type: none"> • Ibuprofen <ul style="list-style-type: none"> – If weight is more than 40 kg: 400 mg orally four times per day – If weight is less than 40 kg: 200 mg orally four times per day (from the first day of the period until the heavy bleeding slows) or • Tranexamic acid 1 gm orally <ul style="list-style-type: none"> – three times a day during the period or • Combined oral contraceptive pills For prescribing, use the algorithm: “I do not want to get pregnant” <p>and</p> <p>Treat anaemia</p> <ul style="list-style-type: none"> • Iron 60 mg, folic acid 400 mcg. One tablet two times a day for three months 	<p>Review after three months</p> <p>Regulate bleeding</p> <p>If no improvement with ibuprofen or tranexamic acid</p> <ul style="list-style-type: none"> • Treat with combined oral contraceptive pills <p>If no improvement with combined oral contraceptive pills: Refer</p> <p>Anaemia</p> <p>If haemoglobin is less than 12 gm % (or if symptoms/signs of anaemia):</p> <ul style="list-style-type: none"> • Treat for anaemia for three more months. <p>If bleeding is no longer heavy and anaemia is still present manage using algorithm: “I am too pale”</p> <p>If haemoglobin is more than 12 gm % (or no symptoms/signs of anaemia) and If bleeding is still heavy:</p> <ul style="list-style-type: none"> • Prevent anaemia (as indicated in the row below) <p>Continue to review every three months.</p>
<p>Menorrhagia with no anaemia</p>	<p>Regulate bleeding (as above)</p> <p>and</p> <p>Prevent anaemia</p> <ul style="list-style-type: none"> • Iron 60 mg, folic acid 400 mcg. One tablet daily for three months 	<p>Review after three months</p> <p>Regulate bleeding</p> <p>Follow up as above</p> <p>Anaemia</p> <p>Follow up as above</p>
<p>Menorrhagia possibly associated with contraception method IUD or DMPA</p>	<p>Regulate bleeding (as above) <i>(Note: Heavy bleeding is common in the first six months of DMPA use)</i> and Treat/prevent anaemia</p>	<p>Review after three months</p> <p>IUD</p>

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Ask	Look/Feel/Listen	Symptoms & signs
<ul style="list-style-type: none"> • Since your last period, have you used a condom every time you have had sex? Has the condom ever broken or come off? <p><i>ii) If using oral contraceptive pills:</i></p> <ul style="list-style-type: none"> • Since your last period, have you forgotten to take any of your pills?*** <p>Symptoms of pregnancy</p> <ul style="list-style-type: none"> • Have you missed a period or is your current period late? • Do you have any of these symptoms: <ul style="list-style-type: none"> – Nausea or vomiting in the morning, – Swelling or soreness in your breasts <p>Do a sexual reproductive health assessment</p> <p>Do HEADS assessment</p>	<p>If a pregnancy test is not available, and the uterus is not palpable abdominally:</p> <p>Check for:</p> <ul style="list-style-type: none"> • Enlarged uterus on vaginal examination <p>Contraceptive method</p> <p>If an IUD has been inserted previously, check to see or feel the thread (using a vaginal speculum, if available)</p> <p>If sexually active:</p> <p>Check for signs of STI syndromes</p> <p>Do a general physical examination</p>	<p style="background-color: #ffffcc;">Needs less than seven pads a day <i>and</i> Bleeding lasts for seven or less days</p> <p style="background-color: #c8e6c9;">Needs less than seven pads a day <i>and</i> Bleeding lasts for seven or less days</p>

Information to be given to adolescents and accompanying adults

1. What is the condition?

In this condition one's menstrual bleeding is heavier than normal and is often irregular.

2. What are the causes of the condition?

In adolescents, the most common reason for this is that the body is still developing and is not fully mature yet. In the first few months, after the menstrual periods begin, the body's method of regulating the periods is still developing and it is not uncommon for the periods to be irregular and for the bleeding to vary a lot during this time. It can take several months for the periods to become regular and for the variation in bleeding to decrease.

Some contraceptive methods, such as DMPA (Depot-medroxyprogesterone acetate) injections or IDU (intrauterine

devices) can cause excessive or irregular bleeding. It takes some time for the body to adjust to these methods.

Less commonly, bleeding disorders can cause excessive bleeding.

3. What are the effects of the condition on your body?

Excessive bleeding during one's periods can lead to a condition called anaemia in which the "thinned" blood is not able to carry adequate oxygen to the different parts of the body leaving the person feeling tired and weak.

4. What treatments are we proposing and why?

Reducing bleeding during your periods

There are a number of types of medication

Classify	Manage	Follow-up
	If anaemia is present: Treat (as above) If not: Prevent (as above)	If heavy bleeding continues: <ul style="list-style-type: none"> • Discuss the removal of IUD and starting alternate contraception <p>DMPA</p> If heavy bleeding continues for more than six months: Refer <p>Anaemia</p>
<p>Normal menstrual bleeding</p>	Reassure her that she is well Prevent anaemia (as above)	<div style="background-color: #e6e6fa; padding: 10px; border: 1px solid #d1c4e9;"> <p> TIPS for health worker:</p> <p><i>For any patient who is sexually active, regardless of diagnostic classification:</i></p> <ul style="list-style-type: none"> • Counsel regarding future contraception and safer sex • Offer HIV counselling and testing on site if available or through referral </div>

that a health worker may give you to reduce the amount of bleeding. These medications include:

- non-steroidal anti-inflammatory drugs such as ibuprofen
- tranexamic acid

These work best if you start them early in your period

An alternative is to take combined oral contraceptive pills regularly, every day throughout your cycle. This method can be used even if you do not need protection against pregnancy.

Treatment/prevention of anaemia

If you are anaemic we will treat you with iron and folic acid tablets. Women who bleed heavily often have low iron stores even if they are not anaemic. To prevent

anaemia we advise you to take a low dose of iron and folic acid tablets for three months. Iron is better absorbed by your body if you are able to eat vitamin C rich foods when you take the tablets (e.g. oranges, papaya, mango, tomatoes or juices made from these foods).

5. What can you do?

When the bleeding is heavy you will need to change your sanitary pads frequently.

You may find that you are tired. In that case take some rest. As far as you can, continue with your daily activities.

“I have irregular periods/ my periods have stopped”

Ask	Look/Feel/Listen	Symptoms & signs
<p> TIP for health worker: Say that you are now going to ask her some personal questions and reassure her that the information will be kept confidential.</p>	<p> TIP for health worker: Say that you are now going to examine her. Ensure privacy of the examination setting. Have a female colleague present if necessary.</p>	<p>Pregnant or Possibly pregnant</p> <ul style="list-style-type: none"> Sexually active since her last normal period <i>and</i> <ul style="list-style-type: none"> Not using any contraceptive method correctly and consistently* <i>or</i> Missed period/late period <i>or</i> Any symptom or sign of pregnancy
<p>Irregular periods</p> <ul style="list-style-type: none"> How old were you when you had your first period? When was your last period? How many days are there usually between your periods? What is the most number of days between your periods? What is the least number of days between your periods? Do you have spotting or bleeding in between your periods? If so, does this occur frequently? Do you use contraceptive pills or injections to regulate your periods? 	<p>Check:</p> <ul style="list-style-type: none"> Height (metres) Weight (kg) <p>Calculate:</p> <ul style="list-style-type: none"> BMI (Body mass index) = weight/height^2 (or use BMI tabulation charts) <p>Plot BMI Z score on BMI for age centile chart</p> <p>If sexually active and she is:</p> <ul style="list-style-type: none"> Not using contraception*** correctly and consistently <i>or</i> Her period is late <i>or</i> She has any symptoms of pregnancy 	<p>More than two years since her first period <i>and</i></p> <p>Irregular periods</p> <ul style="list-style-type: none"> No periods for the last three months <i>or</i> Menstrual cycle is usually less than 21 days or more than 35 days <i>or</i> Length between periods varies by more than 20 days from the shortest to the longest cycle <i>or</i> Frequent spotting/bleeding between periods
<p>Chronic illness</p> <ul style="list-style-type: none"> Do you have any long-standing illnesses? (Note: Probe for symptoms of fever, cough, diarrhoea, loss of weight etc.) 	<p>and Not using hormonal contraception</p> <p>and Signs or symptoms of chronic illness</p>	<p>and Not using hormonal contraception</p> <p>and Signs or symptoms of chronic illness</p>
<p>Contraception and pregnancy</p> <ul style="list-style-type: none"> Do you think you could possibly be pregnant? If “yes” probe as to why? If it is not certain as to whether or not she may be pregnant: Are you sexually active? 	<p>Look for signs of pregnancy:</p> <ul style="list-style-type: none"> Palpable uterus in the lower abdomen 	<p>Currently, or within the last six months, using hormonal contraception</p> <ul style="list-style-type: none"> Oral contraceptive pills <i>or</i> Depot-medroxyprogesterone acetate (DMPA) injections
<p><i>If sexually active:</i></p> <ul style="list-style-type: none"> Are you currently using, or have you used within the last 6 months, any contraceptive method to prevent pregnancy? Which method did you use? Have you had sex since your last normal period? <p><i>If she has had sex since her last period:</i></p> <p>i) <i>If using condoms to prevent pregnancy:</i></p> <ul style="list-style-type: none"> Since your last normal period, have you used a condom every time you have had sex? Has the condom ever broken or come off? 	<p>Do a pregnancy test</p> <p> TIP for health worker: Even if she is pregnant, a urine pregnancy test can be negative until up to two weeks after her next missed period. If a test done before this time is negative and if symptoms of pregnancy persist, the test should be repeated when it is more than two weeks after her missed period.</p>	<p><i>and</i></p> <p>Irregular periods</p> <ul style="list-style-type: none"> No periods for the last three months <i>or</i> Menstrual cycle is usually less than 21 days or more than 35 days <i>or</i> Length between periods varies by more than 20 days from the shortest to the longest cycle <i>or</i> Frequent spotting/bleeding between periods
<p>Less than two years since first period <i>and</i></p> <p>Irregular periods (as above)</p>		

Adolescent: I have irregular periods. • I have not had a period in a while. • I have bleeding between my periods.

Parent: My daughter has irregular periods. • My daughter has not had a period in a while. • My daughter has bleeding between her periods.

Classify	Manage	Follow-up
<p>Pregnant or possibly pregnant</p>	<p>Use algorithm “Could I be pregnant?”</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>* If there is concern regarding possible pregnancy because she has missed any of her oral contraceptive pills, use the section “Guidance for missed combined oral contraceptive pills” in the algorithm “I do not want to get pregnant”</i></p> </div>	
<p>Irregular periods or bleeding between periods</p> <p>Possibly due to undernutrition or other underlying cause (not associated with the use of hormonal contraceptives)</p>	<p>If underweight: (BMI less than -2Z score for age): Manage using the algorithm “I am too fat/too thin”</p> <p>If the history or examination indicates an underlying condition: Treat it or refer</p> <p>If BMI is greater than -2Z score and there is no underlying medical condition: Refer</p> <div style="background-color: #e6e6fa; padding: 10px; margin-top: 10px;"> <p> TIPS for health worker: For any patient who is sexually active, regardless of diagnostic classification:</p> <ul style="list-style-type: none"> • Counsel regarding future contraception and safer sex • Offer HIV counselling and testing on site if available or through referral </div>	<p>If underweight: If her periods do not become regular within six months of BMI being greater than -2Z score: Refer</p> <p>If her illness is being treated, and if her periods do not become regular within three months of illness being treated: Refer</p>
<p>Irregular periods or bleeding between periods associated with the use of hormonal contraceptives</p>	<p>If not taking oral contraceptive pills correctly and consistently*</p> <p>If taking oral contraceptives correctly and consistently:</p> <ul style="list-style-type: none"> • If she is taking them for less than four months advise her that irregular bleeding is common during this time • If she is taking them for more than four months: Refer <p>If using DMPA:</p> <ul style="list-style-type: none"> • If she has been using this for less than six months, advise her that irregular bleeding is common during this time • If she has been using them for more than six months: Refer 	<p>Advise her that you want to review her at four months after starting oral contraceptive pills <i>or</i> Six months after starting DMPA injections</p> <p>If at review, bleeding is still irregular: Refer</p>
<p>Menstrual irregularity of early adolescence</p>	<p>Reassure her that irregular bleeding is common in the first two years after the first period and that her periods are likely to become regular with time</p>	<p>Advise her to return if periods do not become regular within two years of her first period</p>

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Ask	Look/Feel/Listen	Symptoms & signs
<p><i>ii) If using oral contraceptive pills:</i></p> <ul style="list-style-type: none"> • Since your last normal period, have you forgotten to take any of your pills?* <p>Symptoms of pregnancy</p> <p>Do you have any of these symptoms?</p> <ul style="list-style-type: none"> – Nausea or vomiting in the morning – Swelling or soreness in your breasts <p>Do a general sexual and reproductive health screen</p> <p>Do HEADS assessment</p>	<p>If a pregnancy test is not available, and the uterus is not palpable abdominally:</p> <p>Check for:</p> <ul style="list-style-type: none"> • Enlarged uterus on vaginal examination <p>If sexually active:</p> <p>Check for signs of STI syndromes</p> <p>Do a general physical examination</p>	<p>Menstrual cycle between 21 and 35 days <i>and</i></p> <p>Length between periods varies by less than 20 days from the shortest to the longest cycle <i>and</i></p> <p>Infrequent spotting/bleeding between periods</p>

Information to be given to adolescents and accompanying adults

Begin with information about normal menstruation as provided in Part 3.

1. What is the condition?

One can say menstrual periods are irregular when the time between the first day of one period and the first day of the next period is usually less than 21 days or more than 35 days. They are also considered irregular if the time interval between the shortest and the longest menstrual periods differ by more than 20 days (e.g. some periods are 20 days apart, some are 41 days apart).

Bleeding in between periods can occur. Occasionally, some adolescents experience bleeding in between their periods. This can vary in amount from spotting (small amounts of blood) to frank bleeding.

2. What are the causes of this condition?

- *Menstrual irregularity of early adolescence*
After the first period, it takes some time for the periods to become regular. In some cases, this may take up to two years. This is perfectly normal as the body of the adolescent girl matures.
- *Irregular periods or bleeding between periods*

associated with hormonal contraceptives

Bleeding in between periods can also happen in the first few months after starting certain types of contraception – oral contraceptive pills or depot-medroxyprogesterone acetate (DMPA) injections.

- *Irregular periods or bleeding between periods possibly due to an underlying cause*
Sometimes irregular periods can be due to undernutrition. Less often, medical conditions, especially those that are related to an imbalance of hormones (i.e. natural chemicals produced by the body that help regulate periods) can cause your menstrual period to be irregular or to stop all together.

3. What are the effects of the condition on your body?

If the irregular periods are not associated with underlying causes there are no adverse effects. Occasionally, underlying causes such as undernutrition, thyroid disease or a bleeding disorder can cause irregular periods. In this case, the underlying cause will need to be treated.

Bleeding in between periods due to the commencement of the use of oral contraceptives

Classify	Manage	Follow-up
<p>Normal periods</p>	<p>Reassure her that her menstrual pattern is normal</p>	

pills or DMPA, or not using oral contraceptive pills as prescribed do not have any serious or long-term consequences on your body unless the bleeding is excessive.

4. What treatments are we proposing and why?

- *Irregular periods or bleeding between periods possibly due to an underlying cause not associated with the use of hormonal contraceptives*

If your periods are irregular or have stopped due to undernutrition, we will give you advice on healthy eating (use Part 3, Healthy eating). If the cause is not due to undernutrition, we recommend referral to a specialist who can advise on appropriate treatment.

- *Menstrual irregularity of early adolescence*
This is common and the periods will usually become regular within two years of your first period. We recommend no further investigation and no treatment unless the periods are still irregular two years after the first period.
- *Irregular periods or bleeding between periods associated with the use of hormonal contraceptives*

If the irregular bleeding begins within the first few months of starting oral contraceptive pills or DMPA, we encourage you to continue taking the medication as prescribed. The bleeding is likely to become regular again within 3–6 months if the medication is taken correctly. If needed, there are certain medicines which can help relieve the bleeding associated with DMPA use.

5. What can you do?

Menstrual irregularity associated with early adolescence

As stated above, this is usually normal. There is no reason to be anxious. There is nothing that you need to do. If your periods do not become regular within two years after having your first period, you should return to your health worker for another assessment.

Irregular periods or bleeding between periods associated with the use of hormonal contraceptives

If your health worker has found a cause of this bleeding that needs treatment, you need to complete this treatment. If your periods do not become normal after the treatment, you should see your health worker again.

“I do not want to get pregnant”



Adolescent: I do not want to get pregnant. Could you please advise me?

Parent: Could you please advise my daughter on how to avoid pregnancy?

Note for health worker: Please follow this flow chart to assess adolescent's contraception needs and advise.

Adolescent presents stating she wants to avoid pregnancy

Do a sexual and reproductive health assessment

Assess the likelihood of her already being pregnant

Use the algorithm, “Could I be pregnant?”

Assess her medical eligibility for contraception

See the table below: Medical conditions relevant to contraception use in adolescents

Discuss with her, the effectiveness of the available options to prevent pregnancy

See the table below: Contraceptive methods available for use in adolescents

Discuss with her, the effectiveness of the available options
in reducing the risk of STIs, including HIV

See the table below: Contraception methods available for use in adolescents

Explain to her, the attributes of the different contraceptive options, and help her
identify the one that would be best suited to her life circumstances and preferences

Advise her on how to use the contraceptive method of choice

If starting combined oral contraceptive pills, see the table below:
Guidelines for starting combined oral contraceptive pills

Arrange for follow-up

Contraception in Adolescents

In general, adolescents are eligible to use any method of contraception and must have access to a variety of contraceptive choices. Many of the same eligibility criteria that apply to older clients also apply to young people.

Age alone does not constitute a medical reason for denying any method of contraception to adolescents. While some concerns have been expressed regarding the use of certain contraceptive methods in adolescents (e.g. concerns regarding the effect on bone mass of the use of progesterone-only injectables by those below 18 years of age), these concerns must be balanced against the advantages of avoiding pregnancy.

Behavioural factors and social circumstances are important considerations in the choice of contraception for adolescents. Adolescents are a diverse group and the needs of individuals will differ greatly. An adolescent who is married, has a child and wants to delay having a second one will have very different contraception needs to an unmarried adolescent who may have a number of casual sexual relationships over a period of a few months.

Groups and settings are also important. Some groups of adolescents everywhere, and most adolescents in some settings, are at heightened risk of getting **STIs, including HIV**. The need to prevent STIs should always be considered along with the need to prevent pregnancy.

Expanding the range of contraceptive methods offered, can increase their uptake and acceptance.

Proper **education and counselling** both before and at the time of method selection, can help adolescents make well-informed and voluntary decisions best suited to their needs.

The **cost** of obtaining contraceptives needs to be considered as it can be prohibitive for some adolescents. Every effort should be made to ensure that the cost of obtaining contraception does not prevent them from using the form of contraception that is most appropriate for them.

Medical eligibility for contraception in adolescents

Some medical conditions need to be considered when providing contraception to adolescents. While some medical conditions are absolute contraindications for the use of some contraceptive methods, most are not. The medical conditions most relevant to adolescents are outlined in the **table opposite**. For more detailed information, refer to “Medical eligibility criteria for contraceptive use”, WHO, Third edition, 2004.

Conditions relevant to contraceptive use in adolescents

Condition	Contraception guide
Currently pregnant	Contraceptives not needed Condoms may be used to prevent infections
Breastfeeding – less than 6 weeks postpartum	Hormonal contraceptives not to be used Barrier methods can be used
Breastfeeding – 6 weeks to 6 months postpartum	Combined hormonal contraceptives not to be used unless other methods are not available Progesterone-only contraceptives can be used Barrier methods can be used
Breast feeding – more than 6 months postpartum	Combined and progesterone-only contraceptives can be used Barrier methods can be used
Less than 21 days postpartum and not breastfeeding	Combined hormonal contraceptives not to be used unless other methods are not available Progesterone-only contraceptives can be used Barrier methods can be used
More than 21 days postpartum and not breastfeeding	Combined and progesterone-only contraceptives can be used Barrier methods can be used
Hypertension: systolic more than 160 and diastolic more than 100 mm Hg	Combined hormonal contraceptives not to be used Depot-medroxyprogesterone acetate (DMPA) not to be used unless other methods are not available; other progesterone-only contraceptives can be used Barrier methods can be used
Hypertension: systolic 140–159 and diastolic 90–99 mm Hg	Combined hormonal contraceptives not to be used unless other methods are not available Progesterone-only contraceptives can be used Barrier methods can be used
History of deep vein thrombosis or pulmonary embolus	Combined hormonal contraceptives not to be used Progesterone-only contraceptives can be used Barrier methods can be used
Known clotting disorders	Combined hormonal contraceptives not to be used Progesterone-only contraceptives can be used Barrier methods can be used
Migraine with aura	Combined hormonal contraceptives not to be used Progesterone-only contraceptives can be used Barrier methods can be used
Active viral hepatitis	Combined hormonal contraceptives not to be used Progesterone-only contraceptives not to be used unless other methods are not available Barriers methods can be used

Contraceptive methods available for use in adolescents

Method	Effectiveness against pregnancy (Percentage of women experiencing unintended pregnancy within one year of use)		Protection against STIs/HIV	Availability
	As commonly used	Used correctly and consistently		
Combined oral contraceptives	8%	0.3 %	No	Requires a visit to a health facility in most places
Male condom	15%	2%	Yes	Easily available in most places. Restrictions apply to unmarried people in some places
Female condom	21%	5%	Yes	Availability is limited in many places. High cost may be prohibitive
Diaphragm with spermicide	16%	6%	May protect against gonorrhoea and chlamydia; no protection against HIV	Requires a visit to health facility for fitting. Availability is limited in many places
Spermicide	29%	18%	May protect against gonorrhoea and chlamydia; no protection against HIV	Availability is limited in many places.
Emergency contraceptives (Progesterone-only or combined oral contraceptives)	N/A	Treatment initiated in less than 72 hours after unprotected intercourse reduces the risk of pregnancy by at least 75%	No	Requires a visit to health facility in most places, though this is beginning to change

Side effects	Important counselling points	Comments and considerations
May include nausea and headache	Explain the following issues: <ul style="list-style-type: none"> • The importance of using condoms if there is a risk of STIs/HIV • Some side effects may occur 	<ul style="list-style-type: none"> • Only protective against pregnancy if used correctly and consistently
Nil	Demonstrate correct use Explain the following issues: <ul style="list-style-type: none"> • The importance of communication with the partner • The need to keep supplies at hand 	<ul style="list-style-type: none"> • Important method as it provides dual protection • Only provides dual protection when used correctly and consistently
Nil	Demonstrate correct use Explain the following issues: <ul style="list-style-type: none"> • The importance of communication with the partner • The need to keep supplies at hand 	<ul style="list-style-type: none"> • Important method as it provides dual protection • Only provides dual protection when used correctly and consistently
Occasionally there is irritation; usually there is nothing	Demonstrate correct use Explain the following issues: <ul style="list-style-type: none"> • Side effects may occur • The need to keep supplies at hand 	<ul style="list-style-type: none"> • Only provides partial protection against infections
Occasionally there is irritation; usually there is nothing	Demonstrate correct use Explain the following issues: <ul style="list-style-type: none"> • Correct use • Side effects may occasionally occur • The need to keep supplies at hand 	<ul style="list-style-type: none"> • Recommended for use with a condom or a diaphragm
May include nausea and vomiting (less with progesterone-only contraceptives)	Explain the following issues: <ul style="list-style-type: none"> • Side effects may occur • The importance of using a regular contraception method 	<ul style="list-style-type: none"> • Depending on the context post-HIV exposure prophylaxis may need to be considered

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Method	Effectiveness against pregnancy (Percentage of women experiencing unintended pregnancy within one year of use)		Protection against STIs/HIV	Availability
	As commonly used	Used correctly and consistently		
Progesterone-only pills	8%	0.3%	No	Requires a visit to a health facility in most places
Long acting hormonal, injectable or implants	3%	0.05–0.3%	No	Requires a visit to a health facility every 2–3 months
Copper Intrauterine device	0.8%	0.6%	No	Requires a visit to a health facility for insertion and removal of the intrauterine device
Fertility awareness based methods (periodic abstinence)	25% overall	1–9% depending on the method	No	Available at any time to anyone
Abstinence and non-penetrative sex	–	0%	Yes	Available at any time to anyone

Side effects	Important counselling points	Comments and considerations
Fewer side effects than with combined oral contraceptive pills or with long acting hormonal injections or implants	Explain the following issues: <ul style="list-style-type: none"> • Correct use • Requires a strict daily regimen with less than three hours of variation in the time the pill is taken each day (to provide effective contraception) • Side effects may occur • Recommend also using condoms if there is a risk of STIs/HIV 	<ul style="list-style-type: none"> • Good option for breastfeeding women after first six weeks postpartum • Only protective against pregnancy if used correctly and consistently
May include irregular bleeding, amenorrhoea (periods may cease) or weight gain	Explain the following issues: <ul style="list-style-type: none"> • No daily regimen required • No supplies are needed at hand • Side effects may occur • There is often a delay in return to fertility after discontinuation • Recommend also using condoms if risk of STIs/HIV 	<ul style="list-style-type: none"> • Important method for those who want to use a hormonal method without having to take a pill daily • Side effects are the main reason for discontinuing this method • If side effects occur, the method cannot be quickly discontinued
May include excessive bleeding or pain during menstrual periods	Explain the following issues: <ul style="list-style-type: none"> • No daily regimen required • No supplies are needed at hand • Side effects may occur • Fertility returns without any delay • Recommend also using condoms if there is a risk of STIs/HIV 	<ul style="list-style-type: none"> • Not the first choice of contraception for women under 20 years. The risk of expulsion may be higher in younger, nulliparous women. • Not an appropriate choice for those at risk of STIs/HIV
Nil	<ul style="list-style-type: none"> • Explain correct technique • Stress that communication with the partner is important • If there is a risk of STIs/HIV recommend switching to condom use 	<ul style="list-style-type: none"> • Requires a high degree of motivation and self-control • May be less effective in younger women with irregular menstrual cycles
Nil	<ul style="list-style-type: none"> • Examples of safe sexual activities include hand-holding, hugging, kissing and mutual masturbation • Emphasize need to use a condom or other method for penetrative sex 	<ul style="list-style-type: none"> • Requires a high degree of motivation and self control • Counselling can help with issues of motivation and peer pressure

Guidelines for starting combined oral contraceptive (COCs) pills

If the adolescent is medically eligible to take COCs, she may be provided with the pills with appropriate instructions on when to start taking them.

Women who are having menstrual cycles:

- She can start COCs within five days after the start of her menstrual bleeding. No additional contraceptive protection is needed.
- She can also start COCs at any other time, if it is reasonably certain that she is not pregnant. If it has been more than five days since menstrual bleeding started, she will need to abstain from sex or use additional contraceptive protection for the first seven days of using COCs.

Women who are amenorrhoeic (not having periods):

- She can start COCs at any time, if it is reasonably certain that she is not pregnant. She will need to abstain from sex or use additional contraceptive protection for the first seven days of using COCs.

Women who are postpartum and breastfeeding:

- Women less than six weeks postpartum who are primarily breastfeeding should not use COCs.
- For women who are more than six weeks but less than six months postpartum and are primarily breastfeeding, use of COCs is not usually recommended unless other more appropriate methods are not available or not acceptable.
- If she is more than six months postpartum and amenorrhoeic, she can start COCs as advised for other amenorrhoeic women.
- If she is more than six months postpartum and her menstrual cycles have returned, she can start COCs as advised for other women having menstrual cycles.

Women who are postpartum and not breastfeeding:

- If her menstrual cycles have not returned and she is 21 or more days postpartum, she can start COCs immediately, if it is reasonably certain that she is not pregnant. She will need to abstain from sex or use additional contraceptive protection for the first seven days of using COCs.
- If her menstrual cycles have returned, she can start COCs as advised for other women having menstrual cycles.
- For women less than 21 days postpartum, use of COCs is not usually recommended unless other more appropriate methods are not available or not acceptable.

Women who have had a recent abortion:

- She can start COCs immediately after the abortion. No additional contraceptive protection is needed.

The provision of emergency contraception and post-HIV exposure prophylaxis following unprotected sexual intercourse

A. Emergency contraception:

Counsel regarding the possibility of pregnancy

Counsel regarding the continuation of a possible pregnancy

Depending on the decision of the adolescent:

- Arrange to review a possible pregnancy in four weeks

or

- Provide emergency contraception

Levonorgestrel 1.5 mg in single dose

or

Ethinylestradiol 100 mcg/**levonorgestrel** 0.5 mg

Two doses 12 hours apart

Note, if the above tablets are not available locally, it is possible to take a number of **regular combined oral pills or progesterone-only pills** to achieve the dose required for effective emergency contraception.

For example:

Progesterone-only pills

Take 50 progesterone-only pills of levonorgestrel 30 mcg as a single dose (equivalent to levonorgestrel 1.5 mg)

or

Combined oral contraceptive pills

Take four COC pills of ethinylestradiol 30 mcg/levonorgestrel 150 mcg (equivalent to ethinylestradiol 120 mcg/levonorgestrel 0.6 mg)

Take another four COC pills 12 hours later

Emergency contraception (EC) is not 100% effective

To increase its effectiveness, EC pills should be taken **as soon as possible** after unprotected sexual intercourse. The longer the delay after unprotected sexual intercourse, the less effective the EC pills are likely to be. EC pills are not effective, if taken more than five days (120 hours) after unprotected sexual intercourse.

Vomiting can occur after EC pills are taken. Anti-emetics may be helpful.

As EC are not 100% effective, it is important to arrange a follow-up appointment in one month's time to **assess whether the adolescent is pregnant**.

Relying on EC repeatedly to prevent pregnancy is not recommended. At the same time as prescribing/providing EC, the health worker should discuss **ongoing contraceptive needs** with the adolescent.

B. Post-HIV exposure prophylaxis:

If it is less than 72 hours since unprotected sexual intercourse follow local guidelines for:

Post-exposure prophylaxis to prevent HIV

Post-exposure prophylaxis (PEP) refers to the set of services that are provided to help prevent HIV infection in a person exposed to the risk of HIV infection. PEP services might comprise first aid, the assessment of risk of exposure to the infection, HIV testing, and depending on the outcome, the prescription of a 28-day course of antiretroviral drugs, with appropriate support and follow-up.

The sooner after exposure antiretroviral medications are initiated, the more effective they are in preventing transmission. Therefore, post-exposure prophylaxis should be initiated as soon as possible after exposure and no later than 72 hours after exposure.

(Note: Refer to local guidelines for the provision of PEP.)

Guidance for missed combined oral contraceptive pills

If an adolescent has missed any of her combined oral contraceptive pills and she is sexually active, there is a possibility of her becoming pregnant

The guidance you give to an adolescent will depend on the strength of the combined oral contraceptive pill she is taking

For combined oral contraceptive pills which contain 30–35 mcg of ethinylestradiol

<ul style="list-style-type: none"> • If she has missed active (hormonal) pills 1 or 2 days in a row <i>or</i> • She starts a packet of pills 1 or 2 days late 	<ul style="list-style-type: none"> • She should take an active (hormonal) pill as soon as possible* and then continue taking pills daily, one each day • She does not need any additional contraceptive protection
<ul style="list-style-type: none"> • If she has missed active (hormonal) pills three or more days in a row <i>or</i> • She starts a pack three or more days late 	<ul style="list-style-type: none"> • She should take an active (hormonal) pill as soon as possible* and then continue taking pills daily, one each day • She should also use condoms or abstain from sex until she has taken active (hormonal) pills for seven days in a row • If she has missed the pills in the third week, she should finish the active (hormonal) pills in her current pack and start a new pack the next day. She should not take the seven inactive pills • If she has missed the pills in the first week and had unprotected sex, she may wish to consider the use of emergency contraception
<ul style="list-style-type: none"> • If she has missed any inactive (non-hormonal) pills 	<ul style="list-style-type: none"> • She should discard the missed inactive (non-hormonal) pill(s) and then continue taking pills daily, one each day

For combined oral contraceptive pills which contain 20 mcg ethinylestradiol or less

<ul style="list-style-type: none"> • If she has missed one active (hormonal) pill <i>or</i> • She starts a pack one day late 	<ul style="list-style-type: none"> • She should take an active (hormonal) pill as soon as possible* and then continue taking pills daily, one each day • She does not need any additional contraceptive protection
<ul style="list-style-type: none"> • If she misses active (hormonal) pills two or more days in a row <i>or</i> • She starts a pack two or more days late 	<ul style="list-style-type: none"> • She should take an active (hormonal) pill as soon as possible* and then continue taking pills daily, one each day • She should also use condoms or abstain from sex until she has taken active (hormonal) pills for seven days in a row • If she has missed the pills in the third week, she should finish the active (hormonal) pills in her current pack and start a new pack the next day. She should not take the seven inactive pills • If she has missed the pills in the first week and had unprotected sex, she may wish to consider the use of emergency contraception
<ul style="list-style-type: none"> • If she has missed any inactive (non-hormonal) pills 	<ul style="list-style-type: none"> • She should discard the missed inactive (non-hormonal) pill(s) and then continue taking pills daily, one each day

* If she misses more than one active (hormonal) pill, she can take the first missed pill and then either continue taking the rest of the missed pills or discard them to stay on schedule.

Depending on when she remembers that she missed a pill(s), she may take two pills on the same day (one at the moment of remembering, and the other at the regular time) or even at the same time.

Guidance for missed progesterone-only contraceptive pills

If an adolescent has missed any of her progesterone-only contraceptive pills and she is sexually active, there is a possibility of her becoming pregnant	
<ul style="list-style-type: none"> • Having menstrual cycles (including those who are breastfeeding) and • She has missed one or more pills by more than three hours 	<ul style="list-style-type: none"> • She should take one pill as soon as possible and then continue taking the pills daily, one each day • She should abstain from sex or use additional contraceptive protection for the next two days • She may wish to consider using emergency contraception if appropriate
<ul style="list-style-type: none"> • Breastfeeding and not having menstrual cycles and • She has missed one or more pills by more than three hours 	<ul style="list-style-type: none"> • She should take one pill as soon as possible and continue taking the pills daily, one each day • If she is less than six months postpartum, no additional contraceptive protection is needed

Applying guidance for missed contraceptive pills

In applying the guidance for a missed pill, be aware that there comes a point when an adolescent has missed so many pills that she must be viewed as not taking her contraceptive pills correctly and consistently.

- *The above “missed pill rules” apply if the adolescent has taken her oral contraceptive pills on consecutive days on either side of the days on which she has missed her pills. If the adolescent has missed her pills on a number of non-consecutive days during her cycle, the “missed pill rules” cannot be applied. In this case, one should consider that the adolescent is not taking pills correctly and consistently.*
- *If the adolescent has missed more than seven consecutive pills, then she has stopped using COC, and the “missed pill rules” cannot be applied.*

Vomiting and/or severe diarrhoea while using combined oral contraceptives or progesterone-only pills

If an adolescent vomits (for any reason) within two hours after taking an active (hormonal) pill:

- She should take another active pill.

If she has vomiting or diarrhoea for more than 24 hours:

- She should continue taking pills (if she can) despite her discomfort.
- If severe vomiting or diarrhoea continue for two or more days, she should follow the procedures for missed pills.

Increasing adherence to oral contraceptive pills

In all adolescents who take oral contraceptive pills discuss ways to increase adherence: For example:

- *taking the pill at the same time each day;*
- *associating the taking of the pill with other activities that she does each day (e.g. brushing teeth);*
- *using reminders (such as an alarm on her mobile phone if she has one).*

If it appears that the adolescent may find it difficult to adhere to a daily routine, discuss other contraceptive methods with the adolescent.

Ask	Look/Feel/Listen	Symptoms & signs
<p>Contraception and pregnancy</p> <ul style="list-style-type: none"> Do you think you could possibly be pregnant? <p><i>If “yes”, probe as to why she thinks she may be pregnant*</i></p> <p><i>If it is not certain as to whether or not she may be pregnant:</i></p> <ul style="list-style-type: none"> Are you sexually active? Do you use any contraceptive method to prevent pregnancy? Which method? Have you had sex since your last normal period? <p><i>If she has had sex since her last normal period:</i></p> <p>i) <i>If using condoms to prevent pregnancy:</i></p> <ul style="list-style-type: none"> <i>Since your last period, have you had sex without a condom at any time or has the condom come off or broken while having sex?</i> <p><i>If so:</i></p> <ul style="list-style-type: none"> <i>Did this happen within the last five days?</i> <p>ii) <i>If using oral contraceptive pills:</i></p> <ul style="list-style-type: none"> <i>Since your last period, have you forgotten to take any of your pills?*</i> <p><i>If so:</i></p> <ul style="list-style-type: none"> <i>Have you had sex within the last five days?</i> <p><i>Symptoms of pregnancy:</i></p> <ul style="list-style-type: none"> <i>Is your period late?</i> <i>Do you have any of these symptoms:</i> <ul style="list-style-type: none"> <i>– Nausea or vomiting in the morning?</i> <i>– Swelling or soreness in your breasts?</i> <i>Do you have:</i> <ul style="list-style-type: none"> <i>– Bleeding from your vagina?</i> <i>– Lower abdominal pain?</i> <p><i>If she has lower abdominal pain:</i></p> <ul style="list-style-type: none"> <i>– Is the pain mild/moderate/severe?</i> <p>Do a sexual reproductive health assessment</p> <p>Do a HEADS assessment</p>	<div style="background-color: #e6e6fa; padding: 5px; border: 1px solid #d1c4e9;"> <p> <i>TIP for health worker:</i></p> <p><i>Ensure privacy of the examination setting.</i></p> <p><i>Have a female colleague present if necessary.</i></p> </div> <p>Pregnancy</p> <p>If sexually active and she is:</p> <ul style="list-style-type: none"> Not using contraception correctly <i>and</i> consistently* <i>or</i> Her period is late <i>or</i> She has any symptoms of pregnancy <p>Look for:</p> <ul style="list-style-type: none"> Palpable uterus in the lower abdomen <p>Do a pregnancy test</p> <div style="background-color: #e6e6fa; padding: 5px; border: 1px solid #d1c4e9;"> <p> <i>TIP for health worker:</i></p> <p><i>Even if she is pregnant, a urine pregnancy test can be negative for up to two weeks after her a missed period.</i></p> <p><i>If a test done before this time is negative and if symptoms of pregnancy persist, the test should be repeated when it is more than two weeks after her missed period.</i></p> </div> <p>If the pregnancy test is not available, and the uterus is not palpable abdominally:</p> <p>Check for:</p> <ul style="list-style-type: none"> Enlarged uterus on vaginal examination <p>Look for signs of STI syndromes</p> <p>Do a general physical examination</p>	<p>Vaginal bleeding or Moderate or severe lower abdominal pain <i>and</i></p> <p>Pregnant <i>or</i></p> <p>Pregnancy possible <i>or</i></p> <p>Symptoms of pregnancy present</p> <hr/> <p>Uterus enlarged on abdominal or vaginal examination <i>or</i></p> <p>Pregnancy test positive</p> <hr/> <p>Sexually active within the last five days <i>and</i></p> <p>Contraception not adequate:</p> <ul style="list-style-type: none"> Not using any contraception Not using condoms every time she has sex Condom has broken/come off during sex Has not been taking oral contraceptive pills consistently since her last period* <p><i>and</i></p> <p>Not classified as pregnant</p> <hr/> <p>Sexually active since last normal period, but not within the last five days <i>and</i></p> <p>Contraception is not adequate (as above) <i>and</i></p> <p>Less than one month since her last period <i>and</i></p> <p>Not classified as pregnant</p> <hr/> <p>Sexually active since her last normal period, but not within the last five days <i>and</i></p> <p>Contraception not adequate (as above) <i>and</i></p> <p>Symptoms of pregnancy present:</p> <ul style="list-style-type: none"> Period late <i>or</i> Nausea/vomiting in the morning <i>or</i> Swelling or soreness in breasts <i>but</i> <p>Pregnancy test is negative/not available <i>and</i></p> <p>Unable to determine if uterus is enlarged</p>

Adolescent: I have missed my periods. Could I be pregnant?

- I had sex last night without a condom. Could I be pregnant?

Parent: My daughter has missed her periods. Could she be pregnant?

Classify	Manage	Follow-up
Possible complication of pregnancy	Refer to hospital	
Pregnant	Counsel regarding pregnancy As appropriate: <ul style="list-style-type: none"> • Provide antenatal care (Use the algorithm, ‘I am pregnant’) or • Refer to abortion services (where they are legal) 	As appropriate
Unprotected sexual intercourse within the last five days	Counsel regarding the risk of possible pregnancy Counsel regarding options As appropriate: <ul style="list-style-type: none"> • Arrange for a review in four weeks to determine whether she is pregnant or • Provide emergency contraception (Use the algorithm, ‘I do not want to get pregnant’) If less than 72 hours since sex without a condom or condom has broken/slipped off, follow local guidelines for: Post exposure prophylaxis to prevent HIV	Review in four weeks to assess outcome of possible pregnancy <div style="border: 1px solid black; padding: 5px; background-color: #fff9c4;"> <i>Note: Emergency contraception is not 100% effective.</i> </div>
Pregnancy possible	Advise her that although there are no signs of pregnancy it is too early to definitely say whether she is pregnant or not. Counsel regarding options. If she not does want to become pregnant, discuss what contraception methods she may use until it is clear whether or not she is pregnant. Use the algorithm, ‘I do not want to get pregnant’	Follow up every four weeks for 12 weeks or until it is obvious whether she is pregnant or not If she is pregnant, manage as above
Symptoms of pregnancy but too early to be certain	Counsel regarding likelihood of pregnancy. If possible, refer her for pregnancy testing If referral for pregnancy testing is not possible: Counsel regarding options If she not does want to become pregnant, discuss what contraception methods she may use until it is clear whether or not she is pregnant. Use the algorithm ‘I do not want to get pregnant’	Follow up every four weeks for 12 weeks or until it is obvious whether she is pregnant or not If she is pregnant, manage as above
<div style="border: 1px solid black; padding: 5px; background-color: #fff9c4;"> * If there is concern regarding possible pregnancy because she has missed any of her oral contraceptive pills, use the section ‘Guidance for missed combined oral contraceptive pills’ in the algorithm, ‘I do not want to get pregnant’ </div>		

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Ask	Look/Feel/Listen	Symptoms & signs
<p> TIP for health worker: For any patient who is sexually active, regardless of diagnostic classification: Counsel regarding future contraception & safer sex. Offer HIV counselling and testing on site if available or through referral.</p>		Using contraception appropriately and consistently <i>and</i> No symptoms or signs of pregnancy Not sexually active

Information to be given to adolescents or accompanying adults

1. What is the condition?

Pregnancy is a normal condition in which a baby grows and develops in the womb of a woman. Pregnancy normally lasts for nine months.

2. What are the causes of this condition? (How does a woman get pregnant?)

Pregnancy can occur in a woman between menarche (from the time her menstrual periods begin) and menopause (when her menstrual periods cease). During this period in a woman's life, her ovaries usually

release an egg every month. This happens between 7 and 21 days before she has her next period. This tiny egg travels through one of the tubes that lead from each of her ovaries to one side of her uterus. If at the time the egg is nearing or in the uterus, the woman has sexual intercourse with a man, one of the many sperm that has been ejaculated into her vagina travels through the uterus and fuses with the egg to form a fertilized egg, which could get embedded in the wall of the uterus, and over time grow and develop into a baby.

Frequently asked questions

1. How does someone get pregnant?

Understanding the reason for the question:

The adolescent girl may have questions or doubts about this.

Points to make in responding to the question:

Pregnancy occurs when a man inserts his penis into his female partner's vagina and discharges semen within. The sperms in the semen travel up the vagina and into the uterus seeking to find and fertilize an egg that is released by the woman's ovary. The few drops of liquid which leave the penis

before a man discharges semen contain sperms, and so pregnancy can occur when a couple have sex without a condom and the penis is withdrawn before ejaculation.

2. How is it that some people have sex without contraception some times and still do not get pregnant whereas others get pregnant after having sex only once?

Understanding the reason for the question:

The adolescent girl may have questions or doubts about this.

Classify	Manage	Follow-up
Pregnancy unlikely	Advise her that she is unlikely to be pregnant. Discuss future contraception needs and advise	As appropriate
Not pregnant	Discuss future contraception needs and advise	As appropriate

Points to make in responding to the question:

There are many factors that determine whether an act of sexual intercourse results in a pregnancy. For example, one key factor is the timing of sexual intercourse. If it takes place close to the time of ovulation the chances of getting pregnant are greater.

3. How is a pregnancy test done? How does it detect that someone is pregnant?

Understanding the reason for the question:

The adolescent girl may want to know what is done to test whether a girl/woman is pregnant.

Points to make in responding to the question:

A pregnancy test can be done using the urine or blood of a girl/woman who wants to confirm whether she is pregnant. The test measures the amount of chemical substance (hormone) in the urine or blood. This hormone is produced by the placenta,

and its levels rise during pregnancy. Reliable and easy to use urine test kits are available at pharmacies in many places. Using these kits, the test can be done at home by someone without medical or nursing training.

4. Can the pregnancy test result be negative even though someone is pregnant?

Understanding the reason for the question:

The adolescent girl may want to know whether a pregnancy test can detect pregnancy at all times.

Points to make in responding to the question.

Yes. The pregnancy test can be negative for up to two weeks after the last missed period. It then stays positive from 6 weeks to 12 weeks after the last missed period. After that it becomes negative again. It must be stressed that if the test is not done correctly, it could show a wrong result.

Flow chart for the care of pregnant adolescents

A. General principles and special considerations in the care of pregnant adolescents

How to organize an antenatal care visit

B. Quick check, rapid assessment and management of the pregnant adolescent and emergency treatment

C. Antenatal care

Assess the pregnant adolescent

Respond to observed signs or volunteered problems

Give preventive measures

Advise and counsel on nutrition and self-care

Develop (or review) the birth and emergency plan

Advise and counsel on contraception

Advise on routine and follow-up visits

Adolescent: I am pregnant. • Could you please help me? •
Could you please check if my pregnancy is going well?

Parent: My daughter is pregnant. • Could you please help her? •
Could you please check if her pregnancy is going well?

A. General principles and special considerations in the care of pregnant adolescents

Many of the general principles that are valid for the care of pregnant women who are adults are applicable to pregnant adolescents. This includes appropriate communication, the protection of privacy and confidentiality and most aspects of clinical management as outlined in greater detail in WHO's *Integrated management of pregnancy and childbirth: pregnancy, childbirth, postpartum and newborn care: a guide for essential practice* (IMPAC guidelines).

This flowchart summarizes the most important considerations when dealing with a pregnant adolescent, during an antenatal care visit. For further details, refer to the above document.

The situation of adolescents and their perception of their current pregnancy vary depending on whether or not they are married/in a stable relationship, whether or not the pregnancy is wanted, as well as other factors. It is important for the health worker to learn about the adolescent's socioeconomic situation, and to understand how she perceives her pregnancy, in order to be able to offer her the best possible support and treatment.

How to organize an antenatal care visit:

Receive and respond immediately:

- Perform a “Quick check” (*refer to IMPAC guidelines, Section B*) on all pregnant adolescents coming into the health facility, in order to ensure that no one in need of emergency or urgent treatment is left waiting.
- If you detect an emergency sign, begin emergency assessment and management (*refer to IMPAC guidelines, Section B*).
- If you detect one or more priority signs, examine her using relevant sections of the *IMPAC guidelines, sections C–E (Antenatal care, Postpartum or Post-abortion care charts)*.
- If there are no emergency or priority signs and she is not in labour, ask her to wait for her turn.

Begin each routine antenatal care visit as follows:

- Greet the adolescent and the accompanying person, and offer them seats.
- Introduce yourself, if appropriate.
- Ask her name, if appropriate.
- Ask her:
 - Do you want to include the person accompanying you to be present during the consultation and examination?
 - What have you come for?
 - For a routine visit?
 - Because you have a specific complaint?

During the visit:

- Explain all procedures, and obtain her permission before carrying them out.
- Keep her informed throughout through the visit.
- Follow the steps as outlined below under C (assess the pregnant adolescent, respond to observed signs or volunteered problems, advise and counsel on nutrition and self-care, give preventive measures, develop (or review) the birth and emergency plan, advise on routine or follow-up visits).

At the end of the visit:

- Go over the most important actions she needs to take.
- Ask her if she has any questions. If so, respond to them.
- Encourage her to return for a routine visit (tell her when do so), and at any time if she has a problem or concern.

B. Quick check, rapid assessment and management of the pregnant adolescent and emergency treatment**Quick check** (*refer to IMPAC guidelines, Section B2*):

A person in the reception area should be given the responsibility to:

- assess the adolescent's general condition immediately on arrival
- periodically repeat the procedure, if she has to wait for a long time.

Assess for:

Emergency signs:*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)

Priority signs:*Labour*

Severe pallor

Epigastric or abdominal pain

Severe headache

Blurred vision

Fever (more than 38°C)

Breathing difficulty

Emergency treatment (refer to IMPAC guidelines, Section B)

If any of the emergency or priority signs are positive, provide **immediate** treatment (refer to IMPAC guidelines, Section B).

C. Antenatal care

If the adolescent has no emergency or priority signs and has come for antenatal care:

Assess the pregnant adolescent (refer to IMPAC guidelines, sections C3–C6)

Check for:

- pre-eclampsia
- anaemia
- syphilis
- HIV status

Classify the condition and identify appropriate treatment(s) based on IMPAC guidelines, Section C.

Record all visits and treatments given.

Respond to observed signs or volunteered problems (refer to IMPAC guidelines, sections C7–C11)

Check for following problems:

- a)
 - no fetal movement
 - ruptured membranes and no labour
- b)
 - fever or burning on urination
 - vaginal discharge
 - signs suggesting HIV infection

- cough or breathing difficulty

c)

- smoking, alcohol or drug abuse
- taking anti-tuberculosis drugs
- history of violence.

Classify the condition and identify appropriate treatment(s) based on IMPAC guidelines, Section C.

Record all visits and treatments given.

Give preventive measures (refer to IMPAC guidelines, Section C12)

Advise and counsel all pregnant adolescents at every antenatal care visit.

Check for:

- tetanus toxoid (TT) immunization status (*refer to IMPAC guidelines, Section F2*)
- iron/folate (*refer to IMPAC guidelines, Section F3*)
- mebendazole (*refer to IMPAC guidelines, Section F3*)
- malaria prevention (*refer to IMPAC guidelines, Section F4*)

Classify the status and identify appropriate action(s) based on IMPAC guidelines, Section F.

Record all visits and treatments given.

Advise and counsel on nutrition and self-care (refer to IMPAC guidelines, Section C13)

Counsel on nutrition:

- Advise the adolescent to eat a greater amount and variety of healthy foods, refer to the *Adolescent job aid, Part 3:1, "Information to be provided to adolescents and their parents: Healthy eating"* and IMPAC guidelines, Section C13.

Advise on self-care during pregnancy:

Advise the adolescent:

- to take iron tablets
- to rest and avoid lifting heavy objects
- to sleep under an insecticide impregnated bednet
- to avoid alcohol and smoking during pregnancy
- NOT to take medication unless prescribed at the health centre/hospital.

If at risk for STIs or HIV, counsel on safer sex including use of condoms.

Develop (or review) the birth and emergency plan (refer to *IMPAC guidelines, sections C14–C15*)

Discuss with the adolescent the most suitable place for delivery for her.

Indications for delivery at referral level:

- age less than 14 years
- transverse lie or other obvious mal-presentation within one month of expected delivery
- obvious multiple pregnancy
- prior delivery by caesarean
- documented third degree tear
- history of or current vaginal bleeding or other complication during this pregnancy
- tubal ligation or IUD desired immediately after delivery.

Indications for delivery at primary health care (or higher) level:

- age less than 16 years
- first birth
- prior delivery with heavy bleeding
- prior delivery with convulsions
- prior delivery by forceps or vacuum
- last baby born dead or died in first day
- more than six previous births.

If **none** of the above listed indications are present the place of delivery can be chosen based on the adolescent’s preference, however, delivery with a skilled birth attendant, preferably at a health facility is strongly recommended.

In case of delivery planned at the facility level:

Explain why birth in a facility is recommended:

- Complications can develop during delivery – they are not always predictable.
- A health facility has staff, equipment, supplies and medicines available to provide good quality care.

Advise how to prepare:

Review the arrangements for delivery:

- Where will she go to?
- How will she get there? Will she need to pay for transport? How will she do this?
- Will she need to pay to deliver at the health facility? Will she need to pay for transport to the health facility? How much will this cost? How will she pay for this?
- Who will go with her to support her during labour and delivery?
- Who will help while she is away to care for her home and other children (if she has any)?

Advise when to go:

- If the woman lives near the facility, she should go at the first signs of labour.
- If living far from the facility, she should go 2–3 weeks before baby’s due date and stay either at awaiting centre for mothers or with family or friends near the facility.
- Advise to ask for help from the community, if needed.

Advise what to bring:

- home-based maternal record
- clean cloths for washing, drying and wrapping the baby
- additional clean cloths to use as sanitary pads after birth
- clothes for her and the baby
- food and water for her and a support person.

In case of planned home delivery with a skilled attendant:

Advise how to prepare:

Review the following with her:

- Who will be the companion during labour and delivery?
- Who will be close by for at least 24 hours after delivery?
- Who will help to care for her home and other children?
- Advise to her call the skilled attendant at the first signs of labour.
- Advise her to have her home-based maternal record ready.
- Advise her to ask for help from the community, if needed .

Explain to her what supplies needed for home delivery:

- warm location for the birth with a clean surface or a clean cloth
- clean cloths of different sizes: for the bed, for drying and wrapping the baby, for cleaning the baby's eyes, for the birth attendant to wash and dry her hands, for use as sanitary pads
- blankets
- buckets of clean water and some way to heat this water
- soap
- bowls: 2 for washing and 1 for the placenta
- plastic for wrapping the placenta.

Advise on labour signs:

Advise to go to the facility or contact the skilled birth attendant if any of the following signs:

- a bloody sticky discharge
- painful contractions every 20 minutes or less
- waters have broken.

Advise on danger signs:

Advise to go to the hospital/health centre immediately, day or night, *without* waiting if any of the following signs:

- vaginal bleeding
- convulsions
- severe headaches with blurred vision
- fever and too weak to get out of bed
- severe abdominal pain
- fast or difficult breathing.

She should go to the health centre as soon as possible if any of the following signs:

- fever
- abdominal pain
- feels ill

- swelling of fingers, face, legs.

Discuss how to prepare for an emergency in pregnancy:

- Discuss emergency issues with the woman and her partner/family:
 - Where will she go?
 - How will they get there?
 - How much will it cost for services and transport?
 - Can she start saving straight away?
 - Who will go with her for support during labour and delivery?
 - Who will care for her home and other children?
- Advise the woman to ask for help from the community, if needed .
- Advise her to bring her home-based maternal record to the health centre, even for an emergency visit.

Counsel on the importance of contraception (refer to *IMPAC guidelines, Section C16*)

- If appropriate, ask her if she would like her partner or another family member to be included in the counselling session.
- Explain to her that if she has sex and is not exclusively breastfeeding, she can become pregnant as soon as four weeks after delivery; therefore it is important for her to start considering what contraceptive method to use even before the delivery.
 - Ask about her plans to have more children. If she (and her partner) want more children, advise her that waiting at least 2–3 years between pregnancies is healthier for the mother and child.
 - Make arrangements for her to see a family planning counsellor, or counsel her yourself (refer to *IMPAC guidelines, Section C16 and Adolescent job aid, algorithm, “I do not want to get pregnant”*).

Advise on routine and follow-up visits (refer to *IMPAC guidelines, Section C17*)

Encourage the woman to bring her partner or (another) family member to at least one visit.

Routine antenatal care visits:

1st visit	Before 4 months
2nd visit	6 months
3rd visit	8 months
4th visit	9 months

- All pregnant women should have four routine antenatal visits.
- The first antenatal contact should be as early in pregnancy as possible.
- During the last visit, inform the woman to return if she does not deliver within two weeks after the expected date of delivery.
- More frequent visits may be required if there are other intercurrent problems, such as HIV infection, severe anaemia, hypertension etc.

“I have a problem with the skin at the tip of my penis” (foreskin problems)

Ask	Look/Feel/Listen	Symptoms & signs
<p> TIP for health worker:</p> <p>Say that you are now going to ask him some personal questions and reassure him that the information will be kept confidential.</p> <p>Foreskin Problem</p> <ul style="list-style-type: none"> • What is the problem? • Is your foreskin discoloured? • Is your foreskin swollen? • Do you have any discharge from under your foreskin? • Is it possible for you to pull your foreskin back to completely uncover the head of your penis? • Can you put your foreskin back to the normal position? <p>Symptoms of other STI syndromes</p> <p>Do you have any other genital problems?</p> <ul style="list-style-type: none"> • Ulcer/sore on the genitals • Swelling in the groin • Pain on urination • Scrotal pain/swelling <p>Do a sexual and reproductive health assessment</p> <p>Do a HEADS assessment</p>	<p> TIP for health worker:</p> <p>Say that you are now going to examine him. Ensure privacy of the examination setting.</p> <p>Foreskin problem</p> <ul style="list-style-type: none"> • Look at the head of the penis and the skin covering the head of the penis (foreskin) for signs of inflammation and possible infection: <ul style="list-style-type: none"> – Swelling – Redness (in people with light coloured skin) – Water/bloody/pus-like discharge <p><i>Note: A little white/gray material underneath the foreskin (called smegma) is normal.</i></p> <ul style="list-style-type: none"> • Check to see if the foreskin can be returned to the normal position covering the head of the penis • Check to see if the foreskin can be fully pulled back to uncover the head of the penis <p>Signs of other STI syndromes</p> <p>Look for:</p> <ul style="list-style-type: none"> • Genital ulcer • Swelling in the groin • Discharge from end of the penis • Scrotal swelling/tenderness <p>Do a general physical examination</p>	<ul style="list-style-type: none"> • The foreskin is retracted away from the head of the penis • The foreskin cannot be pushed back to the normal position • The head of the penis is exposed • The head of penis and foreskin beyond the tight area are swollen <div data-bbox="666 411 1041 742"> </div> <ul style="list-style-type: none"> • The foreskin cannot be fully retracted – i.e. the head of the penis cannot be fully uncovered • No signs of inflammation/infection <ul style="list-style-type: none"> • Signs of inflammation/infection present on the head of the penis and/or foreskin • Discharge (whitish/yellowish) present under the foreskin and around the head of the penis • Discharge is <i>not</i> coming out from the urethra <p><i>(Note: If the discharge looks like it is coming from the urethra, use the algorithm ‘I have discharge from my penis’)</i></p>
<p> TIPS for health worker:</p> <ul style="list-style-type: none"> • Advise the patient using the information provided in “Information to be given to adolescents and accompanying adult” • Treat all classified STI syndromes using the appropriate algorithm • Encourage the adolescent to have all partner(s) within the last two months assessed whether symptomatic or not • For any patient who is sexually active, regardless of diagnostic classification: offer HIV counselling and testing on site if available or through referral • Counsel regarding contraception and safer sex 		

Adolescent: I have a problem with the skin at the tip of my penis.

Parent: My son has a problem with the skin at the tip of his penis.

Classify	Manage	Follow-up
Paraphimosis	<ul style="list-style-type: none"> • Give pain relief • Give sedation if needed • Apply topical analgesia if available • Swab penis with mild antiseptic • Place an ice pack or a piece of clean cloth dipped in cold water around the penis • Compress the swollen area gently but firmly with one hand for a few minutes to squeeze out oedema • After a few minutes, gently but firmly try to pull the foreskin over the head of the penis • If unable to reduce manually: Refer immediately 	<p>If the paraphimosis recurs or there is significant phimosis, refer for surgical assessment and management</p>
Phimosis	<ul style="list-style-type: none"> • Apply topical steroid cream (e.g. betamethasone 0.05%) twice a day for 2–4 weeks • Advise him to gently retract/push back the foreskin daily and gently wash the head of the penis with mild soap and warm water • Advise circumcision if significant phimosis persists 	<p>Advise him to return in one month. If there is no improvement, refer for surgical assessment and management</p>
Balanitis/ balanoposthitis	<ul style="list-style-type: none"> • Advise him to retract/push back gently the foreskin daily and gently wash the head of the penis with mild soap and warm water. Advise him to avoid using strong soaps or detergents • Advise him to apply <ul style="list-style-type: none"> – Co-trimoxazole ointment to the affected area three times daily for five days or – Clotrimazole cream twice daily to affected area for seven days (if it looks more like a fungal/candida infection) <p><i>(Note: Balanitis/ balanoposthitis can be caused by bacteria or fungus/candida. In bacterial infection the skin looks glossier and uniformly red. In fungal/candida infection there may be white patches that are stuck onto the skin and there may be patches of eroded, itchy red skin)</i></p>	<p>Advise him to return in one week if there is no improvement</p> <p>If the inflammation looks more like a bacterial infection:</p> <ul style="list-style-type: none"> • Co-trimoxazole tablet (trimethoprim 80 mg/sulfamethoxazole 400 mg) <p>If his weight is more than 50 kg:</p> <ul style="list-style-type: none"> • Two tablets twice daily for five days <p>If his weight is 19–50 kg:</p> <ul style="list-style-type: none"> • One tablet twice daily for five days <p>or</p> <p>If the inflammation looks more like a fungal/candida infection, and not already prescribed:</p> <ul style="list-style-type: none"> • Clotrimazole cream twice daily to affected area for seven days

Information to be given to adolescents and accompanying adults

1. What is the condition?

Phimosis is a condition in which the skin in at the end of the penis (foreskin) cannot be pushed back/retracted away from the head of the penis.

Paraphimosis is a condition in which the foreskin, once pushed back/retracted away from the head of the penis cannot be pulled forward to its original position over the head of the penis.

Balanitis is an inflammation of the head of the penis.

Balanoposthitis is an inflammation of the head of the penis as well as of the foreskin.

2. What are the causes of the condition?

Phimosis can be due to the way in which the foreskin developed. It can also be due to scarring from inflammation or infection.

Paraphimosis occurs because the opening of the foreskin is relatively tight compared to the size of the head of the penis. If the foreskin is retracted beyond the head of

the penis, the foreskin may become stuck in the ridge at the base of the head of the penis. If the foreskin is not soon pushed back to its normal position, the head of the penis and foreskin beyond the ridge can become swollen and painful.

Balanitis and balanoposthitis are caused by inflammation and infection resulting from poor hygiene – from not routinely retracting and cleaning under the foreskin. The infection can be due to fungus or bacteria.

These conditions are often associated with phimosis.

Note: None of the above conditions are sexually transmitted or caused by normal handling of the genitals or by masturbation.

3. What treatments are we proposing and why?

Phimosis:

Topical steroids can help reduce inflam-

Frequently asked questions by adolescents

How should I clean my penis?

Points to make in the response:

You need to wash your penis and scrotum, just like other parts of the body.

If you are circumcised, applying soap and washing your penis when you have a shower or a bath will help keep it clean. If you are not circumcised, you will need to pay a little extra attention to keeping your penis clean. You will need to pull the foreskin back as far as it can go and gently wash the head of the penis and the exposed underside of the foreskin before pulling it back again. If you do not do that, body secretions and urine can accumulate under the foreskin causing irritation and possibly infections as well.

Do not use strong chemicals such as disinfectants to clean your penis. They could damage the delicate skin and result in pain and discomfort.

Can washing the penis protect me from all kinds of infections?

Understanding the reason for the question:

The patient may want to know if washing the penis could prevent sexually transmitted infections.

Points to make in the response:

Washing the penis after you have sex will not protect you from sexually transmitted infections, including HIV. Disease-causing germs

mation, and may help you to push your foreskin behind the head of your penis. If this is a recurrent problem or the medication does not help, we will refer you for circumcision which is a surgical procedure to remove the foreskin of the penis.

Paraphimosis:

We will give you medicines to reduce the pain and swelling. We will also apply cold packs on your penis to reduce the swelling. Once that happens, we will try to gently pull the foreskin back over the head of the penis.

If we are unable to do this, we will send you for surgery. It is important that this be treated promptly to avoid any permanent injury to the head of the penis.

After the swelling has gone down we recommend that you be circumcised to prevent this from happening again.

Balanitis and balanoposthitis:

We will give you an ointment or medicine by mouth to treat the infection.

4. What can you do?

Phimosis or balanitis/balanoposthitis:

Gently push the foreskin back to uncover as much of the head of the penis as is comfortably possible – **do not** use force. Clean with mild soap and warm water. Do this daily until you are easily able to push and pull the foreskin over the head of the penis. You may see a little white “debris” – this is normal but also needs to be cleaned to remove it. When the condition is better, retract the foreskin and clean the exposed head of the penis with mild soap and warm water about 1–2 times a week. **Never use strong soaps or disinfectants!** They could damage the delicate skin and result in pain and discomfort.

Paraphimosis:

Follow the advice given to you by the health worker.

could enter the body even when you are clean. Using a condom correctly every time can reduce your risk of sexually transmitted infections when having sex.

If I cannot pull the foreskin forward and backward, could I have a problem in having sex?

Points to make in the response:

You could have discomfort and pain when having sex, if your foreskin cannot be pulled easily over the head of the penis and back again.

Why did I get this infection even though I did not have sex?

Understanding the reason for the question:

The patient wants to know how he could have got this infection.

He may be anxious about having got a sexually transmitted infection without having had sex.

Points to make in the response:

Some kinds of genital infections are sexually transmitted, some are not. What you have does not appear to be a sexually transmitted infection.

It appears to have occurred because the foreskin is stuck to the head of the penis, possibly because of scarring, and needs to be stretched to separate it.

“I have pain in my scrotum/I have injured my scrotum” (acute scrotal pain)

Ask	Look/Feel/Listen	Symptoms & signs
<p> TIP for health worker: Say that you are now going to ask him some personal questions and reassure him that the information will be kept confidential.</p> <p>Pain in the scrotum Did the pain start after you were injured? How were you injured? (Note: Probe to assess whether the injury to the scrotum was significant). Is the pain on one side or on both sides? Is your scrotum swollen? After your injury has the colour of your scrotum changed? Are you sexually active?</p> <p>Symptoms of STI syndromes Do you have any other genital problems?</p> <ul style="list-style-type: none"> • Ulcer/sore on the genitals • Swelling in the groin • Discharge from the tip of penis • Pain on urination <p>Perform a general sexual and reproductive health screen</p> <p>Do a HEADS assessment</p>	<p> TIP for health worker: Communicate that you are now going to examine him. Ensure privacy of the examination setting.</p> <p>Check for signs of inflammation:</p> <ul style="list-style-type: none"> • Discoloration (red/blue) of scrotum in males with pale skin • Swelling of the scrotum • Swelling of the testis • Tenderness (pain on gently pressing) • Fluid in the scrotum (haematocele) <p> TIP for health worker: Check whether there is a swelling of the testes as well as a swelling of the scrotum. Swelling of the testes is much more significant than swelling of the scrotum alone.</p> <p>Check if the testis on the affected side is retracted (raised up higher than the non-affected side)</p> <p>Check for discharge from the tip of the penis. If it is not present but the patient reports having discharge, ask him to gently squeeze the penis, pressing towards the tip.</p> <p>Look for the presence of any other genital problem (e.g. ulcers on the penis, groin swelling)</p> <p>Signs of other STI syndromes</p> <ul style="list-style-type: none"> • Genital ulcer • Swelling in the groin • Discharge from the tip of the penis <p>Do a general physical examination</p>	<p>Pain and swelling in the scrotum <i>and</i> No history of significant trauma <i>and</i> Pain is unilateral <i>and</i> Swollen testis</p> <p>The following are seen with torsion:</p> <ul style="list-style-type: none"> • 1. Testis is usually extremely tender • 2. Testis is usually retracted • 3. Scrotum is usually swollen and discoloured in pale skinned males <p>Pain and swelling in the scrotum <i>and</i> Onset of pain with significant trauma <i>and</i> Swollen testis</p> <p><i>or</i> Fluid collection in the scrotum (haematocele)</p> <p>Pain or swelling in the scrotum <i>and</i> Onset of pain with trauma <i>and</i> Testes not swollen <i>and</i> No fluid collection in scrotum (Maybe discoloration of the scrotum)</p> <p>Pain or swelling in the scrotum <i>and</i> No history of significant trauma <i>and</i> Testes not swollen <i>and</i> No retraction of testis <i>and</i> Sexually active</p> <p><i>or</i> Urethral discharge present</p> <p>Pain or swelling in scrotum <i>and</i> No history of significant trauma <i>and</i> No swelling of the testis No retraction of the testis <i>and</i> Not sexually active <i>and</i> No urethral discharge</p>

Adolescent: I have pain in my testes/scrotum. • I have injured my scrotum.

Parent: My son has pain in his testes/scrotum. • My son has injured his scrotum.

Classify	Manage	Follow-up
High probability of torsion of testis	Refer to hospital urgently Provide analgesia Surgical exploration of testis should happen within 4–6 hours to save the testis	
High probability of significant injury	Refer to hospital urgently Provide analgesia	
Low probability of significant injury	Provide analgesia	Advise the patient to return if pain or swelling worsens
Possible sexually transmitted infection Orchitis/epididymitis/urethritis may or may not be present	Treat for gonorrhoea <i>and</i> Treat for chlamydia <i>(Note: For treatment of gonorrhoea and chlamydia, use appropriate tables in the algorithm: “I have discharge from my penis”)</i>	Reassess after one week, sooner if worse If there is no improvement: Refer
Orchitis/epididymitis Not an STI	Provide analgesia/anti-inflammatory medication	Advise patient to return for review if there is: <ul style="list-style-type: none">• Increasing swelling <i>or</i> <ul style="list-style-type: none">• Increasing pain

 **TIPS for health worker:**

- Treat all classified STI syndromes using the appropriate algorithm
- Encourage the adolescent to have all partner(s) within the last two months assessed whether symptomatic or not
- For any patient who is sexually active, regardless of diagnostic classification: offer HIV counselling and testing on site if available or through referral. Counsel regarding contraception and safer sex

Information to be given to adolescents and accompanying adults

1. What is the condition?

Torsion is a condition where the cord that contains the tube which carries the sperms from the testes to the urethra as well as blood vessels gets twisted.

Injury to the scrotum, if severe enough, can cause bruising inside the scrotum or injury to the testes.

Epididymitis is an **infection** of the epididymis (small tubes at the back of the scrotum). **Orchitis** is an infection of the testes.

2. What are the causes for the condition?

Torsion occurs because of incomplete or slightly faulty development of the tissues in the scrotum.

Injury can be unintentional (e.g. during sports) or intentional (i.e. violent assault).

Infections of the epididymis/testes may or may not be sexually transmitted. Mumps is an example of an infection that is not sexually transmitted; gonorrhoea is an example of one that is sexually transmitted.

3. What are the effects of the condition?

Torsion may or may not be complete. In some cases, the torsion is intermittent (i.e. the twisted tissue untwists by itself). If the torsion is complete (meaning that the blood supply to and from the testis is completely cut off), this could have serious consequences including permanent damage to the testis if the torsion is not untwisted within 4–12 hours (the sooner the torsion is untwisted the higher chance of saving the testis – but by 24 hours there is little chance of saving the testis).

Injuries can result in pain and discomfort. If severe, they could result in serious and permanent damage to the testis if not surgically treated.

Infections can result in pain and discomfort. If severe, and if left untreated, they could result in an inability of the testis to produce sperm.

In all of the above, if one testis becomes damaged, one can still have normal sexual

relations and still produce sperm from the other testis.

4. What treatment are we proposing?

Suspected cases of **torsion** should be referred for urgent surgical treatment. Sometimes we may be able to untwist the torsion without surgery first. Even if this is successful, surgery is still needed to fix the cord so it does not twist again. The cord on the other side should also be fixed, as there is a risk that that side will twist too. We also advise painkillers to help treat the pain.

Mild injuries are treated with painkillers and dressings. Severe ones may require surgery.

Infections are treated with painkillers and, in case of bacterial infections, with antibiotics.

5. What can you do?

For all patients:

Please complete the treatment as advised.

Stopping the medicine before you have completed the treatment (even if you feel better) could cause the problem to come back. Come back for review as advised.

In addition, for patients who are classified as having a scrotal swelling resulting from a sexually transmitted infection:

- (i) Please avoid sex until you have completed the advised medication and are completely cured.
- (ii) Please discuss with your partner(s). All partners within the last two months should be treated not only for their health, but also to protect you from getting reinfected.
- (iii) Using a condom correctly every time you have sex will greatly reduce your risk of getting sexually transmitted infections.
- (iv) Consider being tested for other sexually transmitted infections such as HIV.

Frequently asked questions

Understanding the reasons for the questions:

In all these questions the adolescent is anxious to know how the condition may affect their future life.

Will I be able to become a father in the future?

Points to make while responding to the question:

For all classifications **except orchitis and torsion**: If the problem is detected early and treated properly, there is little likelihood of long-term problems. If the condition has remained undetected for a while or has been treated improperly/inadequately, it could affect your ability to father a child. It is difficult to definitely know if this has happened.

For **torsion**: If the problem is detected and treated within 4–6 hours, there is little likelihood of long-term problems. If the condition remains untreated for more than 24 hours, the affected testis is likely to be permanently damaged. However, having one functioning testis would still allow you to have a normal sex life and father children.

For **orchitis**: This infection could affect the ability to father a child. It is difficult to definitely know if this has happened.

When could I have sex again?

Points to make while responding to the question:

You can have sex again after you have completed your treatment and are completely cured. If it is likely that you have a sexually transmitted infection, before you have sex again, it is important that your partner also gets treatment and is completely cured. If not, you are likely to get the infection again from him/her.

Will I become completely cured?

Points to make while responding to the question:

Treatment for torsion and trauma can result in a complete cure. Infections that are caused by bacteria can be completely cured with medicines (antibiotics).

However, infections which are caused by viruses (another type of germ), as in the case of orchitis, cannot be cured with medicines and the infection's possible long-term effects on the testes cannot be prevented with medicines. However, the infection and discomfort will resolve on its own in a few days.

“I have discharge from my penis/pain on urination”

Ask	Look/Feel/Listen	Symptoms & signs
<p> <i>TIP for health worker:</i> Say that you are now going to ask him some personal questions and reassure him that the information will be kept confidential.</p> <p>Urethral Discharge/Pain Do you have discharge from the tip of your penis? Do you have discharge from under the foreskin? Do you have pain on urination?</p> <p>Symptoms of other STI syndromes Do you have any other genital problems?</p> <ul style="list-style-type: none"> • Ulcer/sore on the genitals • Swelling in the groin • Scrotal pain/swelling <p>Do a sexual and reproductive health assessment</p> <p>Do a HEADS assessment</p>	<p> <i>TIP for health worker:</i> Say that you are now going to examine him. Ensure privacy of the examination setting.</p> <p>Urethral Discharge/Pain Look for</p> <ul style="list-style-type: none"> • Discharge from the opening of the urethra • Discharge from under the foreskin <p>If you do not see any discharge, ask the patient to gently squeeze the penis, pressing towards the tip. (You may squeeze it yourself if he permits.) <i>Note: a little white/grey material underneath the foreskin (called smegma) is normal.</i></p> <p>Signs of other STI syndromes Look for</p> <ul style="list-style-type: none"> • Genital ulcer • Swelling in the groin • Scrotal swelling/tenderness <p>Do a general physical examination</p>	<p>Discharge from the urethra present in history and/or on examination <i>or</i> Pain on urination</p> <p><i>(Note: History of discharge from urethra alone is enough to confirm the diagnosis, even if it is not evident at the time of examination)</i></p> <p>Discharge from under the foreskin in history or on examination may or may not be present <i>and</i> No discharge from the urethra <i>and</i> No pain on urination</p>

Treatment for urethral discharge (males)

	First choice Choose one from each row below (i.e. a total of two medications)	Effective substitutes
Gonorrhoea	<p>Cefixime 400 mg orally as a single dose <i>or</i></p> <p>Ceftriaxone 125 mg by intramuscular injection</p>	<p>Ciprofloxacin^a 500 mg orally as a single dose <i>or</i></p> <p>Spectinomycin 2 g by intramuscular injection</p>
Chlamydia	<p>Azithromycin 1 g orally as single dose <i>or</i></p> <p>Doxycycline 100 mg orally twice a day for seven days</p>	<p>Ofloxacin^{a,b} 300 mg orally twice a day for seven days <i>or</i></p> <p>Tetracycline 500 mg orally four times a day for seven days <i>or</i></p> <p>Erythromycin 500 mg orally four times a day for seven days</p>

a The use of ciprofloxacin should take into consideration local patterns of *Neisseria gonorrhoeae*.

b Ofloxacin also provides coverage for gonorrhoea when used as indicated for chlamydial infection.

Adolescent: I have discharge from my penis. • I have pain with urination.

Parent: My son has discharge from his penis. • My son has pain with urination.

Classify	Manage	Follow-up
Probable STI: Gonorrhoea and/or Chlamydia	Treat for gonorrhoea (use table below) <i>and</i> Treat for chlamydia (use table below)	Inform the patient to return in one week if symptoms persist If there is no improvement: <ul style="list-style-type: none">• If the patient did not complete full course of medication: Treat again• If the patient was possibly reinfected or partner(s) were not treated: Treat patient and partner(s) again• If patient and partner(s) did complete full course of the medication: Treat patient and partner(s) for trichomoniasis – Metronidazole 2 g as a single dose orally <i>or</i> 400–500 mg orally twice a day for seven days Inform the patient to return in one week if symptoms persist. Refer him if there is no improvement
Normal	Reassure the patient If there is discharge from under the foreskin: Advise regarding hygiene	

 **TIPS for health worker:**

- *Treat all classified STI syndromes using the appropriate algorithm*
- *Encourage the adolescent to have all partner(s) within the last two months assessed whether symptomatic or not*
- *For any patient who is sexually active, regardless of diagnostic classification: offer HIV counselling and testing on site if available or through referral*
- *Counsel regarding contraception and safer sex*
- *Advise the patient using the information provided in 'Information to be given to adolescents and accompanying adults'*

Information to be given to the adolescent and accompanying parent

1. What is the condition?

This is an infection of the urethra, the tube which carries the urine from inside the body to the outside. It is likely that this infection has occurred as a result of having sex without a condom or without proper use of a condom.

2. What are the causes of the condition?

This infection can be caused by germs that cause gonorrhoea, chlamydia and trichomoniasis.

3. What are the effects of the condition on your body?

Immediate effects:

In some people, there may be no symptoms at all. In other people, urethral infection may cause a discharge from the penis, pain on passing urine and/or passing urine more frequently. There may also be itching and burning around the opening of the penis.

Long-term effects:

If left untreated the infection can move from the urethra to the testis and cause pain and swelling there. The infection could also be carried to other parts of the body such as the joints and cause inflammation there.

4. What treatments are we proposing and why?

Our aim is to determine the cause of the infection and to treat it with the right medication.

5. What can you do?

For those patients who are classified as having an urethral discharge resulting from sexually transmitted infection:

- (i) Please complete the treatment as advised. Stopping the medicine before you have completed the treatment (even if you feel better) could cause the problem to come back. Please come back for review after one week if symptoms persist.
- (ii) Please avoid sex until you have completed the advised medication and are completely cured.
- (iii) Please discuss with your partner(s). All partners within the last two months should be treated not only for their health, but also to protect you from getting reinfected.
- (iv) Using a condom correctly every time you have sex will greatly reduce your risk of getting sexually transmitted infections.
- (v) Consider being tested for other sexually transmitted infections such as HIV.

Frequently asked questions by adolescents

Understanding the reasons for the question:

In all these questions, the adolescent is anxious to know how a current STI may affect their future life.

Will I be able to become a father in the future?

Points to make in responding to this question:

If an infection is detected early and treated properly, there is very little likelihood of any long-term problems.

If the infection has remained undetected for a long time and has been treated

improperly/inadequately, it could affect your ability to father a child. It is difficult to definitely know if this has happened.

Will I become completely cured?

Points to make in responding to this question:

The kind of infection that you have is usually caused by bacteria – a type of germ that can be definitively cured. If the infection does not clear up with the treatment you are given or if the problem recurs, please come back for assessment and treatment.

“I have a sore on my genitals” (genital ulcer)

Ask	Look/Feel/Listen	Symptoms & signs
<p> <i>TIP for health worker:</i> Say that you are now going to ask him/her some personal questions and reassure him/her that the information will be kept confidential.</p> <p>Ulcer on the genitals</p> <ul style="list-style-type: none"> • Do you have vesicles (blisters)? • Do you have ulcers (sores)? • Is/are the sore(s) recurring? <p>Symptoms of other STI syndromes</p> <p>Do you have any other genital problems?</p> <ul style="list-style-type: none"> • Swelling in the groin (male and female) • Discharge from the vagina • Discharge from the tip of the penis • Pain on urination (male and female) • Scrotal pain/swelling <p>Do a sexual and reproductive health assessment</p> <p>Do a HEADS assessment</p>	<p> <i>TIP for health worker:</i> Say that you are now going to examine him/her. Ensure the privacy of examination setting. For young women, have a female colleague present if needed.</p> <p>Ulcer on the genitals</p> <p>Look for:</p> <ul style="list-style-type: none"> • Vesicles on the genitals • Ulcers on the genitals <p>Signs of other STI syndromes</p> <p>Look for:</p> <ul style="list-style-type: none"> • Swelling in the groin • Vaginal discharge • Discharge from the tip of the penis • Scrotal swelling/tenderness <p>Do a general physical examination</p>	<p>Only vesicle(s) present</p> <p>Genital ulcer present Vesicles may or may not be present</p>
		<p>No vesicle present No genital ulcer present</p>

 *TIPS for health worker:*

- Treat all classified STI syndromes using the appropriate algorithm
- Encourage the adolescent to have all partner(s) within the last two months assessed whether symptomatic or not
- For any patient who is sexually active, regardless of diagnostic classification: offer HIV counselling and testing on site if available or through referral
- Counsel regarding contraception and safer sex
- Advise the patient using the information provided in ‘Information to be given to adolescents and accompanying adults’

Adolescent: I have a sore on my genitals.

Parent: My son/daughter has a sore on his/her genitals.

Classify	Manage	Follow-up
<p>Probable STI</p> <ul style="list-style-type: none"> • Herpes simplex virus type 2 (HSV2) likely • Syphilis possible 	<p>Treat for Herpes simplex virus type 2 (use tables on next page)</p> <p>and</p> <p>Treat for Syphilis</p> <ul style="list-style-type: none"> • If rapid plasma regain (RPR) is positive and the patient has not recently been treated for syphilis, treat for syphilis • If RPR is not available, treat for syphilis, if the patient has not recently been treated for syphilis (use tables on next page) 	<p>Reassess after one week, sooner if the condition gets worse. If there is no improvement: Refer</p>
<p>Probable STI</p> <ul style="list-style-type: none"> • Syphilis and chancroid likely • HSV2 possible 	<p>Treat for Syphilis (use the tables on the next page)</p> <p>and</p> <p>Treat for Chancroid (use tables on next page)</p> <p>In addition</p> <p><i>Consider treatment of the following conditions if they are a cause of genital ulcers in your local area:</i></p> <p>Herpes simplex virus type 2 (where local prevalence of HSV2 is greater than 30%) (use tables on the next page)</p> <p>and</p> <p>Granuloma inguinale (donovanosis) (use tables on the next page)</p> <p>and</p> <p>Lymphogranuloma venereum (use tables on the next page)</p>	<p>Reassess after one week, sooner if worse. If the ulcer is fully healed, no further treatment is required</p> <p>If it is improving but not resolved, continue treatment for seven more days</p> <p>If there is no improvement: Refer</p>
<p>Normal</p>	<p>Reassure the patient</p>	

Genital ulcers and HIV infection

Genital ulcers facilitate the spread of HIV more than other sexually transmitted infections. Chancroid, genital herpes and syphilis are common in regions where HIV prevalence is high, and control of these infections is an important component of HIV prevention.

The presence of immunosuppression following HIV infection may also change the presentation of genital ulcers making their diagnosis more difficult. Lesions

of primary and secondary syphilis may be atypical. Chancroid lesions may be more extensive, and rapidly spreading lesions have been noted. This reinforces the need for early treatment, especially in HIV-infected individuals.

Treatment of genital ulcers is the same for HIV-positive and HIV-negative patients. All patients should be seen one week after starting treatment, and treatment should be continued if significant improvement is not apparent.

Treatment of syphilis and chancroid

	First choice Choose one from each row below (i.e. a total of two medications)	Effective substitutes	If the patient is <i>pregnant, breastfeeding or under 16 years old</i> Choose one from each box below (i.e. a total of two medications)
Syphilis	<p>Benzathine penicillin 2.4 million units by single intramuscular injection</p> <p><i>(Note: In patients with a positive syphilis test and no ulcer, administer the same dose at weekly intervals for a total of three doses)</i></p>	<p>Doxycycline^c 100 mg orally twice a day for 14 days</p> <p><i>or</i></p> <p>Tetracycline^c 500 mg orally four times a day for 14 days</p>	<p>Benzathine penicillin 2.4 million units by single intramuscular injection</p> <p><i>or</i></p> <p>Erythromycin^b 500 mg orally four times a day for 15 days</p>
Chancroid	<p>Ciprofloxacin^a 500 mg orally twice a day for three days <i>or</i></p> <p>Azithromycin 1 g orally as a single dose</p> <p><i>or</i></p> <p>Erythromycin^b 500 mg orally four times a day for seven days</p>	<p>Ceftriaxone 250 mg as a single intramuscular injection</p>	<p>Erythromycin^b 500 mg orally four times a day for seven days</p> <p><i>or</i></p> <p>Azithromycin 1 g orally as a single dose <i>or</i></p> <p>Ceftriaxone 250 mg as a single intramuscular injection</p>

a The use of ciprofloxacin should take into consideration local patterns of *Neisseria gonorrhoeae* resistance.

b Erythromycin estolate is contraindicated in pregnancy because of drug-related liver toxicity; only erythromycin base or erythromycin ethylsuccinate should be used.

c These medicines are contraindicated for pregnant or breastfeeding women.

Additional therapy for HSV-2 where HSV-2 is common

	First choice Choose one from each row below (i.e. a total of two medications)	Effective substitutes	If the patient is <i>pregnant</i> or <i>breastfeeding</i>
Genital herpes	Primary infection Acyclovir^f 200 mg orally five times a day for seven days <i>or</i> Acyclovir^f 400 mg orally three times a day for seven days	Primary infection Famciclovir^f 250 mg orally three times a day for seven days <i>or</i> Valaciclovir^f 1 g twice a day for seven days	The use of acyclovir, famciclovir and valaciclovir is contraindicated for pregnant and breastfeeding women
	Recurrent infection Acyclovir^f 200 mg orally five times a day for five days <i>or</i> Acyclovir^f 400 mg orally three times a day for five days	Recurrent infection Famciclovir^c 125 mg orally three times a day for five days <i>or</i> Valaciclovir^c 500 mg twice a day for five days	

c These medicines are contraindicated for pregnant or breastfeeding women

Treatment of *Granuloma inguinale* or *Lymphogranuloma venereum*

	First choice	Effective substitutes	If the patient is <i>pregnant</i> , <i>breastfeeding</i> or <i>under 16 years old</i>
<i>Granuloma inguinale</i> (donovanosis) (treatment should be continued until all lesions have completely epithelialized)	Azithromycin 1 g orally as a single dose followed by 500 mg once a day <i>or</i> Doxycycline^a 100 mg orally twice a day	Erythromycin^b 500 mg orally four times a day <i>or</i> Tetracycline^a 500 mg orally four times a day <i>or</i> Trimethoprim (80 mg)/ Sulfamethoxazole (400 mg) two tablets orally twice a day	Azithromycin 1 g orally as a single dose <i>or</i> Erythromycin^b 500 mg orally four times a day
<i>Lymphogranuloma venereum</i>	Doxycycline^a 100 mg orally twice a day for 14 days <i>or</i> Erythromycin^b 500 mg orally four times a day for 14 days	Tetracycline^a 500 mg orally four times a day for 14 days	Erythromycin^b 500 mg orally four times a day for 14 days

a These drugs are contraindicated for pregnant or breastfeeding women.

b Erythromycin estolate is contraindicated in pregnancy because of drug-related liver toxicity; only erythromycin base or erythromycin ethylsuccinate should be used.

Information to be given to the adolescent and accompanying parent

1. What is the condition?

An ulcer is a break or opening of the skin causing a sore. A vesicle is a small sac-like structure filled with clear fluid.

2. What are the causes of the condition?

Ulcers and vesicles on the genitals are commonly caused by sexually transmitted infections. They may be painless (e.g. syphilis) or painful (e.g. chancroid).

3. What are the effects of the condition on your body?

- In some cases the condition begins as a vesicle and then becomes an ulcer. In other cases the ulcer appears without being preceded by a vesicle. Depending on the condition, the ulcer may or may not be painful.
- In some conditions, ulcers may disappear without treatment, whereas in others they tend to persist and worsen until treated.
- In some conditions, the disease-causing germs pass from the genitals to other parts of the body causing rashes and fever and, in the case of syphilis, damage to the heart and brain after many years.
- Sexually transmitted infections, and especially those which cause ulcers, increase the likelihood of getting or passing HIV infection.

4. What treatments are we proposing and why?

Most STIs can be treated. The aim of the treatment is to cure you and your partner(s) with the right medication.

5. What can you do?

For those patients who are classified as having a genital ulcer/vesicle resulting from a sexually transmitted infection:

- (i) Please complete the treatment as advised. Stopping the medicine before you have completed the treatment (even if you feel better) could cause the problem to come back. Please come back for review after one week, sooner if worse.
- (ii) Keep any ulcers/vesicles clean and dry.
- (iii) Please avoid sex until you have completed the advised medication and are completely cured.
- (iv) If you have been classified as having syphilis or chancroid, please discuss with your partner(s). All partners within the last three months should be treated not only for their health, but also to protect you from getting reinfected.
- (v) Using a condom correctly every time you have sex will reduce your risk of getting sexually transmitted infections.
- (vi) Consider being tested for HIV.

Frequently asked questions by adolescents

Understanding the reasons for the question:

In all these questions, the adolescent is anxious to know how a current STI may affect their future life.

Will I be able to become a father/mother in the future?

Points to make in responding to this question:

The types of infections that cause sores on the genitals (e.g. syphilis) generally do not impact on your ability to become pregnant/father a child. However, other kinds of sexually transmitted infections (e.g. gonorrhoea) can affect your ability to become pregnant/father a child.

When could I have sex again?

Points to make in responding to this question:

You can have sex again, after you have completed your treatment and are completely cured. If you have been advised to have your partner be treated, it is important that he/she complete treatment and is completely cured before you have sex again. If not, you are likely to get the infection again from him/her.

Will I become completely cured?

Points to make in responding to this question:

Sexually transmitted infections that are caused by bacteria (e.g. syphilis, chancroid) can be completely cured. However infections that are caused by viruses (another type of germ) cannot be cured. Some of them, such as herpes, recur from time to time causing discomfort for a few days. Others such as HIV have serious long-term effects on health.

Can douching my vagina (i.e. washing it with water or with products such as soap) help to prevent any infections or other problems?

Points to make while responding to the question:

It is better to avoid douching, as it tends to wash away the body's natural protective secretions. Using products such as soap inside the vagina can cause irritation and lead to pain and discomfort. Just wash the outer part of the genital area every time you go to the toilet and pat it dry with a clean cloth or paper towel.

“I have a swelling in my groin” (inguinal swelling)

Ask	Look/Feel/Listen	Symptoms & signs
<p> TIP for health worker: Communicate that you are now going to ask him/her some personal questions and reassure him/her that the information will be kept confidential.</p> <p>Swelling in the groin Do you have/have you recently had any:</p> <ul style="list-style-type: none"> • Ulcers in the genital area? <p>Local skin infection Do you have:</p> <ul style="list-style-type: none"> • Local skin trauma, e.g. scratches, cuts or rashes on your feet, legs or buttocks? • Local skin infection e.g. boils, swelling or redness? • Fever? <p>Symptoms of other STI syndromes Do you have any other genital symptoms?</p> <ul style="list-style-type: none"> • Ulcer/sore on the genitals • Discharge from the vagina • Discharge from the tip of the penis • Pain on urination (male) • Scrotal swelling <p>Do a general sexual and reproductive health screen</p> <p>Do a HEADS assessment</p>	<p> TIP for health worker: Communicate that you are now going to examine him/her. Ensure privacy of the examination setting. For a young woman, have a female colleague present if needed.</p> <p>Check:</p> <ul style="list-style-type: none"> • Temperature <p>Swelling in the groin Look for:</p> <ul style="list-style-type: none"> • Swelling in the groin (inguinal swelling) • Signs of infection within the groin swelling: <ul style="list-style-type: none"> – Warmth – Redness (in people with light coloured skin) – Tenderness – Fluctuance (i.e. it feels as if there is some liquid inside the swelling) • Genital ulcers <p>Local skin infection Look for:</p> <ul style="list-style-type: none"> • Local skin trauma, e.g. scratches, cuts or rashes on feet, legs or buttocks • Local skin infection – boils, swelling or redness, tenderness and warm to touch <p>Signs of other STI syndromes</p> <ul style="list-style-type: none"> • Genital ulcer • Vaginal discharge • Discharge from the tip of the penis • Scrotal swelling <p>Do a general physical examination</p>	<ul style="list-style-type: none"> • Inguinal swelling present <i>and</i> • Sexually active <i>and</i> • No genital ulcer present <i>and</i> • No local skin infection on examination as the likely cause of the inguinal swelling <p>Genital ulcer present</p> <p>Inguinal swelling present <i>and</i> Signs of infection within the swelling present <i>and</i> No genital ulcers <i>and</i> Local skin infection present <i>or</i> Local skin trauma on examination <i>and</i> History of fever <i>or</i> Temperature more than 38.5°C</p> <p>No inguinal swelling present <i>or</i> Small, mobile inguinal swelling (s) present without signs of infection</p>

Adolescent: I have a swelling in my groin.

Parent: My son/daughter has a swelling in his/her groin.

Classify	Manage	Follow-up
<p>Infected lymph gland (bubo):</p> <p>Probable chancroid</p> <p>and/or</p> <p>Lymphogranuloma venereum (LGV)</p> <p>Granuloma inguinale possible</p>	<p>Treat for chancroid (use tables on the next page)</p> <p><i>and</i></p> <p>Treat for Lymphogranuloma venereum (LGV) (use tables on the next page)</p> <p>If Granuloma inguinale (donovanosis) is a common cause of inguinal swelling in your area, treat using tables in the algorithm: “I have a sore on my genitals”</p> <p>Manage swelling</p> <p>A fluctuant swelling may need to be aspirated. Do not incise</p>	<p>Follow-up initially every 1–2 days to ensure that the bubo is not enlarging</p> <p>Consider aspirating the bubo if there is no improvement</p> <p>Some cases may require longer than 14 days of treatment. If improving but not resolved after 14 days, continue treatment for 7 more days</p> <p>If no improvement or getting worse after 14 days of treatment: Refer</p>
<p>Genital ulcer</p>	<p>Use the algorithm “I have a sore on my genitals”</p>	
<p>Infected lymph gland</p> <p>Secondary to local skin trauma or local skin infection</p>	<p>Treat infection</p> <p>Cloxacillin</p> <p>500mg four times a day for seven days</p> <p>Manage swelling</p> <p>A fluctuant swelling may need to be aspirated. Do not incise</p> <p>Refer if:</p> <ul style="list-style-type: none"> • Systemically unwell • Mass in the groin is large and fluctuant • Skin infection is extensive • Skin/groin infection persists despite having already taken a course of oral antibiotics 	<p>Review in 1–2 days. Refer if not improved or getting worse</p>
<p>Normal or reactive lymphadenopathy</p>	<p>Reassure the patient</p>	

 **TIPS for health worker:**

- Advise the patient using the information provided in 'Information to be given to the adolescent and accompanying parent'
- Treat all classified STI syndromes using the appropriate algorithm
- Encourage the adolescent to have all partner(s) within the last two months assessed whether symptomatic or not
- For any patient who is sexually active, regardless of diagnostic classification: offer HIV counselling and testing on site if available or through referral
- Counsel regarding contraception and safer sex

Information to be given to the adolescent and accompanying parent

1. What is the condition?

Lymph glands are present in many places in the body including the groin (other places include the neck and armpit). Lymph glands serve to “filter” out germs and dead cells from the blood.

Reactive lymphadenopathy is a condition in which lymph glands become enlarged, but not infected, as they work to filter germs from scratches, cuts, rashes and infections of the skin.

Infected lymph gland – lymph gland itself becomes infected. In severe infections, pus is formed and in addition some of the tissue of the lymph glands can be broken down leading to the presence of some fluid.

2. What are the causes of the condition?

Infected lymph glands are caused by bacteria (a type of germ). Some of the germs that cause this condition are sexually transmitted, some are not. Depending on the cause of the infected lymph gland, there may be local skin infection or a current (or history of) genital ulcer.

3. What are the effects of the condition on your body?

Reactive lymphadenopathy generally does not cause any short- or long-term problems.

Infected lymph glands can cause pain and discomfort. If the infection is not treated, the sores and the groin swelling can get much worse and even when they heal, scarring will result. The infections can also be associated with fever and body pain.

4. What treatments are we proposing and why?

Reactive lymphadenopathy generally does not require treatment. Sometimes the cuts,

rashes or boils on the feet, legs or buttocks that caused the reactive lymphadenopathy need to be treated.

Infected lymph gland – Our aim is to determine the cause of the infection and to treat it with the right medication. If there is some fluid (pus and broken-down tissue), it may need to be drained with a syringe, which can help relieve the infection as well.

5. What can you do?

For those patients who are classified as having infected lymph gland:

- (i) Please complete the treatment as advised. Stopping the medicine before you have completed the treatment (even if you feel better) could cause the problem to come back. Please come back for review in 1–2 days.
- (ii) If we have drained the infected gland please keep the area clean and dry.

For those classified as having a probable STI (chancroid, Lymphogranuloma venereum):

In addition to points (i) and (ii) above:

- (iii) Please avoid sex until you have completed the advised medication and are completely cured.
- (iv) Please discuss with your partner(s). All partners within the last three months should be treated not only for their health, but also to protect you from getting reinfected.
- (v) Using a condom correctly every time you have sex will greatly reduce your risk of getting sexually transmitted infections.
- (vi) Consider being tested for other sexually transmitted infections such as HIV.

Frequently asked questions

Understanding the reasons for the question:-

In all these questions, the adolescent is anxious to know how a current STI may affect their future life.

Will I be able to become a father/mother in the future?

Points to make in responding to this question:

The types of infections that cause swollen or infected lymph glands generally do not

impact on your ability to become pregnant/father a child. However, other kinds of sexually transmitted infections can affect your ability to become pregnant/father a child.

Will I become completely cured?

Points to make in responding to this question:

Infected lymph glands are usually caused by bacteria (a type of germ), which generally can be completely cured.

Recommended treatment for inguinal bubo

	First choice Choose one from each row below (i.e. a total of two medications)	Effective substitutes	If the patient is pregnant, breastfeeding or under 16 years old
Chancroid	Ciprofloxacin ^{a,b} 500 mg orally twice a day for three days <i>or</i>	Azithromycin 1 g orally as a single dose <i>or</i>	Erythromycin ^c 500 mg orally four times a day for 14 days (covers both chancroid and LGV)
	Erythromycin ^c 500 mg orally four times a day for seven days	Ceftriaxone 250 mg as a single intramuscular injection	
Lymphogranuloma venereum (LGV)	Doxycycline ^a 100 mg orally twice a day for 14 days	Tetracycline ^a 500 mg orally four times a day for 14 days	

a These medicines are contraindicated for pregnant or breastfeeding women.

b The use of ciprofloxacin should take into consideration local patterns of *Neisseria gonorrhoeae* resistance.

c Erythromycin estolate is contraindicated in pregnancy because of possible liver toxicity; only erythromycin base or erythromycin ethylsuccinate should be used.

(Note: Some cases may require longer treatment than the 14 days recommended. Fluctuant lymph nodes should be aspirated through healthy skin. Incision and drainage or excision of nodes may delay healing and should not be attempted.)

“I have an abnormal discharge from/ burning or itching in my vagina” (for non-pregnant women)

Ask	Look/Feel/Listen	Symptoms & signs
<p> TIP for health worker: Communicate that you are now going to ask her some personal questions and reassure her that the information will be kept confidential.</p>	<p> TIP for health worker: Communicate that you are now going to examine her. Ensure privacy of the examination setting. Have a female colleague present if needed.</p>	<p>Lower abdominal pain or tenderness <i>and</i> Pregnant</p>
<p>Vaginal discharge Could you please describe the nature of your vaginal discharge?</p> <ul style="list-style-type: none"> • Colour: Is the discharge clear, white or green/grey/yellowish? • Consistency: Is the discharge thin, curdy or thick? • Odour: Does the discharge have a bad smell? • Itching or burning: Do you have itching or burning sensation in the vagina? 	<p>Vaginal discharge Look at the opening of the vagina and surrounding area (vulva). Look for:</p> <ul style="list-style-type: none"> • Discharge <ul style="list-style-type: none"> – Colour – Consistency – Odour • Inflammation <ul style="list-style-type: none"> – Redness, swelling or scratches <p>Feel for:</p> <ul style="list-style-type: none"> • Tenderness of the lower abdomen 	<p>Abnormal discharge <ul style="list-style-type: none"> • Colour: white/green/grey/yellowish • Odour bad <i>or</i> • Consistency thick or curdy <i>and</i> Lower abdominal pain <i>or</i> Cervical motion tenderness</p>
<p>Lower abdominal pain <ul style="list-style-type: none"> • Do you have pain in the lower abdomen? <i>If lower abdominal pain is present:</i> <ul style="list-style-type: none"> – Assess whether she is pregnant – Use the algorithm: “Could I be pregnant?” </p>	<p>If lower abdominal pain is present:</p> <ul style="list-style-type: none"> • Assess surgical/gynaecological risk <p>Feel for:</p> <ul style="list-style-type: none"> • Guarding • Rebound tenderness • Abdominal mass 	<p>Abnormal discharge (as above) <i>and</i> No lower abdominal pain <i>and</i> No cervical motion tenderness <i>and</i> Cervical discharge or friability present on speculum exam <i>or</i> Any risk factors for gonorrhoea/chlamydia</p>
<p>Risk for gonorrhoea/chlamydia Probe whether:</p> <ul style="list-style-type: none"> • She believes she has been exposed to an STI • Her partner has a discharge from the tip of the penis • She has had multiple recent sexual partners • She is from a population group or comes from an area with known high prevalence* <p>* This needs to be based on local epidemiology</p>	<p>If sexually active: Only if appropriate do a manual vaginal examination</p> <p>Feel for:</p> <ul style="list-style-type: none"> • Tenderness on movement of the cervix <p>Only if appropriate do a manual vaginal examination</p> <p>Check:</p> <ul style="list-style-type: none"> • The mouth of the cervix for discharge 	<p>Abnormal discharge (as above) <i>and</i> Vaginal burning/itching or vulvar erythema <i>and</i> No lower abdominal pain <i>and</i> No cervical motion tenderness <i>and</i> No cervical discharge or friability on speculum exam <i>and</i> No risk factors for gonorrhoea/chlamydia</p> <p>Abnormal discharge (as above) <i>and</i> No vaginal burning/itching or vulvar erythema <i>and</i> No lower abdominal pain</p>

Adolescent: I have an abnormal discharge from my vagina. •
I have a burning/itching sensation in my vagina.

Parent: My daughter has an abnormal discharge from her vagina. •
My daughter has a burning/itching sensation in her vagina.

Classify	Manage	Follow-up
Possible pregnancy related emergency	Refer to hospital	
Pelvic inflammatory disease (PID) Gonorrhoea chlamydia and/or anaerobic bacteria probable	Treat for Gonorrhoea <i>and</i> Chlamydia <i>and</i> Anaerobic bacterial infection (use tables on next page)	Advise to return in 1–2 days If no improvement: Refer
Cervicitis Gonorrhoea or chlamydia probable Bacterial vaginosis and trichomoniasis also likely	Treat for Gonorrhoea <i>and</i> Chlamydia <i>and</i> Bacterial vaginosis <i>and</i> Trichomoniasis (use tables on next page)	Advise to return after one week if symptoms persist <ul style="list-style-type: none"> • If patient did not complete full course of medication: Treat again • If patient was possibly reinfected or partner(s) were not treated: Treat patient again and treat partner(s) • If patient and partner(s) completed full course of medication: Refer
Vaginitis Candidiasis probable Bacterial vaginosis and trichomoniasis also likely	Treat for Bacterial vaginosis <i>and</i> Trichomoniasis <i>and</i> Candidiasis (use tables on next page)	Advise to return after one week if symptoms persist <ul style="list-style-type: none"> • If patient did not complete full course of treatment: Treat again • If patient completed full course of treatment: Treat for gonorrhoea and chlamydia • Reassess in one more week. If no improvement: Refer
Vaginitis Bacterial vaginosis and/or trichomoniasis probable	Treat for Bacterial vaginosis <i>and</i> Trichomoniasis (use tables on next page)	Advise to return after one week if symptoms persist <ul style="list-style-type: none"> • If patient did not complete full course of treatment: Repeat treatment • If patient completed full course of treatment: Treat for candidiasis or gonorrhoea and chlamydia

Continued from previous page...

Ask	Look/Feel/Listen	Symptoms & signs
Symptoms of other STI syndromes <ul style="list-style-type: none"> • Genital ulcer • Inguinal swelling 	<ul style="list-style-type: none"> • Friability (easily bleeds when touched) and redness of the cervix 	<i>and</i> No cervical motion tenderness <i>and</i> No cervical discharge or friability on speculum examination <i>and</i> No risk factors for gonorrhoea/chlamydia
Do a sexual and reproductive health screen	Signs of other STI syndromes <ul style="list-style-type: none"> • Genital ulcer • Swelling in groin 	Clear discharge with thin consistency <i>and</i> No vaginal pain, itching or burning <i>and</i> The discharge is cyclic (it increases in amount and becomes more watery during the middle of the cycle) <i>or</i> The adolescent has not yet started menstrual periods but is pubescent (has some breast development and some pubic hair)
Do HEADS Assessment	Do a general physical examination	

 **TIPS for health worker:**

- Treat all classified STI syndromes using the appropriate algorithm
- Encourage the adolescent to have all partner(s) within the last two months assessed whether symptomatic or not
- For any patient who is sexually active, regardless of diagnostic classification: offer HIV counselling and testing on site if available or through referral
- Counsel regarding contraception and safer sex
- Advise the patient using the information provided in 'Information to be given to the adolescent and accompanying adult'

Recommended treatment for inguinal bubo

	First choice Choose one from each row below (i.e. a total of two medications)	Effective substitutes	If the patient is pregnant, breastfeeding or under 16 years old
Chancroid	Ciprofloxacin^{a,b} 500 mg orally twice a day for three days <i>or</i>	Azithromycin 1 g orally as a single dose <i>or</i>	Erythromycin^c 500 mg orally four times a day for 14 days (covers both chancroid and LGV)
	Erythromycin^c 500 mg orally four times a day for seven days	Ceftriaxone 250 mg as a single intramuscular injection	
Lymphogranuloma venereum (LGV)	Doxycycline^a 100 mg orally twice a day for 14 days	Tetracycline^a 500 mg orally four times a day for 14 days	

a These medicines are contraindicated for pregnant or breastfeeding women.

b The use of ciprofloxacin should take into consideration local patterns of *Neisseria gonorrhoeae* resistance.

c Erythromycin estolate is contraindicated in pregnancy because of possible liver toxicity; only erythromycin base or erythromycin ethylsuccinate should be used.

(Note: Some cases may require longer treatment than the 14 days recommended. Fluctuant lymph nodes should be aspirated through healthy skin. Incision and drainage or excision of nodes may delay healing and should not be attempted.)

Classify	Manage	Follow-up
		<ul style="list-style-type: none"> Reassess in one more week. If no improvement: Refer
<p>Normal/physiologic vaginal discharge</p>	<p>Reassure the patient</p>	

Treatment for pelvic inflammatory disease (PID)

Choose one from each box below (i.e. a total of three medications)	
<p>Gonorrhoea</p>	<p>Ceftriaxone 250 mg by intramuscular injection <i>or</i> Cefixime 400 mg orally as a single dose <i>or</i> Ciprofloxacin^a 500 mg orally as a single dose <i>or</i> Spectinomycin 2 g by intramuscular injection</p>
<p>Chlamydia</p>	<p>Doxycycline^b 100 mg orally twice a day for 14 days, <i>or</i> Tetracycline^b 500 mg orally four times a day for 14 days</p>
<p>Anaerobic bacterial infection</p>	<p>Metronidazole^c 400–500 mg orally, twice a day for 14 days</p>

^a The use of ciprofloxacin should take into consideration local patterns of *Neisseria gonorrhoeae* resistance.

^b These medications are contraindicated for pregnant or breastfeeding women.

^c Patients taking metronidazole should be cautioned to avoid alcohol. Metronidazole should also be avoided during the first trimester of pregnancy.

Treatment for cervicitis

	First choice Choose one from each row below (i.e. a total of two medications)	Effective substitutes	If the patient is <i>pregnant, breastfeeding or under 16 years old</i> Choose one from each box below (i.e. a total of two medications)
Gonorrhoea	Cefixime 400 mg orally as a single dose <i>or</i> Ceftriaxone 1 25 mg by intramuscular injection	Ciprofloxacin^{a,b} 500 mg orally as a single dose <i>or</i> Spectinomycin 2 g by intramuscular injection	Cefixime 400 mg orally as a single dose <i>or</i> Ceftriaxone 125 mg by intramuscular injection
Chlamydia	Azithromycin 1 g orally as a single dose <i>or</i> Axycycline^a 100 mg orally twice a day for seven days	Ofloxacin^{a,b,c} 300 mg orally twice a day for seven days <i>or</i> Tetracycline^a 500 mg orally four times a day for seven days <i>or</i> Erythromycin 500 mg orally four times a day for seven days	Erythromycin^d 500 mg orally four times a day for seven days <i>or</i> Azithromycin 1 g orally as a single dose <i>or</i> Amoxicillin 500 mg orally three times a day for seven days

^a Doxycycline, tetracycline, ciprofloxacin, norfloxacin and ofloxacin should be avoided in pregnancy and when breastfeeding.

^b The use of ciprofloxacin should take into consideration local patterns of *Neisseria gonorrhoeae* resistance.

^c Ofloxacin, when used as indicated for chlamydial infection, also provides coverage for gonorrhoea.

^d Erythromycin estolate is contraindicated in pregnancy because of possible liver toxicity; only erythromycin base or erythromycin ethylsuccinate should be used.

Treatment for bacterial vaginosis and trichomoniasis

	First choice Choose one from each row below	Effective substitutes	If the adolescent is <i>pregnant or breastfeeding</i> Choose one from each box below
Bacterial vaginosis	Metronidazole^a 2 g orally in a single dose <i>or</i> Metronidazole^a 400 or 500 mg orally twice a day for seven days	Clindamycin cream 2% , one full applicator (5 g) intravaginally at bedtime for seven days <i>or</i> Clindamycin 300 mg orally twice a day for seven days	<i>Preferably after first trimester</i> Metronidazole^a 200 or 250 mg orally three times a day for seven days <i>or</i> Metronidazole^a gel 0.75% , one full applicator (5 g) intravaginally twice a day for five days <i>or</i>
Trichomoniasis		Tinidazole^a 2 g orally in a single dose <i>or</i> Tinidazole^a 500 mg orally twice a day for five days	Clindamycin 300 mg orally twice a day for seven days

^a Patients taking metronidazole or tinidazole should be cautioned to avoid alcohol. Use of metronidazole is not recommended in the first trimester of pregnancy.

Treatment for candidiasis (yeast infection)

	First choice Choose one from each row below	Effective substitutes	If the adolescent is <i>pregnant or breastfeeding</i> Choose one from each box below
Candidiasis (yeast)	<p>Miconazole 200 mg vaginal suppository, one a day for three days <i>or</i></p> <p>Clotrimazole^a 100 mg vaginal tablet, two tablets a day for three days <i>or</i></p> <p>Fluconazole 150 mg oral tablet, in a single dose</p>	<p>Nystatin 100 000 unit vaginal tablet, one a day for 14 days</p>	<p>Miconazole 200 mg vaginal suppository, one a day for three days <i>or</i></p> <p>Clotrimazole^a 100 mg vaginal tablet, two tablets a day for three days <i>or</i></p> <p>Nystatin 100 000 unit vaginal tablet, one a day for 14 days</p>

^a Single-dose clotrimazole (500 mg) available in some places is also effective for yeast infection.

Additional information for the health worker on classification and management of vaginal discharge

A complaint of **abnormal vaginal discharge** – abnormal in terms of quantity, colour or odour – most commonly indicates a **vaginal infection (vaginitis)** whether sexually transmitted (trichomoniasis) or not (bacterial vaginosis, fungus). Less often, vaginal discharge can be a result of sexually transmitted **cervical infection (cervicitis)** caused by gonorrhoea or chlamydia. It is difficult to identify cases of cervicitis without appropriate diagnostic tests (which are expensive and not readily available) or a speculum examination.

All non-pregnant adolescents with any history of having had sex and presenting with abnormal vaginal discharge should receive treatment for bacterial vaginosis and trichomoniasis.

Additional treatment for candidiasis is indicated if signs are present (see above).

Additional treatment for cervical infection is indicated if signs or risk factors are present (see above) or if the patient is from a population group or area with high gonorrhoea/chlamydia prevalence.

For those treated for gonorrhoea and

chlamydia – all sexual partners within the past two months should be treated with the same treatment regimen whether they are symptomatic or not.

Please note that there are special considerations in the pregnant patient with vaginal discharge:

- Normal discharge is more abundant during pregnancy.
- Candidiasis is more common during pregnancy.
- Discharge and spotting may indicate ectopic pregnancy or threatened abortion. Fever, bleeding, abdominal pain and amniotic fluid leakage are signs of infection of the amniotic sac or sepsis. If pregnancy complications have been ruled out, treat all women with abnormal vaginal discharge for candidiasis, trichomoniasis and bacterial vaginosis (note that treatment for bacterial vaginosis is different in pregnancy – metronidazole 200–250 mg orally three times a day for seven days). Recurrence in a patient who has appropriately completed therapy should be treated for candidiasis again.

Information to be given to the adolescent and accompanying parent

1. What is the condition?

Normal vaginal discharge is clear, thin and has no smell (or only a slight smell). It is normal for the discharge to become slightly cloudy and sticky and less in quantity during the middle of each menstrual cycle.

Vaginitis is an infection in the vagina which

can result in a change in the colour, consistency and/or smell of the discharge. The vagina and vulva (area around the opening of the vagina) can sometimes be irritated.

Cervicitis is an infection of the cervix (opening of the womb or uterus) which can

often result in abnormal vaginal discharge and sometimes pain or bleeding with sex.

Pelvic inflammatory disease (PID) is an infection of the cervix which has spread into the uterus and/or the adjoining tubes. PID often causes lower abdominal pain and can also result in abnormal vaginal discharge.

2. What are the causes of the condition?

Normal vaginal discharge is caused by the secretion of glands that line the walls of vagina. **Vaginitis** is caused by bacteria and fungi, that may be sexually transmitted or may occur as a side effect of medication (e.g. antibiotics or oral contraceptives), douching (washing the inside of the vagina with water, other liquids or soaps) or as a result of changes in the body (e.g. during pregnancy).

Cervicitis and PID are caused by bacteria that are usually sexually transmitted.

3. What are the effects of the condition on your body?

Normal vaginal discharge does not cause any negative effects on the body.

Vaginitis can cause pain, itching or discomfort in and around the vagina.

Cervicitis can cause pain or bleeding with vaginal intercourse and abnormal vaginal discharge. It can result in PID.

PID can cause abnormal vaginal discharge and/or abdominal pain. It can result in adverse effects such as infertility, and pregnancies that occur outside of the womb in the adjoining tubes.

4. What treatments are we proposing and why?

Our aim is to determine the types of germs

that cause the infection and to treat you with the right medication.

5. What can you do?

For those patients who are classified as having **normal vaginal discharge**:

- (i) Please avoid douching or washing the inside of the vagina with water or any other products. This could cause irritation and could also wash off the body's natural protective mechanism thereby increasing the likelihood of some kinds of vaginitis.

For those patients who are classified as having **vaginitis**:

In addition to point (i) above:

- (ii) Please complete the treatment as advised. Stopping the medicine before you have completed the treatment (even if you feel better) could cause the problem to come back. Please come back for review after one week if symptoms persist.
- (iii) Please avoid sex until you have completed the advised medication and are completely cured.
- (iv) Using a condom correctly every time you have sex will greatly reduce your risk of getting sexually transmitted infections.
- (v) Consider being tested for HIV.

For those patients who are classified as having **cervicitis** or **PID**:

In addition to points (i)–(v) above:

- (vi) Please discuss with your partner(s). All partners within the last two months should be treated not only for their health, but also to protect you from getting reinfected.

Frequently asked questions

Understanding the reasons for the question:

In all these questions, the adolescent is anxious to know how a current infection may affect their future life.

Will I be able to become a mother in the future?

Points to make while responding to the question:

Cervicitis and PID that is detected early and treated properly, and vaginitis are unlikely to cause long-term problems.

If cervicitis or PID has remained undetected for a long time or has been treated

improperly/inadequately, it could affect your ability to have a child. It is difficult to definitely know when this has happened.

Will I become completely cured?

Points to make while responding to the question:

Vaginitis, cervicitis and PID are generally caused by bacteria and fungi – germs that can be definitively cured. If the infection does not clear up with the treatment you are given or if the problem recurs, please come back for assessment and treatment.

Ask	Look/Feel/Listen	Symptoms & signs
<p> <i>TIP for the health worker:</i> Say that you are now going to ask him/her some personal questions and reassure him/her that the information will be kept confidential.</p> <p>Why do you think you could have HIV?</p> <p> <i>TIP for the health worker:</i> Allow the adolescent to speak without interruption. This is an opportunity to learn about his/her understanding of how one could get HIV.</p> <p>Symptoms associated with HIV-related illnesses</p> <ul style="list-style-type: none"> • Do you have/have you had recently: <ul style="list-style-type: none"> – Noticeable weight loss – Prolonged diarrhoea – Prolonged cough – Prolonged fever – Painless purple bumps on your skin or in your mouth – White patches in your mouth – Painless swellings in your glands <p>Illness associated with HIV infection</p> <ul style="list-style-type: none"> • Have you ever been diagnosed with tuberculosis? <p>Risk factors for HIV infection</p> <ul style="list-style-type: none"> • Do you use a condom every time you have sex? • Do you have/have you had many sexual partners? • Does your partner have/has your partner had other partners? • Have you had unprotected sex in last 72 hours? • Do you/have you inject(ed) drugs? <p>Symptoms of STI syndromes</p> <ul style="list-style-type: none"> • Do you have/have you had: <ul style="list-style-type: none"> – Sore/ulcer on your genitals – Discharge from your vagina – Discharge from your penis – Scrotal pain/swelling <p>Do a sexual and reproductive health assessment</p> <p>Do HEADS assessment</p>	<p> <i>TIP for the health worker:</i> Say that you are now going to examine him/her. Ensure the examination setting is private. For young women, have a female colleague present if needed.</p> <p>Signs associated with HIV-related illnesses</p> <p>Check for:</p> <ul style="list-style-type: none"> • Weight loss of more than 10% (if previous weight is available) $\% \text{ weight loss} = \frac{(\text{Old weight} - \text{New weight}) \times 100}{\text{Old weight}}$ <ul style="list-style-type: none"> • Kaposi sarcoma (painless bumps on the skin or in the mouth) • Fungus infection in the mouth • Generalized lymphadenopathy • Evidence of serious infection (e.g. respiratory infection) <p>Signs of STI syndromes</p> <p>Check for</p> <ul style="list-style-type: none"> • Genital ulcer • Swelling in the groin • Discharge from the vagina • Discharge from the penis • Scrotal swelling <p> <i>TIP for the health worker:</i> Current or past STI constitutes a risk factor for HIV infection</p> <p>Do a general physical examination</p>	<p>Any symptom associated with HIV infection</p> <p>or</p> <p>Any sign associated with HIV infection</p> <p>or</p> <p>Any illness associated with HIV infection</p> <p>(With or without identified risk factors)</p> <p>Any risk factor for HIV infection</p> <p>and</p> <p>No symptoms associated with HIV infection</p> <p>and</p> <p>No signs associated with HIV infection</p> <p>and</p> <p>No illness associated with HIV infection</p> <p>No risk factor for HIV infection</p> <p>and</p> <p>No symptoms associated with HIV infection</p> <p>and</p> <p>No signs associated with HIV infection</p> <p>and</p> <p>No illness associated with HIV infection</p>

Adolescent: I had sex last week and I am worried that I may have HIV. I have had this cough for two weeks. Could it be AIDS?

Parent: My son/daughter has been ill for sometime. Could he/she have HIV?

Classify	Manage	Follow-up
<p>Possible HIV infection causing symptoms, signs or illnesses commonly associated with HIV infection</p>	<p>Explain the classification</p> <p>If available on site, provide HIV testing and counselling</p> <p>If not available on site refer to a facility that offers HIV counselling and testing</p> <p>Provide counselling on safer sex/HIV risk reduction</p> <p>Treat any HIV related illness that have been identified (Refer to <i>IMA/ Guidelines</i>)</p>	<p>Agree on a follow-up visit or refer the adolescent elsewhere</p>
<p>At risk for HIV infection</p>	<p>Explain the classification</p> <p>Provide counselling on safer sex/HIV risk reduction</p> <p>If available on site, provide HIV testing and counselling</p> <p>If not available on site refer to a facility that offers HIV counselling and testing</p>	<p>Agree on a follow-up visit or refer the adolescent elsewhere</p>
<p>HIV infection unlikely</p>	<p>Explain the classification</p> <p>Provide counselling on safer sex/HIV risk reduction in all cases</p> <div data-bbox="318 1166 818 1391" style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <p> <i>TIPS for the health worker:</i></p> <ul style="list-style-type: none"> • <i>Treat all classified STI syndromes using the appropriate algorithm</i> • <i>Encourage the adolescent to ask all partner(s) within the last two months to have themselves checked by a health worker whether or not they are symptomatic</i> • <i>Counsel regarding contraception and safer sex</i> </div>	

Information to be given to adolescents and accompanying adults

Information to be provided and issues to be discussed before an HIV test is carried out:

1. Check the adolescent's understanding of key information on HIV.

- What is HIV?
- How is HIV spread (and how it is not spread)?
- How could HIV infection be prevented?
- What are the effects of HIV on the body?
- What is it that health workers can offer to people who have been found to have HIV?

(If necessary, fill knowledge gaps and correct misconceptions.)

2. Provide key information about the HIV test.

(i) What is an HIV test?

An HIV test is a blood test which detects the presence of natural chemicals (antibodies) that the body produces in response to the presence of HIV germs in the body. These antibodies are produced by the body 8–12 weeks after being infected with HIV.

(ii) What does a positive or a negative HIV test result mean?

An HIV-positive test result means that the person who has been tested has HIV infection. An HIV-negative test result means that the person who has been tested does not have HIV infection. However, as mentioned above, the antibodies that are detected by the HIV test are not produced by the body until 8–12 weeks after infection with HIV. Therefore, in the three months after infection occurs, the HIV test can still be

negative although the person tested has HIV infection.

(iii) What are the reasons for having an HIV test?

There are at least four good reasons for having an HIV test:

- Health workers can provide effective medicines to prevent HIV germs from multiplying in the body.
- Health workers can provide medicines to prevent or treat other illnesses resulting from the effects of HIV on the body (e.g. tuberculosis).
- If a woman who is infected with HIV wants to have a baby, she can be given medicines to reduce the likelihood of the HIV infection passing from her body to that of the baby (in her womb).
- Knowing whether one is HIV infected or not can help one to take the necessary steps to protect both oneself and others from infection.

3. Assure confidentiality and ongoing support.

Firstly, assure the adolescent that the test results will not be shared with anyone. Secondly, assure the adolescent that if he/she is found to have HIV infection, every effort will be made to provide him/her with the needed care and support either on the spot or from other sources of care and support.

4. Confirm the willingness of the adolescent to proceed with the test, and if so, obtain his/her informed consent to undertake the test.

Informed consent means that the adolescent has been provided with key

information about HIV and about HIV testing, has fully understood it and has agreed to undergo the test. Ask the adolescent if he is willing to take the test and if so, ask him to clearly say that he consents to undergoing the test. Remember that the patient has the right to refuse an HIV test.

Information to be provided and issues to be discussed before the HIV test results are disclosed:

- recall the discussion on the meaning of a positive and negative test result;
- enquire whether the adolescent has considered whom to share the result with;
- empathize with the adolescent, saying that you are aware that waiting for the test result must have been hard. Assure him/her of your support.

Information to be provided and issues to be discussed if the result is positive (i.e. it confirms that the person has HIV infection):

- share the test result;
- appreciate that the ‘bad’ news is likely to trigger a strong reaction; empathize with and comfort the adolescent;
- check the adolescent’s understanding on the implications of the test result and provide further explanation if needed;
- discuss whom they would share the result with;
- explain what support services could be provided;
- explore what immediate support they need;

- indicate when they could come back for further discussion.

Support disclosure:

Tell the adolescent that it would be useful to consider whom he/she would inform if found to have HIV. Parents, other members of the family, as well as friends could be a valuable source of support.

Ask the adolescent to identify one or two people whom he/she likes, trusts and could turn to for help.

Information to be provided and issues to be discussed if the test result is negative (i.e. it confirms that the person does not have HIV infection):

- share the test result;
- appreciate that even hearing the good news is likely to trigger a reaction in the young person; give the adolescent some time to calm down;
- check the adolescent’s understanding on the implications of the test result and provide further explanation if needed;
- Stress the importance of taking steps to continue staying HIV-negative by protecting himself/herself and indicate what support you could provide for this.



TIP for health worker:

In case the exposure occurred less than three months prior to the HIV test, explain that a negative result could mean either that the adolescent is not infected with HIV, or that infection has occurred but that antibodies to HIV have not yet been produced by the body. Advise a repeat HIV test in 6–8 weeks.

Ask	Look/Feel/Listen	Symptoms & signs
<p>Pain</p> <ul style="list-style-type: none"> Where do you have the pain? <i>Probe to find out if it is localized to any place in the abdomen</i> How long have you had this pain? Is the pain mild/moderate or severe? <i>Probe if the pain is chronic or recurrent</i> <p>Gastrointestinal bleeding</p> <ul style="list-style-type: none"> Do you have blood in your stool? Do you have black stools? Have you vomited any blood? <p>Diarrhoea</p> <ul style="list-style-type: none"> Do you have diarrhoea currently? <i>Probe to find out if there are more than three episodes of diarrhoea per day</i> <p>Viral illness</p> <p>Do you have influenza currently?</p> <p>Constipation</p> <ul style="list-style-type: none"> Have you had trouble passing your stools? <i>If “yes”, probe further to find out what trouble the adolescent experiences</i> <p>If female adolescent:</p> <p>Menstrual</p> <ul style="list-style-type: none"> Are you having your period now, (or is there any bleeding from your vagina)? <i>If bleeding/having her period now:</i> Is the bleeding like your normal period? Are you currently about half way between your periods (mid-cycle/ovulatory phase)? <i>If “yes” to either of above:</i> Do you normally get this pain with your period/ mid-cycle? <p>Urinary tract infection</p> <ul style="list-style-type: none"> Do you have burning when you pass urine? <p>Pregnancy</p> <ul style="list-style-type: none"> Do you think you could possibly be pregnant? <i>If “yes”, probe as to why she thinks she may be pregnant</i> 	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;">  TIP for the health worker: <i>Ensure privacy of the examination setting. Have a female colleague present if needed.</i> </div> <p>Abdomen</p> <p>Look for:</p> <ul style="list-style-type: none"> Abdominal distension: moderate to marked <p>Feel for:</p> <ul style="list-style-type: none"> Rigid abdomen Localized tenderness anywhere in abdomen Rebound tenderness Palpable mass <p>Listen for:</p> <ul style="list-style-type: none"> Bowel sounds <p>Stool</p> <p>Check:</p> <p>If there is a history of blood in stool or black stool, obtain a sample of the stool to confirm this</p> <p>Pregnancy</p> <p>Look for signs of pregnancy using the algorithm “Could I be pregnant?”</p> <p>If sexually active:</p> <p>Check for signs of STI syndromes</p> <p>Do a general physical examination</p>	<p>Any of the following:</p> <ul style="list-style-type: none"> Moderate to marked abdominal distension Rigid abdomen Moderate to severe localized tenderness anywhere in abdomen Right iliac fossa tenderness Rebound tenderness Palpable mass Absent bowel sounds Blood in stool/black stool <p>Any pain with abnormal vaginal bleeding <i>or</i> Moderate to severe pain <i>and</i> Pregnant <i>or</i> Possibly pregnant</p> <p>If there are none of the above signs or symptoms, consider all of the following:</p> <p>Sexually active female <i>and</i> Lower abdominal tenderness <i>and</i> Cervical motion tenderness <i>or</i> Abnormal vaginal discharge</p> <p>Not pregnant/likely to be pregnant <i>and</i> Currently menstruating or mid-cycle (ovulating) <i>and</i> Pain is similar to previous period or mid-cycle pain</p> <p>Diarrhoea (three or more loose or watery bowel actions per day)</p>



Adolescent: I have pain in my abdomen.

Parent: My son/daughter has pain in their abdomen.

Classify	Manage	Follow-up
Surgical condition	Refer to hospital	
<div style="background-color: black; color: white; padding: 10px;"><p>▼ ALERT</p><p><i>Advise on when to return for all adolescents with abdominal pain who are sent home</i></p><p><i>Advise them to return if they experience any of the following:</i></p><ul style="list-style-type: none">• <i>Their pain is worsening</i>• <i>Their pain moves to right lower abdomen</i>• <i>They vomit everything they eat or drink or</i>• <i>Their abdomen becomes more than a little distended</i></div>		
Pain associated with pregnancy or possible pregnancy	Refer to hospital	
Pelvic inflammatory disease	Please use the algorithm: “I have an abnormal discharge from/burning or itching in my vagina”	
Menstrual or Ovulation pain	Please use the algorithm: “I have a lot of pain during my periods”	
Gastroenteritis	Provide pain relief Manage diarrhoea and dehydration if present	Advise to return using alert above or there are concerns about dehydration

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Ask	Look/Feel/Listen	Symptoms & signs
<p><i>If it is not certain as to whether or not she may be pregnant:</i></p> <ul style="list-style-type: none"> • Are you sexually active? <p><i>If sexually active assess for pregnancy using the algorithm "Could I be pregnant?"</i></p> <p>Pelvic inflammatory diseases</p> <p><i>If sexually active:</i></p> <ul style="list-style-type: none"> • Have you had an abnormal vaginal discharge? <p>Do a HEADS assessment</p>		Upper respiratory tract infection <i>or</i> Influenza
		Female patient with dysuria
		Infrequent hard bowel actions <i>and</i> Firm stools palpable in lower abdomen
		None of the above <i>and</i> Chronic or recurrent abdominal pain with no obvious ill effects on health or growth
		None of the above

Classify	Manage	Follow-up
Abdominal pain associated with viral illness	Provide pain relief Recommend symptomatic treatment	Advise to return using alert above
Urinary tract infection	Cotrimoxazole tablets for five days (Trimethoprim 80 mg/Sulfamethoxazole 400 mg) If weight is more than 50 kg: two tablets twice daily If weight is 19–50 kg: one tablet twice daily	Advise to return if symptoms do not resolve with treatment <i>and</i> using alert above
Constipation	Advise regarding healthy eating Refer to: Part 3, "Healthy Eating" Treat with a laxative	Advise to return using alert above
Chronic or recurrent abdominal pain	Avoid analgesic medication Recommend physical therapies such as hot fomentation Assess impact on social functioning and arrange support as required	Advise to return using alert above
Acute non-specific abdominal pain	Provide pain relief	Advise to return using alert above

Information to be given to adolescents and accompanying adults

1. What are the causes of abdominal pain in adolescents?

Abdominal pain is very common in adolescents. It can be caused by many different conditions. The most common causes of abdominal pain in adolescents are:

- menstrual pain
- pain associated with respiratory tract viral illness such as influenza
- gastroenteritis

Sometimes, conditions such as appendicitis, or pain associated with the complications of pregnancy can cause abdominal pain.

Because there are so many causes of abdominal pain, a detailed history will need to be taken and a detailed examination will need to be done to determine the cause.

2. What are the effects of abdominal pain?

Abdominal pain by itself has no serious or lasting effect on your body. Its effect will depend on what is causing the abdominal pain.

3. What treatments are we proposing and why?

In managing your abdominal pain we need to address two things:

- providing pain relief
- identifying and treating the underlying cause.

Pain relief

There are two main types of pain relief:

- Physical therapies: such as rest and massage.
- Medications: "simple" pain relievers (such as paracetamol). In some cases medications such as aspirin and ibuprofen (NSAIDS) can make abdominal pain worse and you should avoid them unless you are advised to use them (for example ibuprofen can be safely used to treat period pain).

Identifying and treating the underlying cause

We will also examine you to determine what is causing your abdominal pain. In some cases, such as abdominal pain

caused by viral illness, you may need to rest for a few days in order to help you recover from your illness. Other causes will need more specific treatments, for example antibiotics for urinary tract infections.

In some cases we may need to refer you for further treatment, e.g. for appendicitis or a pregnancy-related conditions.

4. What can you do?

If you have abdominal pain, it is important that you follow the health worker's advice and recommended treatment.

It is important that you:

Do not take more medication than prescribed by the doctor. Even simple analgesics such as paracetamol can have dangerous side effects if you take too much of them.

It is also important that you continue your normal daily activities (e.g. going to study or work), even though you may have a slight abdominal pain.

It is important that you come back and see a health worker straight away if you experience any of the following:

- **your abdominal pain gets worse**
- **your pain moves to the lower right part of your abdomen**
- **you vomit everything you eat or drink**
- **your abdomen becomes more than a little distended.**

Specific issues

Occasionally, adolescents present with chronic or recurrent abdominal pain where no specific cause can be found and where there is no obvious ill effect on health or growth that can be attributed to the pain. In this case it is important to:

- minimize the dose of oral analgesics;
- recommend physical therapies such as massage and hot fomentation to address the pain;
- emphasize normal social engagement, for example encourage full-time attendance at school or work.

“I am too pale” (anaemia or suspected anaemia)

Ask	Look/Feel/Listen	Symptoms & signs
<p>Severity of anaemia</p> <ul style="list-style-type: none"> • Do you feel tired all the time? • Do you get short of breath even when you are seated? <p>About the causes of anaemia</p> <p>Acute bleeding</p> <ul style="list-style-type: none"> • Do you have blood in the stools? • Do you have black stools? <p>Inadequate diet</p> <ul style="list-style-type: none"> • How many meals do you have each day? • What is the size of each of your meals? • How often do you eat any of the following: green leafy vegetables, sprouted seeds and meat? <p>Heavy periods (in females)</p> <ul style="list-style-type: none"> • Do your periods last more than seven days? • Do you use more than seven pads per day during your periods? <p>Recent/current pregnancy (in females)</p> <ul style="list-style-type: none"> • Have you recently been pregnant? <p><i>If recently pregnant:</i></p> <ul style="list-style-type: none"> • Are you still bleeding now? <p>Malaria (if living in area with malaria)</p> <ul style="list-style-type: none"> • Have you had malaria recently? <p><i>Probe to find out if there have been repeated bouts</i></p> <p>Worm infestation</p> <ul style="list-style-type: none"> • Have you had any medication for worms in the last six months? <p>Haematological problems</p> <ul style="list-style-type: none"> • Do you have bleeding from your gums? • Do you have bruises and red spots/patches on your body? <p>Long-standing illnesses</p> <ul style="list-style-type: none"> • Do you have any illness at present? • Do you have any long-standing illnesses? <p><i>Probe if there are symptoms of fever, cough, diarrhoea and loss of weight</i></p> <p>Do a HEADS assessment</p>	<p> <i>TIP for the health worker:</i> Ensure privacy of the examination setting.</p> <p>Check:</p> <p>Severity of anaemia</p> <ul style="list-style-type: none"> • Pallor <ul style="list-style-type: none"> – Is there pallor of the palms or conjunctivae? – If so is it, severe or moderate? <p>Count:</p> <ul style="list-style-type: none"> • Respiratory rate when seated (i.e. the number of breaths per minute) <p>Check:</p> <ul style="list-style-type: none"> • Is the adolescent breathless when seated? <p>If possible</p> <p>Check:</p> <ul style="list-style-type: none"> • Haemoglobin (Hb) level <p>Acute bleeding</p> <ul style="list-style-type: none"> • Bleeding from gums • If there is history of blood in stools or black stools obtain stool sample to confirm, if possible <p>Haematological</p> <ul style="list-style-type: none"> • Excessive bruising • Petechiae <p>Do a general physical examination</p>	<p>Haemoglobin is less than 7 g/100 ml or Any of the following:</p> <ul style="list-style-type: none"> • Respiratory rate when seated is more than 30 breaths per minute • Breathless when seated • Bleeding gums • Excessive bruising • Petechiae • Blood in stools/black stools <p>or</p> <p><i>If haemoglobin testing is not possible</i></p> <ul style="list-style-type: none"> • Severe palmar pallor <p>Haemoglobin is more than or equal to 7 g/100 ml but less than 12 g/100 ml or</p> <p><i>If haemoglobin testing is not possible</i></p> <p>Moderate palmar or conjunctival pallor and</p> <ul style="list-style-type: none"> – Respiratory rate when seated is less than 30 breaths per minute – No breathlessness when seated – No bleeding from gums – No blood in stools/stools not black – No bruising or petechiae <p>Haemoglobin is more than or equal to 12 g/100 ml or</p> <p><i>If haemoglobin testing is not possible</i></p> <p>No signs or symptoms of anaemia</p>

Adolescent: I am too pale.

Parent: My son/daughter appears pale.

Classify	Manage	Follow-up
Severe anaemia <i>or</i> Other severe problem	Refer	
Mild to moderate anaemia	Treat anaemia Iron 60 mg, folic acid 400 mcg. One tablet two times a day. Treat for three months. Address diet Discuss ways to improve diet. Advise to eat foods rich in iron and folic acid i.e. green leafy vegetables, sprouted seeds, and meat Deworm If the adolescent has not taken deworming medication within the last six months, give: Single-dose oral therapy of albendazole (400 mg) or mebendazole (500 mg) Manage causal factors <ul style="list-style-type: none">• Acute bleeding• Heavy periods• Currently pregnancy or recent pregnancy (postpartum bleeding)• Recurrent malaria• Other illnesses	Review the adolescent in three months <i>If haemoglobin is less than 12 g/100 ml, (or if symptom/signs of anaemia are present)</i> Treat for anaemia for three more months Review causal factors as needed
No anaemia	<ul style="list-style-type: none">• Reassure the adolescent that they are not anaemic• Address all other conditions and concerns elicited even though they may not be causing anaemia• Stress the importance of healthy eating, and having both adequate exercise and rest	



TIP for health worker:

- To manage diet related issues, also refer to Part 3: “Healthy eating”
- To manage heavy periods, refer to the algorithm “I bleed a lot during my periods”

Information to be given to adolescents and accompanying adults

1. What is the condition?

What do we mean by the term anaemia?

A key function of blood is to carry oxygen from the lungs to tissues all over the body. Anaemia is a condition in which this is not happening. This is because when a person has anaemia, his/her blood contains reduced levels of haemoglobin, a chemical in the blood which enables it to carry oxygen.

When do we say that someone is anaemic?

An adolescent is considered anaemic when the blood haemoglobin level is less than 12 g/100 ml.

2. What are the causes of this condition?

There are many types of anaemia. One of the main types results from a deficiency or increased bodily requirement of iron, blood loss (e.g. due to heavy menstrual periods), infections (e.g. such as malaria) which attack blood cells, infestations (e.g. with helminths) and impaired functioning of the thyroid gland. Another main type results from a deficiency of folic acid and/or vitamin B 12 in the body. A third main type occurs in people whose bodies produce abnormal types of haemoglobin which hinder the blood cells from carrying out the function of transporting oxygen.

3. What are the effects of these conditions?

In mild anaemia there may be few if any symptoms. In severe anaemia, there is a pallor (i.e. a paleness of the skin covering the palm, and mucous membranes of the conjunctiva and the nails), respiratory and heart rates which are somewhat faster than normal, and tiredness.

4. What treatments are we proposing and why?

As indicated above there are different types of anaemia and levels of severity of anaemia. Our aim would be to determine the type and severity of anaemia and to treat it appropriately.

5. What you can do?

For those adolescents classified as having mild/moderate anaemia:

Please follow the advice given, and come back for review as requested.

For those adolescents classified as having severe anaemia:

We will need to refer you for further tests that are needed to determine the cause of anaemia.

Frequently asked questions

Are there any activities that I should not do?

and your advice on how it should be addressed.

How will I know if I am getting better?

Understanding the reason for the questions:

The adolescent may be anxious about the effect of the condition on their body.

Stress to the adolescent that they can do any activity which is comfortable for them. Explain that as the level of haemoglobin rises towards normal, they will start feeling stronger and more energetic. Explain that this will be confirmed with blood tests during subsequent visits.

Points to make in responding to the questions:

Explain the importance of addressing the underlying condition causing the anaemia

Ask	Look/Feel/Listen	Symptoms & signs
<p>Assess:</p> <p>Extent of tiredness</p> <p>Do the symptoms interfere with your normal daily functioning?</p> <p><i>(Note: Probe if the symptoms hinder the adolescent from going to school or working regularly or doing house work)</i></p> <p>Possible causes of tiredness</p> <p>Anaemia</p> <ul style="list-style-type: none"> • Acute bleeding • Heavy periods • Recent pregnancy or current pregnancy • Malaria • Worm infestation • Long-standing illness <p>Inadequate diet</p> <ul style="list-style-type: none"> • Number of meals per day • Size of each meal • Iron-containing foods in the diet <p>Excessive exertion</p> <ul style="list-style-type: none"> • Nature of employment • Nature and amount of housework • Travel to school/work by foot <p>Recurrent acute/long-standing illnesses</p> <ul style="list-style-type: none"> • Number of viral, bacterial infections over last 6 months • Recent weight loss <p>Poor sleep patterns</p> <ul style="list-style-type: none"> • Time of going to bed • Time of getting up • Hours of sleep <p>Substance use</p> <ul style="list-style-type: none"> • Alcohol or other substances <p>Mental health issues</p> <ul style="list-style-type: none"> • Feeling stressed or sad <p>Do a HEADS assessment</p>	<p>Nutrition</p> <p>Check:</p> <ul style="list-style-type: none"> • Height (metres) • Weight (kg) <p>Calculate:</p> <ul style="list-style-type: none"> • BMI (Body mass index) = $\text{weight}/\text{height}^2$ (or use BMI tabulation charts) <p>Plot BMI Z score on BMI for age centile chart</p> <p>Anaemia</p> <p>Check:</p> <ul style="list-style-type: none"> • Palmar pallor <p><i>If possible:</i></p> <p>Check haemoglobin</p> <p>Current infection</p> <p>Check for signs of infection</p> <p>Do a general physical examination</p>	<p>Consider all the conditions below</p> <p>Illness</p> <p>Any signs or symptoms of anaemia <i>or</i> Haemoglobin less than 12 g/100 ml</p> <p>Dietary history suggests inadequate diet <i>or</i> BMI is less than 2 Z score for age</p> <p>Onset of symptoms coincides with onset of viral or bacterial infection <i>or</i> History of more than six infections over last six months <i>or</i> Symptoms/signs of chronic infection</p> <p>History suggestive of anxiety or depression</p> <p>Behaviour/lifestyle</p> <p>Use of alcohol or other substances</p> <p>History of excessive work in workplace or at home</p> <p>Consistently going to bed late <i>or</i> Less than eight hours sleep on a regular basis</p> <p>No identifiable cause</p> <p>Not able to be categorized with any other condition <i>However</i> Tiredness interferes with normal daily functioning:</p> <ul style="list-style-type: none"> • Not going to school or work regularly • Not able to do house work <p>Normal</p> <p>Not categorized with any other condition No interference with normal daily functioning</p> <ul style="list-style-type: none"> • Going to school regularly • Not falling asleep excessively during the day

Adolescent: I am tired all the time. • I am too tired to go to school/to work.

Parent: My son/daughter is tired all the time. • My son /daughter is too tired to go to school/to work.

Classify	Manage	Follow-up
Tiredness can be due to more than one cause. Consider <i>all</i> the conditions below		
Tiredness due to an identifiable illness		
Anaemia	Use the algorithm “I am too pale”	
Poor nutrition	Use the algorithm “I am too thin/too fat”	
Recurrent or chronic illness	Manage current infection Refer for further investigations	<p><i>Note: Tiredness in an adolescent is not normal if it interferes with daily functioning (they are not able to go to school or to work, or do other every day activities).</i></p> <p><i>Even if a physical cause is not found the adolescent should be reviewed regularly until either the return of normal function or the cause of fatigue is determined.</i></p>
Possible mental health issues	Use available guidelines	
Tiredness associated with behavioural or lifestyle issues		
Substance use	Use available guidelines	
Excessive exertion	Advise: <ul style="list-style-type: none"> • Modifying work load if possible • Get more rest and sleep if possible 	
Poor sleep patterns	Emphasize: <ul style="list-style-type: none"> • Going to bed early • Minimize distractions after bed time, e.g. watching television or listening to loud music • Getting out of bed and staying active during the day 	
Significant fatigue but no identifiable cause		
Significant fatigue (No obvious cause)	Encourage: <ul style="list-style-type: none"> • Return to school or work • Participation in daily activities • Good diet • Adequate rest Reassure: Tiredness is likely to improve over time	Review in one month If there is no improvement, investigate for anaemia If not anaemic: Refer
Normal adolescence	Reassure the adolescent Ask them to return if their symptoms get worse or start to interfere with normal daily functioning	

Information to be given to adolescents and accompanying adults

1. What is the condition?

Tiredness is common in adolescents. The level of tiredness in adolescents can range from:

- feeling tired but still able to carry out day to day activities with some difficulty
- feeling so tired that this impacts on school or work performance
- being so tired that they are not able to leave the house.

2. What are the causes of the condition?

Tiredness can be caused by many different conditions. It can be due to:

- illnesses such as anaemia and recurrent acute or longstanding illnesses
- poor nutrition
- behavioural or lifestyle factors including poor sleep patterns or excessive work
- substance use
- mental health issues such as anxiety and depression.

In some adolescents there may be more than one cause of tiredness. For example, they may have anaemia and also may be working very hard at home.

3. What are the effects of the condition on your body?

The effects on your body will depend on what is causing your tiredness. Additionally, if you are tired, it may affect your performance at school or work as well as your ability to work at home.

4. What treatments are we proposing and why?

The treatment for your tiredness will depend on its cause. We may have to do some tests, for example blood tests to look for anaemia, to determine the cause of your tiredness.

5. What can you do?

Regardless of the cause of the tiredness you should aim to:

- eat a healthy diet
- get adequate sleep
- get some regular exercise (but not too much)
- continue going to school or to work, as much as you can
- maintain regular contact with your friends and other social networks.

If after one month of following the above advice you are still tired, you should return to your health worker.

Ask	Look/Feel/Listen	Symptoms & signs
<p><i>In a situation where an adolescent is unable to reliably respond because they are confused, you will need to ask the following questions to someone who knows the adolescent well.</i></p> <ul style="list-style-type: none"> • Please describe your headache • How long have you had the headache? • Have you had this type of headache before? • Have you had a convulsion while you had the headache? • Do you have any weakness in your arms or legs? • Have you noticed that the muscles in your face are not moving normally? • Have you any problems with your vision? • Have you had any difficulties with coordinating your arms or legs? • Are you able to walk normally? • Have you vomited when you had the headache? • Have you lost control of your bladder (i.e. pass urine without wanting to/being aware)? <p><i>To the accompanying person:</i></p> <ul style="list-style-type: none"> • Has the adolescent been confused? • Have you noticed any changes in his/her behaviour? <p><i>If none of the above are present:</i></p> <ul style="list-style-type: none"> • Do you have a fever? <i>If yes:</i> <ul style="list-style-type: none"> –Have you ever had malaria? –Do you have a cough, sore throat or sore muscles elsewhere in your body? –Do you have pain in your sinuses (face or forehead)? • Do you have any dental problems? <p style="text-align: center;">↓</p>	<p>Check:</p> <ul style="list-style-type: none"> • Temperature <p>Neurological signs</p> <p>Check for:</p> <ul style="list-style-type: none"> • Altered conscious state • Confusion <p>Ask the adolescent to try and walk:</p> <p>Check for:</p> <ul style="list-style-type: none"> • Weakness of leg(s) • Not moving both legs equally • Unsteady gait <p>Check arm movements:</p> <ul style="list-style-type: none"> • Weakness of arm(s) • Not able to move arms or fingers equally <p>Look at the adolescent’s face:</p> <ul style="list-style-type: none"> • Face muscles don’t move symmetrically when talks or smiles <p>Check the eyes:</p> <ul style="list-style-type: none"> • Unequal size of pupils • Eyes not moving together in all directions • Nystagmus (jerking eye movements) <p>Check for signs of: Meningitis</p> <ul style="list-style-type: none"> • Stiff neck • Photophobia • Purpuric skin rash <p><i>(Note: Other symptoms and signs have been referred to)</i></p> <p>Infection</p> <ul style="list-style-type: none"> • Sneezing, running nose • Inflamed throat • Enlarged lymph glands <p>Sinusitis</p> <ul style="list-style-type: none"> • Tenderness over sinuses <p>Dental disease</p> <ul style="list-style-type: none"> • Dental abscess <p style="text-align: center;">↓</p>	<p><i>Any of the following:</i></p> <ul style="list-style-type: none"> • Prolonged headache for more than two weeks • Convulsion accompanying headache • Confusion • Focal neurological signs <ul style="list-style-type: none"> –Weakness of arms or legs –Asymmetry of face –Abnormal eye movements –Altered coordination of arms/legs –Unsteady gait –Incontinent of urine • Signs of meningitis (fever, headache, stiff neck, vomiting, purpuric skin rash) <p>If there are none of the above signs or symptoms consider <i>all</i> of the following:</p> <p>Headache coincides with a current infection, for example:</p> <ul style="list-style-type: none"> • Malaria, • Influenza, or other viral infection <p>There is evidence of sinusitis (frontal or maxillary)</p> <p>There is dental pain or evidence of dental infection such as an abscess</p> <p>There has been a recent injury to the head or neck</p> <p>The adolescent has had similar headaches a number of times before. Each time the headache has gone away with no consequence.</p> <p>The headache is associated with nausea, vomiting or photophobia.</p> <p>The headache may be on only one side of the head</p>

Adolescent: I have a very bad headache. • I get headaches frequently.

Parent: My son/daughter has a very bad headache. •
My son/daughter gets headaches frequently.

Classify	Manage	Follow-up
Serious condition with neurological implications	Refer urgently to hospital If stiff neck or temperature more than 38.5°C: <ul style="list-style-type: none"> • Give intramuscular antibiotics and intramuscular antimalarials (if in an area with any risk of malaria) 	
<p>Alert: When to return</p> <p>Advise all adolescents with a headache who are sent home to return if they experience any of the following:</p> <ul style="list-style-type: none"> • Their headache continues for more than two weeks • They have a convulsion • They become confused • They experience weakness in their arms or legs 		
Headache associated with current infection	Manage malaria or other infections according to local protocols	As appropriate depending on identified infection See Alert: When to return
Headache associated with sinusitis	Provide pain relief* Treat infection	As appropriate See Alert: When to return
Headache associated with a dental condition	Provide pain relief* Treat infection Refer to a dentist if needed	As appropriate See Alert: When to return
Headache associated with a head or neck injury	Provide pain relief* Refer to a hospital for assessment	See Alert: When to return
Migraine	Provide pain relief* Aspirin and non-steroidal anti-inflammatory medications are more efficacious than paracetamol if given early in a migraine episode	As appropriate See Alert: When to return

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Ask	Look/Feel/Listen	Symptoms & signs
<ul style="list-style-type: none"> • Have you had a recent injury to your head or neck? <i>If yes, probe further</i> • Probe for substance use • Probe for mental health problems <p>Do a HEADS assessment</p>	<p>Head or neck injury</p> <ul style="list-style-type: none"> • Swelling over scalp • Decreased range of movement of neck 	<p>The adolescent has recently been using alcohol or other substances</p>
	<p>Vision</p> <ul style="list-style-type: none"> • Check vision 	<p>The adolescent has a mental health disorder</p>
	<p>Do a general physical examination</p>	<p>Visual acuity less than 6/9 in either eye</p>
		<p>The headache is tight and bilateral and fits into none of the above classifications. It is associated with a feeling of tightness of the muscles of the upper part of the face and the scalp</p>

Classify	Manage	Follow-up
Headache associated with alcohol or other substance use or withdrawal	Provide pain relief* Discuss with adolescent about alcohol and substance use	As appropriate See Alert: When to return
Headache associated with mental health disorder	Further mental health assessment may be required Refer if needed	As appropriate See Alert: When to return
Headache associated with visual problem	Use algorithm, “I cannot see very well”	See Alert: When to return
Tension type headache	Provide pain relief* Consider physical therapies such as rest and massage	As appropriate See Alert: When to return

*** Pain relief**

Paracetamol

By mouth

If weight is less than 40 kg: 250–500 mg

If weight is more than 40 kg: 500–1000 mg

Doses may be repeated every 4–6 hours if necessary; maximum four doses in 24 hours

Acetylsalicylic acid (Aspirin)

By mouth with or after food

Not recommended in children and adolescents under 16 years

If > 16 years old: 300– 900 mg every 4–6 hours if necessary; maximum 4 g in 24 hours

Ibuprofen

By mouth

If weight is less than 40 kg: Up to 200 mg

If weight is more than 40 kg: Up to 400 mg

Doses may be repeated every 4–6 hours if necessary; maximum, four doses in 24 hours

Information to be given to adolescents and accompanying adults

1. What are the causes of headaches in adolescents?

Headaches are very common in adolescents. They can be caused by many different conditions, the most common being:

- headaches associated with influenza or locally endemic infections (such as malaria)
- tension type headaches
- migraine.

Other causes of headaches in adolescents are:

- headaches associated with sinusitis or dental disease
- headaches associated with head or neck trauma
- headaches associated with substance use or withdrawal
- headache associated with mental health disorder
- headache associated with vision problems.

Rarely, serious conditions such as an infection or bleeding in or around the brain can cause headaches. In these cases, the headache is usually very severe and the adolescent is usually very ill.

In assessing the cause of your headache, we will need to take a detailed history about possible causes and do a detailed examination to ensure the cause.

2. What are the effects of headaches on your body?

The effect on your body will depend on what is causing the headache.

3. What treatments are we proposing and why?

To manage your headache we need to:

- give you adequate pain relief

- look for and treat anything that may be causing your headache.

Pain relief

There are two main methods you can use to relieve pain due to your headache. You can use:

- Physical therapies, such as rest and massage.
- Medications, such as “simple” pain relievers, for example paracetamol, aspirin or ibuprofen. Even these medicines can have serious side effects if you take too much of them. You should not use any stronger pain relievers unless directed to do so by a doctor.

Treatment for specific headache types

Migraine

If you have *migraine* as the cause of your headaches, pain relieving medication works best if taken as early as possible after the migraine starts. If you have frequent migraines it may be useful to have your medication with you all times (including at school and at work) so you can take it as soon as possible after the migraine starts.

Aspirin or ibuprofen (or other NSAIDS) are the most effective simple medications with which to treat migraine headaches. You should try them before you use paracetamol. However, if your migraine is very severe you can take aspirin and paracetamol together.

Identifying and treating the underlying cause

Headaches can be caused by many common illnesses such as influenza. You may need only to rest in order to help you

recover from illnesses such as these. Other causes will need more specific treatments, for example antibiotics for dental abscesses or sinusitis. In some cases your health worker may need to refer you for a more comprehensive assessment (e.g. for substance use or a mental health problem).

4. What can you do?

If you have headache, it is important that you follow the doctor’s advice and recommended treatment.

Try to continue your normal daily activities such as going to school or work, even though you may have a slight headache.

It is important that you come back and see a health worker straight away if you experience any of the following:

- **your headache lasts longer than two weeks**
- **you have a convulsion when you have a headache**
- **you or anyone else has noticed that you are confused**
- **you have weakness in your arms or legs**
- **you have any problem with the coordination of your arms or legs**
- **you start vomiting.**

Frequently asked questions

What is a tension-type headache?

- A tension-type headache is due to tension in the muscles of your scalp leading to a feeling of a tight band of pressure around the head.
- It can be caused by physical or emotional stress, or by poor posture leading to tension in muscles in the head and neck.
- It is best treated by attention to correcting bad posture and finding ways to deal with the things that are making you stressed.

What is a migraine?

- Migraine pain is associated with temporary changes of blood flow in the blood vessels in the head, leading to a feeling of a throbbing or pulsating pain.
- They can be triggered by many different things, including food, stress, heat and cold, strong smells, emotions, fatigue or hormonal fluctuations.
- They can be treated with medications and lifestyle modifications, such as avoiding factors that trigger an attack.

Ask	Look/Feel/Listen	Symptoms & signs
<p> <i>TIP for health worker:</i> Say that you are now going to ask him/her some personal questions and reassure him/her that the information will be kept confidential.</p> <ul style="list-style-type: none"> • How long have you had this problem? • Have you had any treatment so far? <p><i>If they have had treatment, probe to find out:</i></p> <ul style="list-style-type: none"> • What treatment did you have? • How long did you have this treatment? <p><i>If the patient is a female:</i></p> <ul style="list-style-type: none"> • Are you taking oral contraceptive pills or using contraceptive injections? <p><i>If so:</i></p> <ul style="list-style-type: none"> • Which type are you taking? <p> <i>TIP for health worker:</i> <i>Progesterone-only pills and injections can make acne worse. Combined oral contraceptive pills can make acne better in some women.</i></p> <p>Do HEADS assessment</p>	<p> <i>TIP for health worker:</i> Say that you are now going to examine him/her. Ensure privacy of examination setting. For young women, have a female colleague present if needed.</p> <p><i>Be sure to look at all potential sites where acne may occur – face, neck, chest, back and upper arms</i></p> <p>Look for:</p> <p>Comedones Whiteheads or blackheads with <i>no redness</i> (blocked hair roots or pores with white or black tips)</p> <p>Pustules Pus filled pimples with <i>no redness</i></p> <p>Papules Pimples that appear <i>red</i> due to <i>inflammation</i></p> <p>Nodules Pimples that affect the deeper areas of the skin that can be particularly disfiguring due to <i>inflammation (redness)</i></p> <p>Cysts Lesions formed by several nodules coming together</p> <p>Scarring <i>If there is scarring</i> Check if it is recent scarring and actively inflamed <i>or</i> Old scarring and not inflamed</p> <p>Do a general physical examination</p>	<p>Nodules <i>or</i> Cysts <i>or</i> Scarring which is inflamed</p> <p> <i>TIP for health worker:</i> <i>In mild acne, there is no pain and swelling, or redness in people with light coloured skin. The presence and degree of inflammation determines the severity of the acne.</i></p> <p>Papules <i>with</i> No nodules <i>and</i> No cysts <i>and</i> No inflamed scarring</p> <p>Comedones <i>or</i> Pustules <i>and</i> No papules, nodules, cysts or inflamed scarring</p>

Adolescent: I have pimples all over my face.

Parent: My son/daughter has pimples all over his/her face.
Can something be done?

Classify	Manage	Follow-up
Severe acne	<p>Oral antibiotics for 3–6 months</p> <p>Tetracycline 500 mg twice daily <i>or</i> Erythromycin 500 mg twice daily <i>or</i> Doxycycline 50 mg daily <i>and</i></p> <p>Topical applications</p> <p>Benzoyl peroxide 2.5% to 5% <i>or</i> Topical retinoid Apply to the lesions twice a day. Continue until two weeks after the lesions disappear <i>and</i></p> <p>Wash face with mild soap twice daily (before topical application)</p> <p>For girls: <i>If taking progesterone only contraceptive pills or injection:</i> Consider changing to combined oral contraceptive pills</p>	<p>Review in two months</p> <p><i>If there is no improvement:</i> Continue oral antibiotics for up to six months with a review every two months</p> <p>Dose of doxycycline can be increased up 100 mg to 200 mg daily depending on response</p> <p>For girls: <i>If there is no improvement in three months:</i> Continue oral antibiotics and add Combined oral contraceptive pills (in consultation with the adolescent)</p> <p>Refer if:</p> <ul style="list-style-type: none"> • The acne is very severe • Scarring is extensive or worsening • The acne is causing great psychological distress • The acne is not responding to treatment at six months
Moderate acne	<p>Topical antibiotic</p> <p>Clindamycin 1% gel or lotion <i>or</i> Erythromycin 2% gel or lotion</p> <p>Apply to the lesions twice a day. Continue until two weeks after the lesions disappear <i>and</i></p> <p>Topical applications (as above) <i>and</i></p> <p>Wash face (as above)</p> <p>For girls: (as above)</p>	<p>Review in two months</p> <p><i>If there is no improvement:</i> Continue treatment</p> <p>Review in two more months</p> <p><i>If the acne is worse:</i> Commence oral antibiotics (as above)</p>
Mild acne	<p>Topical applications (as above) <i>and</i></p> <p>Wash face (as above)</p> <p>For girls: (as above)</p>	<p>Review in two months</p> <p><i>If there is no improvement:</i> Continue treatment</p> <p>Review in six more weeks</p> <p><i>If the acne is worse:</i> Treat as moderate or severe acne accordingly</p>

 **TIP for health worker:**

- Treatment results in an improvement of acne over 1–2 months, not within days
- Oral antibiotics may need to be continued on a daily basis for 3–6 months

Information to be given to adolescents and accompanying adults

1. What is the condition?

Pimples are visible lumps in the skin. These pimples include comedones – whiteheads or blackheads – little white or black bumps which are not inflamed; pustules – little bumps filled with pus; papules – little bumps which are inflamed and appear red in people with light coloured skin; nodules – pimples which affect the deeper layers of the skin and are inflamed; and cysts – which are caused by two or more nodules coming together. Along with pimples there may be scarring which is old or new, inactive or actively inflamed. Pimples occur on the face, neck, chest, back, and upper arms.

2. What are the causes of the condition (Why do I have pimples)?

During the adolescent years, hormonal changes cause the oil glands in the skin to become more active, and start producing an oily substance (called sebum). Too much of this sebum along with dead skin

can block pores and hair roots causing whiteheads or blackheads. When bacteria get trapped in these blocked pores or hair roots this can cause inflammation resulting in red bumps or infected pus filled pimples. Nearly eight out of ten adolescents have pimples.

3. What are the effects of the condition on your body?

The effects of acne can vary. In most adolescents, acne is mild to moderate and can be treated with topical treatments leaving no permanent effect. In some adolescents acne is severe and if not adequately treated may cause scarring.

4. What treatments are we proposing and why?

Severe acne: Your acne is best treated with antibiotics and topical treatments such as creams or ointments and washing your face with mild soap. You will need to take your antibiotics every day. Sometimes it

Frequently asked questions by adolescents

My friends say that pimples can be worsened by eating fried foods. Is that true?

Points to make in responding to this question:

No, this is not true. The oiliness of the skin that leads to pimples is due to hormonal changes that occur inside the body and has nothing to do with fried foods.

I want my skin to look lighter, is it okay to use skin lightening agents?

Understanding the reason for the question:

It would be useful to explore why the adolescent wishes to lighten his/her skin. It would possibly be because they feel they would look better that way and because of social pressure to look fairer.

can take up to three months for antibiotics to have any effect on your acne. Therefore it is important that you continue to take your antibiotics even if you do not see an improvement in the first month or so. You will need to come back for a check-up after two months to see if your acne has improved and whether the dose of your medication needs to be changed.

Moderate acne: Your acne is best treated with antibiotic lotions or creams applied to your skin, lotions that decrease the oil in the skin and washing your face with mild soap. Because the germs causing your acne live under the skin and you cannot see them, to make sure that you have treated your acne properly you should continue to use the lotions for two weeks after your acne is no longer visible.

Mild acne: Your acne is best treated with lotions that decrease the oil in the skin and washing your face with mild soap. You need to apply these only while you have acne.

For girls: Some contraceptives, such as progesterone only pills or injections can make acne worse. Combined oral contraceptives can improve acne. We may advise you to change your contraceptive method to improve your acne.

5. What can you do?

- Wash your face with mild soap, but not more than twice a day. Do not pinch, scratch or squeeze your pimples. This can increase the inflammation, and if done with unclean fingers can lead to infections.
- Please be aware that some common beliefs about pimples such as the following are false:
 - eating oily foods, stress, or exposing oneself to sunlight causes or increases pimples
 - pimples are infectious to others.

However pimples often cause stress to many adolescents and to their parents.

Points to make in responding to this question:

The most important things in determining your skin colour are; the colour of your parent’s skin and how much exposure you have to the sun. It may be harmful and unhealthy if you try to alter your skin colour using skin-lightening creams or other products. People from hot and sunny climates tend to have darker skin. This dark skin helps to protect their bodies from the strong sun in these climates. If you try to

change your skin colour with lightening agents you may lose this natural protection.

Skin lightening agents can have side effect. Some agents contain chemicals which can cause:

- more pigmentation
- premature ageing (wrinkling) of the skin
- damage to the skin that may make you more susceptible to skin cancer.

Ask	Look/Feel/Listen	Symptoms & signs
<p> TIP for health worker: Say that you are now going to ask him/her some personal questions and reassure him/her that the information will be kept confidential.</p>	<p> TIP for health worker: Say that you are now going to examine him/her. Ensure privacy of the examination setting. For young women, have a female colleague present if needed.</p>	<p>BMI for age is under the -3 Z score line or Any of the following:</p> <ul style="list-style-type: none"> • Wasting of the muscles • Sunken eyes • Not able to stand/walk • Pitting oedema to knees on both sides
<p>Age</p> <ul style="list-style-type: none"> • How old are you? <p>Weight</p> <ul style="list-style-type: none"> • Do you have past records of your weight? If so, please share them with me • Have you noticed that you have lost weight recently? <p><i>If the adolescent reports weight loss:</i></p> <ul style="list-style-type: none"> • Do you know how much weight you have lost? 	<p>Nutrition</p> <p>Check:</p> <ul style="list-style-type: none"> • Weight • Height <p>Calculate:</p> <ul style="list-style-type: none"> • BMI (Body mass index) = weight/height² (or use BMI tabulation charts) <p>Plot BMI Z score on BMI for age centile chart (Use growth charts in annex)</p> <p>Determine:</p> <ul style="list-style-type: none"> • Within which Z score range the BMI falls <p>If there is reported recent weight loss, if possible calculate:</p> <p>$\% \text{ weight loss} = \frac{(\text{Old weight} - \text{New weight}) \times 100}{\text{Old weight}}$</p>	<p>Weight loss of more than 5% or Significant weight loss reported by adolescent</p>
<p>Recurrent acute/chronic illness</p> <ul style="list-style-type: none"> • Do you have any illness at present? • Do you have frequently recurring/long-standing illnesses? <p><i>If there are symptoms of fever, cough, diarrhoea and tiredness, probe to find out how often they occur</i></p>	<p>Severe undernutrition</p> <ul style="list-style-type: none"> • Is there wasting of the muscles of the shoulder, hips and limbs? • Are the eyes sunken? • Are they able to stand/walk? • Is there oedema in the legs/feet? <p>If there is oedema of the legs:</p> <ul style="list-style-type: none"> • How far does it go up to? • Is it pitting? 	<p>BMI for age is between -2 Z and -3 Z score lines</p>
<p>Dietary intake <i>(Take local practices into account)</i></p> <ul style="list-style-type: none"> • How many meals do you have per day? • What types of foods do you eat in each meal? • How much do you eat in each meal? 	<p>Physical activity</p> <ul style="list-style-type: none"> • How much physical activity do you do each day and how long do you do it for? <p><i>Activities may include:</i></p> <ul style="list-style-type: none"> - Those at home - Those at school/college - Those at work - Those that relate to play and sport 	<p>BMI for age is between +1 and +2 Z score lines</p>
<p>Do a HEADS assessment</p>	<p>Anaemia</p> <p>Look for:</p> <ul style="list-style-type: none"> • Palmar pallor • Conjunctival pallor • Do a hemoglobin test if available <p>Complications of obesity</p> <p>If BMI Z score > +2, check:</p> <ul style="list-style-type: none"> • Blood pressure • Blood sugar <p>Do a general physical examination</p>	<p>BMI for age is above the +2 Z score line</p> <p>BMI for age is between +1 and -2 Z score lines</p>

Adolescent: I am too thin/too fat when compared to my friends.

Parent: My son/daughter is too thin/too fat when compared to others of his/her age.

Classify	Manage	Follow-up
Very underweight or Severe undernutrition	Refer	
Significant weight loss	<p>Treat or refer any underlying medical condition or anaemia</p> <p>Consider that the adolescent may have any of the following and assess further:</p> <ul style="list-style-type: none"> • Tuberculosis • HIV-related illness (Use algorithm, “Could I have HIV?”) <p>Counsel adolescent about increasing:</p> <ul style="list-style-type: none"> • The number of meals/snacks each day • The size of meals • The amount of high energy/protein foods in diet (fats such as oil, peas, nuts, lentils, eggs, fish and meat) <p>Counsel adolescent about limiting physical activity</p>	<p>Follow up identified infections or conditions as needed</p> <p>Review nutritional status in one month</p>
Underweight	<p>Treat any apparent illnesses or anaemia</p> <p>Counsel adolescent about dietary choices as for <i>significant weight loss</i> (above)</p> <p>Counsel adolescent about limiting physical activity where appropriate</p> <p>Consider that the adolescent may have any of the following and assess further:</p> <ul style="list-style-type: none"> • Tuberculosis • HIV-related illness Use the algorithm, “Could I have HIV?” • Substance use – Advise adolescent using information in Part 3 of the <i>Adolescent job aid</i> 	<p>Follow up identified infections or conditions as needed</p> <p>Review nutritional status in one month</p>
Overweight	<p>Counsel the adolescent about decreasing:</p> <ul style="list-style-type: none"> • The number of meals/snacks each day • The size of meals • Intake of foods high in sugar and fats <p>Counsel the adolescent about increasing physical activity</p>	Review in three months
Obesity	<p>Counsel the adolescent about dietary choices as for <i>overweight</i> (above)</p> <p>Counsel the adolescent about increasing physical activity</p> <p>If there is:</p> <p>Increased blood pressure or</p> <p>High blood sugar:</p> <p>Refer</p>	Review in one month
Normal weight	Reassure the adolescent and provide messages on healthy eating and physical activity (See: Part 3: 1. Healthy eating)	

Information to be given to adolescents and accompanying adults

1. What is the condition?

When do we say that an adolescent is underweight or overweight?

After checking the height and weight, doctors and nurses use special charts called “Body mass index” charts to work out whether someone is underweight or overweight. These charts show them the range of normal and abnormal weights for people of the same age and height.

- If an adolescent is classified as **underweight**, it means that their weight is less than most other adolescents who are the same age and the same height as they are.
- If an adolescent is classified as **overweight** or **obese**, it means that their weight is more than most other adolescents who are the same age and the same height as they are.

2. What are the causes of this condition?

What are the main causes of being underweight?

The common causes of being underweight are:

- not eating enough food;
- some long-standing illnesses such as tuberculosis;
- excessive use of alcohol or other substances that decrease the appetite;
- too much physical activity.

What are the main causes of being overweight?

The main causes of being overweight are:

- eating habits which lead to adolescents eating more food than their bodies require;
- exercise habits which lead to less activities that use up calories;
- genetic predisposition (as indicated by the body shape and weight of the adolescent’s parents and siblings).

3. What are the effects of this condition on the body?

The effects of being underweight are:

Being very underweight can lead to:

Physical complications: This condition can make you too weak to carry out everyday activities, lead to a delay in the onset of puberty and make you more prone to infections. In adolescent girls, being underweight can lead to changes in the body’s hormone balance which can alter their menstrual pattern.

Social complications: This condition can lead to you being unable to join in physical activities your friends. It can also lead to discriminatory behaviour such as being left out of activities and not being selected for jobs.

Psychological complications: As a consequence of the physical and social complications, this condition can lead to low self-esteem.

The effects of being overweight are:

Obesity/overweight can lead to:

Physical complications: This condition can lead to illnesses later in life such as

diabetes mellitus, high blood pressure or heart diseases.

Social complications: This condition can lead to inability to join in physical activities with friends. It can also lead to discriminatory behaviour such as being left out of activities and not being selected for jobs.

Psychological complications: As a consequence of the physical and social complications, this condition can lead to low self-esteem.

4. What treatment are we proposing and why?

For those who are classified as “Very underweight or severe undernutrition”

Your condition needs specialist care. We will need to refer you for further assessment and treatment.

What can you do?

For those adolescents classified as being “Underweight”:

Your weight is not healthy. You will need to:

- increase the number of times you eat each day;
- increase the amount you eat at each meal;
- increase variety of foods that you eat;
- include more energy/protein-rich foods such as milk products, lentils, eggs and meat.

We will also assess you for any conditions or infections that may be causing you to be underweight. If you have any of these

conditions, you will need to follow the recommended treatment.

For those adolescents classified as being “Overweight”:

Your weight is not healthy. You will need to:

- decrease the number of times you eat each day;
- decrease the amount you eat at each meal;
- avoid foods that contain too much sugar and fat (for example fried food, sweets, sweet drinks);
- do some physical activity for around 60 minutes a day.

For those patients classified as being “Obese”:

Your weight is not healthy. Your weight puts you at risk of health problems such as high blood pressure and diabetes later in life.

You will need to:

- decrease the number of times you eat each day;
- decrease the amount you eat at each meal;
- avoid foods that contain too much sugar and fat (for example fried food, sweets, sweet drinks);
- do some physical activity for around 60 minutes a day.

Frequently asked questions

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

Understanding the reason for the question:

The adolescent may be concerned about how they appear in the eyes of their peers. They are also afraid that being too thin may make them less able to do day to day activities.

Points to make in responding to this question:

Some people are naturally thin because their parents are thin. Others are thin because the food they eat does not give them the nourishment they need to match the work they do. Still others are thin because they have long standing illnesses. However, remember that even if you feel you are thin, as long as you feel fit and strong enough to carry out your everyday activities, you are fine.

Why am I so fat?

Understanding the reason for the question:

The adolescent may be concerned about how they appear in the eyes of their peers. They are also afraid that being too fat may make them less able to do day to day activities.

Points to make in responding to this question:

The reason you are overweight is because the food you eat gives you too many calories over and above what you need for the type of work you do. Also, the level of exercise you do is not enough to use up the extra calories.

Can I do something to lose weight?

Understanding the reason for the question:

The adolescent is anxious to know how they may quickly make themselves look good and be more accepted by their peers.

Points to make in responding to the questions:

Discuss with them about how they could lose weight by restricting the amount of food they eat and by doing more physical activity, including sport. Discuss how to limit the time they sit in one place for prolonged periods of time, such as watching television, spending long periods working on a computer etc. Discuss the importance of maintaining contact with friends and joining in social activities.

Can I do something to put on weight?

Understanding the reason for the question:

The adolescent is anxious to know how they may quickly make themselves look good and be more accepted by their peers.

Points to make in responding to the question:

Discuss with them about how they could gain weight by increasing the amount of energy rich food they eat and by possibly limiting their physical activity, including sport. Provide advice on healthy eating using Part 3 of the *Adolescent job aid*. Discuss the importance of maintaining contact with friends and joining in social activities.

 *TIP for health worker:*

Simply telling an adolescent to change their eating habits and exercise habits is unlikely to make any difference, especially if they are not motivated to do so, or not able to make the changes they need. Counselling can help adolescents make decisions about changing their habits, and more importantly acting on the decisions they make. This involves helping them to reflect on their eating and exercise habits, the factors contributing to these habits, and the possible negative effects of these habits on their health and well-being. The next step is to help them consider what it will take for them to change their habits (e.g. avoiding sugary drinks, taking up walking or jogging etc.).

Remember, many children and adolescents are undernourished because of factors beyond their control. They do not have enough food, and the right kinds of food to eat, and have to work hard for long hours to support themselves and their families.

Decision tree: Please complete all steps

Step	Question		Classification or issues identified
Step 1: Measure the patient's height	Is the patient's height below the third centile?	Yes	Patient is shorter than most others adolescents of the same age
Step 2: Measure or ask the height of both parents	Is the patient's height much shorter than expected when compared to height of their parents?	Yes	Patient is shorter than would be expected based on the height of parents
	Are both parents short?	Yes	Probable familial short stature
Step 3: Take a dietary history and examine for undernutrition	Is there a history of long-standing poor nutrition since early childhood?	Yes	Possible stunting due to poor nutrition
	Is the current diet adequate for growth? <i>and/or</i> Is there evidence of undernutrition on examination? Use the algorithm “I am too fat/too thin” to assess	Yes	Poor nutrition may be compromising growth
Step 4: Take a history and examine for chronic illnesses or recurrent acute illnesses	Is there evidence of chronic or recurrent acute illnesses on history or examination? (e.g. long-standing fever, cough or diarrhoea)	Yes	Chronic or recurrent acute illnesses may be compromising growth
Step 5: Assess pubertal status (Refer to algorithms, “Delayed puberty: Male/Female”)	Has the patient completed pubertal development?	Yes	Patient is likely to have already completed (or nearly completed) their growth spurt
	Can the patient be classified as “Delayed puberty” using the algorithms, “Delayed puberty: Male/Female”?	Yes	There is delayed puberty. The patient has potential for catch-up growth
	The patient <ul style="list-style-type: none"> • does not meet the criteria to be classified as “Delayed puberty” and • has not completed their growth spurt 	Yes	The patient has potential for catch-up growth

Adolescent: I am shorter than my friends. Is there something wrong with me?

Parent: My son/daughter is short for their age. Is there something wrong with him/her?

Management	Adolescent job aid references
<p>Reaffirm to the patient that they are shorter than most other people of the same age and that you will need to assess further.</p> <p>Continue to Step 2</p>	
<p>Reaffirm to the patient that they are shorter than is expected based on the height of their parents.</p> <p>Continue to Step 3</p>	
<p>Advise the patient that their final adult height is likely to be near that of their mother or father.</p> <p>Also advise that you need to assess further for other factors that you may be able to treat in order to increase the chance they will grow taller.</p> <p>Continue to Step 3</p>	
<p>Advise the patient that the effects of poor nutrition on growth in early childhood are hard to change now. However, improving their diet now may still help them grow taller.</p> <p>Discuss with the patient how to optimize nutrition.</p> <p>Continue to Step 4</p>	<p>Algorithm, “I am too fat/too thin”</p> <p>Part 3: Healthy eating</p>
<p>Advise the patient that their current diet is not providing them with enough nutrition for them to grow to their full potential.</p> <p>Advise the patient that improving their diet may help them grow taller.</p> <p>Discuss with the patient how to optimize nutrition.</p> <p>Continue to Step 4</p>	<p>Algorithm, “I am too fat/too thin”</p> <p>Part 3: Healthy eating</p>
<p>Advise the patient that their illness(es) may be preventing them from growing to their full potential.</p> <p>Treat and manage any illnesses identified.</p> <p>Continue to Step 5</p>	<p>Algorithm, “Could I have HIV?”</p>
<p>Advise the patient that they are already mature, and are likely to have stopped or nearly stopped growing. Therefore they are unlikely to grow much taller.</p>	<p>Algorithm, “Delayed puberty: Male/Female”</p>
<p>Advise the patient that their growth spurt may be delayed.</p> <p>Advise the patient that they need a healthy diet in order to give them the best chance of growing taller.</p> <p>Use the algorithm, “Delayed puberty: Male/Female” for further management.</p>	<p>Algorithm, “Delayed puberty: Male/Female”</p> <p>Part 3: Healthy eating</p>
<p>Advise the patient that their growth spurt may not have finished (or even started) yet.</p> <p>Advise the patient that they need a healthy diet in order to give them the best chance of growing taller.</p> <p>Monitor growth and pubertal development every six months</p>	<p>Algorithm “Delayed puberty: Male/Female”</p> <p>Part 3: Healthy eating</p>

 **TIP for health worker:**

The most important elements of assessment of an adolescent concerned about short stature are:

- Accurate measurement of height of the adolescent and plotting the height on a growth chart
- Determining the height of the adolescent’s parents
- Assessment of the adolescent’s nutritional status
- Assessment for presence of chronic or recurrent acute illnesses in the adolescent
- Assessment of the adolescent’s pubertal status

Information to be given to adolescents and accompanying adults

1. What is the condition?

On what basis can we say that an adolescent boy or girl is short?

There is a wide range in normal heights within the population. Doctors and nurses use special charts called “growth charts” to help them determine whether an adolescent’s height is less than what is expected for someone of that age and sex.

Doctors and nurses consider a number of things when deciding whether an adolescent’s height is normal. These include:

- the adolescent’s height compared to other people of the same age as them
- the height of the adolescent’s parents and that of other members of their family
- the adolescent’s pubertal development
- the adolescent’s diet and nutritional status
- whether the adolescent has any concurrent illnesses that may be affecting their growth.

2. What are the causes of being short?

The most important factor in determining your final height is the height of your parents. If your parents are short, you are likely to be short too.

Not all adolescents start their growth spurt at the same age. Some adolescents start their growth spurt as young as 9 or 10 years of age. Others do not do so until they are 13 or 14 years of age. It is important to realize that most adolescents with late growth spurts still grow still to their full potential height. So, while at the age of 12 years, an adolescent who has not yet started their growth spurt will be shorter

than another adolescent of the same age who has already gone through their growth spurt, it is possible that these two adolescents could have similar adult heights.

Poor nutrition in early childhood can affect growth early in life – when the child is still in the womb or during infancy and childhood. The effects of poor nutrition in early life often continue through to adulthood and it is difficult to catch up this growth.

Poor nutrition in adolescence can delay the normal rapid growth during adolescence. In some adolescents, chronic or recurrent acute illnesses can slow down their growth and result in their being short.

Occasionally, some adolescents do not commence puberty until very late. This may be due to a problem with chemicals produced in their bodies, called hormones. If an adolescent is short and has not started developing other signs of puberty, such as the presence of body hair, development of the penis and testes (boys), development of breasts (girls) by the age of 14 years, or has not started having menstrual periods by the age of 16 years, the health care provider will need to investigate further.

3. What are the effects of this condition on your body?

The effects of being short are as follows:

Physical effects: If an adolescent is short because others in the family are short or because their growth spurt is late, there will be no negative physical effects.

In cases where an adolescent is short because of poor nutrition or chronic or recurrent acute illnesses, these conditions may have other effects on their health.

Psychological and social effects: For most adolescents who are short, there are no psychological or social effects. Being short should not impact on an adolescent’s ability to participate in school or other social activities. Occasionally, an adolescent who is short may be teased about their height. If so, it is important to support them to continue going to school and remaining involved in other social activities to minimize any psychological and social impact.

4. What treatments are we proposing and why?

Healthy eating

A healthy diet is an important thing for growth and development. All adolescents – and especially those who are short – need to eat a healthy diet to ensure that they get enough nutrition to grow as tall as they possibly can. We will provide you with some information and advice regarding healthy eating. (Please refer to Part 3: Healthy eating)

Treatment of underlying medical illnesses

If you have chronic or recurrent illnesses, and there is a possibility that they have affected your growth, these will need to be assessed further and treated.

Delayed puberty

If your puberty is very delayed we will need to refer you to a specialist for treatment. The specialist may do some tests and possibly prescribe medications (called hormones) to help you grow.

5. What you can do?

In order to make sure that you have the best chance of reaching the tallest height that is possible and to make sure that your height does not interfere with your day to day activities, you can do the following:

Eat healthily

You should try to eat enough of the kinds of food that your body needs to grow. We will give you more information about what foods are best for you.

Have any underlying medical illnesses properly treated

If you have chronic or recurrent acute illnesses that may be affecting your growth, it is important that you follow the advice and treatment prescribed to make sure that these conditions are properly treated.

Continue your normal day to day activities

If you are teased about your height, it is important that continue going to school and participate in other activities with your friends and other young people your age.

Accept your height

It is important not to have unrealistic expectations about how tall you will become. Your height is largely determined by your parent’s height. If both your parents are short, it is likely that you will be short too. Except in very rare cases where an adolescent’s puberty is very delayed, there are no medicines that you can take to make you taller. Many medicines have side effects. It is important that you do not take medicines to make you taller unless a doctor has prescribed them to you.

Frequently asked questions

Am I short because there is something wrong with me?

Points to make in responding to this question:

(Note: The health worker must fully assess the adolescent for nutritional status, chronic and recurrent illnesses, and pubertal delay before assuring the adolescent that there is “nothing wrong” with them.)

- If the adolescent is short because their parents are short, explain to them that their height has been determined by the height of their parents and reassure them that it is normal for them.
- If the adolescent’s growth spurt is later than that of their peers, but does not meet the criteria to be classified as “Delayed puberty”, reassure them that some adolescents have their growth spurt later than others and that there is a good chance that their height will “catch up” as they go through their growth spurt.
- Reassure the adolescent that you will continue to monitor their growth and pubertal development every six months to check how they are progressing and do everything that could be done.

Can I do something to become taller?

Points to make in responding to this question:

(Note: It is important not to give false expectations to an adolescent about growth potential.)

The adolescent should understand:

- Their height is largely determined by their parent’s height.
- Having a healthy diet and following any recommended treatment for chronic or recurrent acute infections are the most important things an adolescent can do to ensure that they obtain their maximal possible height.
- There is some potential for some “catch up” growth if the adolescent has not commenced puberty or is still in the early stages of puberty. However, potential for “catch up” growth is lower in late puberty and minimal once puberty is completed.
- Except in very rare cases where an adolescent’s puberty is very delayed, there are no medicines that they can take to make them taller. Many medicines have side effects. It is important that they do not take medicines to make them taller unless a doctor has prescribed them.

Management of violence and assault in adolescents

1. Prepare yourself and the health facility to manage adolescents who have been assaulted

- 1.1 Be aware of the types of violence that commonly affect adolescents
- 1.2 Key considerations in providing health services to adolescents who are victims of violence and assault
- 1.3 Dealing with adolescents who are victims of violence and assault

2. Take a history

- 2.1 General medical history
- 2.2 History of the assault
- 2.3 Gynaecological history (in cases of sexual assault in females)

3. Do a physical examination

- 3.1 General physical examination
- 3.2 Genito-anal examination (in cases of sexual assault in males and females)

4. Provide treatment

- 4.1 Physical violence
- 4.2 Sexual violence

5. Record your findings and treatment provided

6. Assess and ensure ongoing safety

7. Provide information on findings of examination and treatment

8. Arrange counselling and social support

9. Arrange referrals if needed

10. Arrange for a follow-up visit

1. Prepare yourself and the facility to manage adolescents who have been assaulted

1.1 Be aware of the types of violence that commonly affect adolescents

Violence among adolescents

Violence among adolescents includes a range of aggressive acts from bullying and physical fighting, to more serious forms of assault and homicide. In all countries, young males are the main perpetrators and the main victims of homicide.

Child abuse and neglect by parents and other caregivers

Violence by parents or other caregivers directed towards children and adolescents occurs in all countries, all cultures and at every level of society. Abuse by parents or caregivers includes physical, sexual and psychological abuse, as well as neglect.

Violence by intimate partners

Older adolescents, in particular females, can be victims of abuse and violence by intimate partners. This occurs in all countries, all cultures and at every level of society. Abuse includes physical, sexual and psychological abuse.

Sexual violence

Sexual violence encompasses a wide range of acts, including coerced sex in marriage and relationships without a formal union, sexual harassment and coerced sex by those in positions of authority over the adolescent, rape by strangers, and rape during armed conflict.

Acts of sexual violence are experienced predominantly by women and girls and perpetrated by men and boys. Nevertheless, rape of men and boys by men is an identified problem. Coercion of young men into sex by older women is also known to occur.

In most cases, the perpetrator is someone the victim knows, and perhaps knows well, such as a current or former intimate partner, or a relative.

Self-directed violence

Self-directed violence includes deliberate self harm as well as suicide. In much of the world, suicide is stigmatized – condemned for religious or cultural reasons – and in some countries suicidal behaviour is a criminal offence punishable by law. Self-harm and suicide are therefore secretive acts surrounded by taboo, and may be unrecognized, misclassified or deliberately hidden in official records.

TIP:

Many deliberate acts of violence are reported as accidents. For example:

- an “accidental” fall may be the result of attempted suicide or homicide;
- an “accidental” burn in the kitchen may be the result of a deliberate attempt by a husband to burn his wife.

Collective violence

In some settings adolescent boys are involved in violent conflicts between nations or groups and gangs. Adolescent girls can be victims of rape as a weapon of war. Displaced populations are particularly vulnerable.

1.2 Key considerations in providing health services to adolescents who are victims of violence and assault

- The health worker should have a good understanding of local protocols, rules and laws applicable to the field of assault and violence.
- The health workers' overriding priority must always be the health and well-being of the victim of assault.
- Health workers should be free of bias or prejudice in the provision of services to victims of assault.
- Victims of assault must be treated with respect and compassion. This can help aid their recovery.
- Privacy and confidentiality must be ensured. Others should not be able to view or hear any aspects of the consultation.
- The physical examination of assault victims must be thorough; it will inevitably be intrusive and time consuming. If forensic evidence is to be collected, in the interest of avoiding multiple examinations and further distress to the adolescent, the medical examination and forensic evidence collection should, when possible, occur simultaneously.
- Informed consent must be obtained for examination and treatment, and for the release of information to third parties.
- All parts of the examination must be explained in advance; during the examination, adolescents must be informed when and where touching will occur and should be given ample opportunity to ask questions. The adolescent's wishes must be upheld at all times.
- All findings must be documented carefully; to help ensure that no important details are omitted, the use of a standard examination form is recommended.

1.3 Dealing with adolescents who are victims of violence and assault

You may find the following strategies and techniques helpful when dealing with victims of violence and assault:

- Observe principles in Part 1: Section 2 "Establishing rapport with your adolescent clients/patients"
- Maintain a calm demeanour; do not communicate your sense of shock, anger or distress. Take your time in dealing with the adolescent victim of assault; do not give the impression that you are in a hurry.
- Be empathetic and non-judgmental as the adolescent recounts their experiences. Probe gently to clarify issues that are not clear, but do so gently. Do not express disbelief bluntly. In your discussions, avoid victim-blaming statements such as, "What were you doing out alone?", "What were you wearing?" or "you should have known better than to go there".

2. Take a history

2.1 General medical history

The purpose of taking a medical history is to:

- obtain information that may guide the examination and assist in the clinical management of the adolescent.

The medical history should cover any known current or past health and social problems and whether or not the adolescent is on any medication.

2.2 The assault itself

The purpose of obtaining an account of the violence inflicted is to:

- guide examination so that all injuries (including those that relate to sexual assault) can be detected and treated;
- assess the risk of adverse consequences, such as pregnancy and sexually transmitted infections and guide relevant specimen collection (in cases of sexual assault);
- guide documentation.

Questioning the adolescent:

Do not start the discussion by asking the adolescent questions about the assault. Let the adolescent to tell you *in their own words* what happened to them. Do not interrupt. If you need to clarify any details, ask questions after they have completed their account. Use open-ended, non-leading questions. Pay particular attention to avoid words and gestures that imply blame.

Be thorough, bearing in mind that some adolescents may intentionally avoid particularly embarrassing details of the assault (for example, they may omit details of oral sexual contact or anal penetration).

In case of sexual assault, details of actual or attempted sexual activity should be carefully elicited, to ascertain the nature of any injury as well as the risk of pregnancy or STI. In particular whether or not vaginal, rectal or oral penetration of the victim occurred (by the offender's penis, fingers or objects).

In case of sexual assault, details of any symptoms that have developed since the assault should be obtained; these may include:

- genital bleeding, discharge, itching, sores or pain (which may indicate STI)
- urinary symptoms, such as burning (which may indicate urinary tract infection)
- anal pain or bleeding (which may indicate injury, foreign body or infection)
- abdominal pain (which may indicate internal trauma).

2.2 Gynaecological history (in cases of sexual assault)

The purpose of taking a gynaecological history in cases of sexual assault is to:

- ascertain the risk of pregnancy and sexually transmitted infection;

- Ascertain whether any of the findings on examination could be a result of previous sexual intercourse, pregnancy or child birth.

Ask the adolescent:

- When was the first day of your last menstrual period?
- Have you had any sexual relationship prior to this event?
- If so, when did you last have intercourse that you consented to? (Details may be required if forensic testing is to be performed.)
- Do you use contraception? If so, what type do you use?
- Have you had any pregnancies? How many and when did you have them?
- Were there any complications during delivery?

3. Do a physical examination

Observe principles in Part 1: Section 5 “Doing a physical examination”.

3.1 General physical examination

Look at all the following:	Look for:
<ul style="list-style-type: none"> • General appearance • Hands and wrists, forearms, inner surfaces of the upper arms and the armpits • Face, including the inside of the mouth • Ears, including inside and behind the ears • Head • Neck • Chest, including the breast • Abdomen • Buttocks, thighs, including the inner thighs, legs and feet 	<ul style="list-style-type: none"> • Active bleeding • Bruising • Abrasions • Lacerations • Evidence that hair has been pulled out, and recent evidence of missing teeth • Evidence of internal trauma in the abdomen • Ruptured ear drum

3.2 Genito-anal examination

In cases of sexual assault, it will be necessary to do a genito-anal examination. This is a sensitive examination and the health worker needs to adhere to the principles outlined in Part 1: Section 5 “Doing a physical examination”.

The female adolescent should be placed lying on her back with her knees drawn up, heels together and legs gently flopped apart. A sheet should be placed over her body; it should be drawn up at the time of the examination.

Look at all the following:	Look for:
<ul style="list-style-type: none"> • Genitalia (external) • Genitalia (internal examination, using a speculum) • Anal region (external) 	<ul style="list-style-type: none"> • Active bleeding • Bruising • Abrasions • Lacerations • Presence of a foreign body

4. Provide treatment

4.1 Physical violence

Adolescents with severe, life-threatening injuries should be referred for emergency treatment immediately. Adolescents with less severe injuries, for example cuts, bruises and superficial wounds can usually be treated at the primary level.

The following may be indicated:

- medications for the relief of pain
- antibiotics to prevent wounds from becoming infected
- a tetanus vaccine (according to local protocols).

4.2 Sexual violence

Injury

The principles of management of injuries are the same as for physical violence. In cases where there is trauma to the genital area, the health worker should consider referral to a gynaecologist.

Pregnancy prevention and management

- If a woman seeks health care within a few hours and up to five days after the sexual assault, emergency contraception should be offered;
- If she presents more than five days after the assault she should be advised to return for pregnancy testing if she misses her next menstrual period.
(Use the algorithm “I do not want to get pregnant”)

Sexually transmitted infections

Victims of sexual violence may contract a sexually transmitted infection as a direct result of the assault.

Effective treatment options exist for these infections. Routine prophylactic treatment of patients who have been sexually assaulted is not recommended.

Where laboratory facilities are available for STI testing, this should be offered.

HIV

Follow local post-exposure prophylaxis (PEP) guidelines.
(Also use the algorithm: “Could I have HIV”)

Hepatitis B

Victims of sexual violence may be at risk of being infected with hepatitis B virus and should therefore be offered testing and immunization. (See 4.2.1: Hepatitis B immunization after sexual assault).

Other STIs

Victims of sexual violence may also be at risk of contracting human papillomavirus (HPV) or herpes simplex virus type 2 (HSV-2).

4.2.1 Hepatitis B immunization after sexual assault

Patient immunization status	Treatment guidelines
Never vaccinated for hepatitis B	<ul style="list-style-type: none"> • 1st dose of vaccine should be administered at the initial visit • 2nd dose should be administered 1–2 months after the first dose • 3rd dose should be administered 4–6 months after the first dose
Not completed a series of hepatitis B vaccinations	Complete the series as scheduled
Completed a series of hepatitis B vaccinations	No need to re-vaccinate

5. Record your findings and treatment provided

Health workers are frequently required to respond to questions about injuries from police, lawyers or the courts. Careful documentation of your history and examination findings will make it easier for you to provide accurate information to the authorities. The issues that the police want to know about are:

- the type of injury
- the circumstances in which the injury was sustained
- whereabouts on the body the injury is
- the mechanism by which the injury was produced
- the immediate and potential long-term consequences of the injury
- the treatment provided.

6. Assess and ensure ongoing safety

In many cases violence occurs in the home of the adolescent. The health worker must ascertain where the adolescent will be going to after leaving the health facility and with whom they will be residing.

- If it is not safe for the adolescent to return home, make arrangements for shelter or safe housing, or work with them to identify a safe place that they can go.
- Discuss with them what could be done to prevent another assault.

7. Provide information on findings of examination and treatment

It is important to discuss any findings, and what the findings may mean, with the adolescent. In particular:

Encourage the adolescent to ask questions, and respond to them in detail

- Give the adolescent ample opportunity to voice questions and concerns. Respond to them in detail, and check their understanding.

Care of injuries

- Teach the adolescent how to properly care for any injuries they have sustained.
- Explain how injuries heal and describe the signs and symptoms of wound infection.
- Explain the importance of completing the course of any medications given and discuss any likely side effects.

Management of STIs resulting from sexual assault

- Discuss the signs and symptoms of STIs, including HIV, and the need to return for treatment if any signs and symptoms should occur.
- Stress the need to use a condom during sexual intercourse until their STI/HIV status has been determined.
- Explain the need to refrain from sexual intercourse until all treatments or prophylaxis for STIs have been completed and until their sexual partner has been treated for STIs, if necessary.

Psychological support

- Explain to the adolescent and (with the adolescent's permission) family members and/or significant others, that there is a wide range of normal physical, psychological and behavioural responses that the adolescent may expect to experience.
- Encourage the patient to confide in and seek emotional support from a trusted family member or friend.

8. Arrange counselling and social support

The level of social support and/or psychological counselling required by victims of violence varies enormously, depending on the degree of psychological trauma suffered and the victim's own coping skills and abilities. Some victims experience immediate psychological distress, others experience short-term and/or long-term psychological problems. The level of support required is best determined on a case-by-case basis.

Male victims tend to be especially reluctant to obtain counselling services, but in fact have much the same needs as women in terms of the support they need. Men should therefore be strongly encouraged to seek counselling.

Counselling services can be delivered through both individual and group sessions.

Where there is no formal counseling available, informal systems of social support are vital to the healing process and should be discussed with the adolescent.

9. ARRANGE REFERRALS IF NEEDED

Adolescents should be referred for support services as appropriate. This might include:

- shelters or safe houses
- organizations which provide counseling
- organizations which run support groups
- organizations which provide social – including financial – support
- organizations which provide legal support
- organizations which provide specialized support (e.g. victims of rape)

Health workers should be aware of the resources that are available locally for victims of violence and assault.

They should inform the adolescent what services they can get, and where and who they could get them from. They should also help the adolescent choose the most suitable option(s) for their particular requirements.

Providing information on the facility may make victims feel more comfortable in accessing follow-up services. Display posters and pamphlets about violence and where to go for help on the walls of your health facility.

10. Arrange for a follow-up visit

Follow-up visits are recommended at two weeks, three months and six months post assault.

- Stress the importance of these follow-up visits.
- Tell the adolescent that they can come into the health facility at any time if they have any further questions, complications related to the assault, or other medical problems.

The two-week follow-up visit

Injuries

- Examine any injuries for proper healing

STIs/hepatitis B

Depending on the circumstances of the case, enquire about symptoms and signs of STIs.

- If available, carry out tests to screen for STIs. Do this after explaining and obtaining the consent of the adolescent.
- If prophylactic antibiotics were given at the initial visit, check if the adolescent has completed the course of medication.
- Remind the adolescents to return for their hepatitis B vaccinations in one month and six months, and HIV testing at three and six months.

Pregnancy

- Assess pregnancy status and if appropriate provide advice and support (Use the algorithm. 'Could I be pregnant?').

Psychological state

Assess the adolescent’s psychological status, and encourage the adolescent to seek support if they have not yet done so. Assist them in obtaining support.

The three-month follow-up visit***STI/HIV***

- Test for HIV. Make sure that pre- and post-test counselling is provided on the spot or through referral.
- If available, carry out tests to screen for STIs, if this was not done earlier.

Pregnancy

- Assess pregnancy status and if appropriate provide advice and support (Use the algorithm. ‘Could I be pregnant?’).

Psychological state

- Assess the adolescent’s psychological status and encourage the adolescent to seek support if they have not yet done so. Assist them in obtaining support.

The 6-month follow-up visit***HIV/hepatitis B***

- Test for HIV, if this was not done earlier. Make sure that pre- and post-test counselling is available on the spot or through referral.
- Administer the 2nd dose of the hepatitis B vaccine.

Psychological state

- Assess the adolescent’s emotional status and refer if necessary.

Ask	Look/Feel/Listen	Symptoms & signs
<ul style="list-style-type: none"> • Has your vision got worse over the last seven days? • Do you have any pain in your eyes? • Do you wear glasses? • Do you have headaches? • Is the problem with your vision affecting your study or your work? <p>Do a HEADS assessment</p>	<p>Look for:</p> <ul style="list-style-type: none"> • Redness in the eye(s) • Swelling around the eye(s) <p>Check:</p> <ul style="list-style-type: none"> • Visual acuity <p>To check visual acuity:</p> <ul style="list-style-type: none"> • Use the Snellen chart • The adolescent should stand six meters away from the chart • The adolescent’s eyes should be level with the fourth line of the chart • Check both eyes separately with the other eye covered • If the adolescent uses glasses, vision should be checked with their glasses on 	<p>Any deterioration of vision over the last seven days <i>or</i> Any disturbance of vision with pain, redness or swelling in the affected eye(s)</p> <p>No deterioration of vision over the last seven days <i>and</i> No pain, redness or swelling in the affected eye(s) <i>and</i> (<i>with glasses on if the adolescent uses them</i>) Not able to correctly read the 6/60 line of the Snellen chart with their better eye</p> <p>No deterioration of vision over the last seven days <i>and</i> No pain, redness or swelling in the affected eye(s) <i>and</i> (<i>with glasses on if the adolescent uses them</i>) Able to correctly read the 6/60 line of the Snellen chart with their better eye <i>but</i> Not able to correctly read the 6/18 line of the Snellen chart with their better eye</p> <p>No deterioration of vision over the last seven days and No pain, redness or swelling in the affected eye(s) <i>and</i> (<i>with glasses on if the adolescent uses them</i>) Able to correctly read the 6/18 line of the Snellen chart with at their better eye <i>but</i> Not able to correctly read the 6/9 line of the Snellen chart with both left and right eyes (eyes tested separately)</p> <p>Able to correctly read at least the 6/9 line of the Snellen chart with both left and right eyes (eyes tested separately) (<i>with glasses on if the adolescent uses them</i>) <i>but</i> The adolescent attributes symptoms such as headache or poor school performance to vision problems</p> <p>Able to correctly read at least the 6/9 line of the Snellen chart with both left and right eyes (eyes tested separately) (<i>with glasses on if the adolescent uses them</i>)</p>



TIP for health worker:

Most refractive errors in adolescents can be adequately corrected if the adolescent has appropriate spectacles (glasses).

If the adolescent wears glasses, **always** check their vision **with their glasses on**.

This will identify adolescents whose vision is adequately corrected by the glasses. It will also identify adolescents whose vision is not adequately corrected by their glasses.

Adolescent: I cannot see the black board in my classroom clearly. •
I cannot see the television clearly.

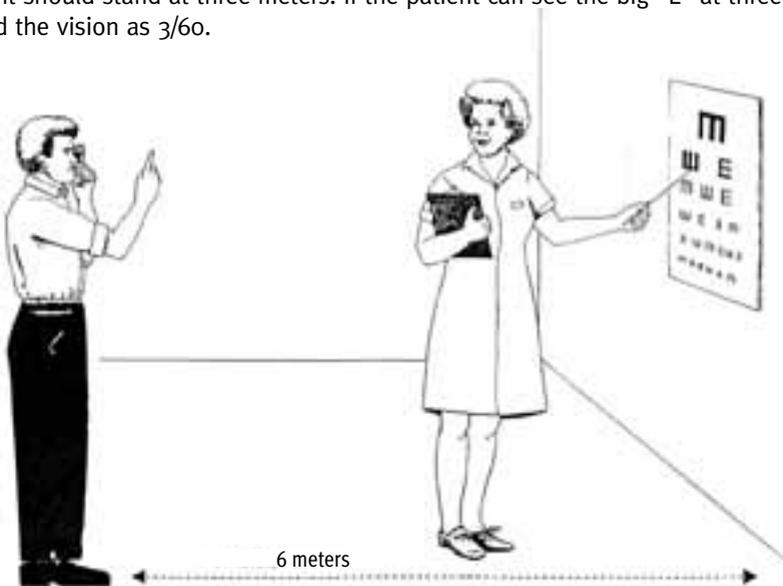
Parent: My son/daughter seems to have a problem with their vision.

Classify	Manage	Follow-up
Acute eye condition	Refer to hospital urgently	
Blind	Refer to hospital	
Low vision <i>or</i> Uncorrected refractive error (in one or both eyes) <i>or</i> <i>If vision was tested with glasses on:</i> Low vision not adequately corrected by glasses	Refer to local optometrist or other facility that is able to check vision and provide glasses if needed	If after correction of any refractive error with glasses, the adolescent's vision in either eye is still less than 6/18: <ul style="list-style-type: none"> Refer for specialist medical/ophthalmologist assessment If after specialist treatment the adolescent is still not able to read the 6/18 line with at least one eye: <ul style="list-style-type: none"> Arrangements need to be made at school/workplace/home to manage low vision
Uncorrected refractive error (in one or both eyes) <i>or</i> Other eye problem (in one or both eyes) <i>or</i> <i>If vision was tested with glasses on:</i> Vision not adequately corrected by glasses	Refer to local optometrist or other facility that is able to check vision and provide glasses if needed	If after correction of any refractive error with glasses, the adolescent's vision in either eye is still less than 6/18: <ul style="list-style-type: none"> Refer for specialist medical/ophthalmologist assessment
Normal/functional vision <i>but</i> Adolescent has symptoms	For adolescents with headache, use the algorithm: "I have a headache" Assess other symptoms as needed	As appropriate
Normal/functional vision (in both eyes) <i>or</i> <i>If vision was tested with glasses on:</i> Refractory error adequately corrected by glasses	Reassure the adolescent that he/she does not need glasses For adolescents who are wearing glasses: Reassure them that their glasses are adequately correcting their vision	

Eye exam instructions

1. Place the chart in good light with no glare.
2. The patient stands six meters from the chart.
3. The fourth line on the chart should be level with your patient's eyes.
4. Explain the test to the patient.
5. Measure each eye separately. Measure the *right eye first* while covering the left eye. Then measure the left eye.
6. Ask the patient to point his fingers in the same direction as the legs of the “E” – up, down, right, or left.
7. If the patient, especially a child or young adult, cannot read from the top all the way down including the 6/12 line, refer your patient for further testing.
8. If an older person cannot read from the top line down to the 6/18 line or complains of difficulty reading books, refer your patient for further testing.
9. If a child complains of poor vision and difficulty reading, but his vision on the vision test is good, advise about good reading habits:
 - read in good light with no glare so that the light shines onto the reading material;
 - hold the book about 33 centimeters or 14 inches in front of you;
 - rest for five minutes after each half hour of reading.

Note: If the patient cannot even see the big “E”, move the patient up half way to the chart. The patient should stand at three meters. If the patient can see the big “E” at three meters, you record the vision as 3/60.



Information to be given to adolescents and accompanying adults

1. What is the condition?

Acute eye condition

Any worsening of the vision that occurs rapidly over a short period of time (less than a week) often means that there is a serious problem with the eye(s). Many of these problems, if not treated correctly, can cause one to lose sight permanently. One needs to go to a health centre or hospital straight away to have the eye(s) examined more closely, so that the needed checks can be carried out and the needed treatment can be provided.

If one's vision is getting worse and there is pain, redness or swelling in or around the eye, this may mean that they have an infection in/near the eye, or there may be increased pressure inside the eye (less common). One needs to go to a health centre or hospital straight away to have the eye(s) examined more closely, so that the needed checks can be carried out and the needed treatment can be provided.

When do we say that someone's vision is normal?

We say someone's vision is normal when they can see both distant objects and near objects clearly. Health workers use a simple chart, called the Snellen chart, to test whether or not someone's distant vision is normal. It contains letters or symbols of different sizes. When a person can accurately read or describe the line on the chart with the smallest print, they are said to have a normal distant vision.

When do we say someone is blind?

By using an eye chart, we can determine whether someone is blind. A person who is not able to accurately read or describe the

line on the chart with the biggest print is likely to be blind.

When do we say that someone has “low vision”?

By using an eye chart, we can determine whether someone has low vision. A person with low vision has difficulty seeing with both eyes, so much so that it interferes a lot with normal day to day activities.

When do we say that someone is short-sighted?

We say someone is short-sighted when they cannot view distant objects clearly.

When do we say that someone is far-sighted?

We say someone is far-sighted when they cannot view close objects clearly.

What is a “refractive error”?

A refractive error is when the lens in one or both eyes does not focus objects clearly on the back of the eye(s). The objects then appear out of focus or “blurry”. Both short-sightedness and far-sightedness are usually caused by refractive errors. They are the commonest cause of correctable poor vision in adolescents.

2. What are the causes of these conditions?

What are the causes of blindness and poor vision?

Sometimes blindness or poor vision is caused by the results of infections in and around the eyes. Poor vision can also be caused by the refractive errors.

What are the main causes of refractive errors?

Refractive errors can be more common in some families. Usually, there is no obvious cause for a refractive error.

Information to be given to adolescents and accompanying adults (cont.)

3. What are the effects of refractive errors/ short- or far-sightedness?

Many adolescents with uncorrected refractive errors screw up their eyes so that they can see or read more clearly. This causes some adolescents to experience headaches. However, there are no permanent long-term effects to your body or eyes from being short- or far-sighted. The most important potential effect of being short- or far-sighted are on your performance at school/college or work, if the refractive error is not corrected. However, there are serious safety risks for people with low vision, in the home, in the workplace and when driving a vehicle or riding a bike or as a pedestrian.

4. What treatment are we proposing and why?

Acute eye condition

If you have an acute eye condition you need to go to a hospital urgently for assessment and treatment. Without treatment you may have permanent loss of your vision.

Blind

If you have been classified as blind, you need to go to a hospital for assessment to see if there is any medical treatment that can improve your vision. When someone is blind, their vision in both eyes is so poor that they will have difficulties even doing the most basic day to day tasks without assistance.

Poor vision

The most common cause of poor vision in adolescents is refractive error. This can usually be corrected by wearing glasses. You need to have your eyes checked by an optometrist or someone else who can check your vision and give you glasses if needed. If glasses do not correct your

vision, you will need to go to a specialist to have your eyes assessed. If your vision is still low after treatment, you will also need to get assistance so that you can continue to study or work and move around safely at home and outside the home.

Refractive error

Refractive errors can be improved by wearing glasses that are correctly prescribed for your eyes. In most cases, if you have no other problems with your eye(s) other than a refractive error, wearing glasses will enable you to see very clearly.

5. What can you do?

For those patients classified as having refractive error:

Have your eyes checked. If the optometrist tells you that you need glasses, you should make sure that you get them.

For adolescents who need to wear glasses:

If you are not able to afford glasses:

- inform your teacher about your vision
- ask to be seated at the front of the class so that you could see the black board better and the teacher can help you if needed.

If you get glasses, it is important that you do wear them, especially when you are at school or at work or when you are using the road as a driver or pedestrian. This can improve your performance at work/school and make use of the road safer. Many adolescents are embarrassed about wearing glasses. You may be concerned about being teased at school by your friends. Maybe you can discuss this with your friends so they understand that you do need to wear them and they can help you feel better about wearing them.

Frequently asked questions

Are there any medicines that can help improve my sight?

Points to make in responding to this question:

Sometimes the answer is “Yes” if there is a clearly identified problem. For example if the adolescent has an acute infection it may respond to antibiotics; corneal problems may respond to Vitamin A. Medicines will not improve refractive errors.

Will eye exercises help improve my vision?

Points to make in responding to this question:

No, there is no evidence to suggest that eye exercises, or “training the eyes to see better” will improve conditions such as refractive errors.

Do I really have to wear my glasses?

Understanding the reason for the question:

The adolescent may not want to wear glasses (this is often because they are worried about being teased or being different from their friends).

Points to make in responding to this question:

- Suggest that the adolescent themselves, and not their parents, choose glasses that they like and that suit them.
- It may be useful to come to some compromise, for example the adolescent only has to wear their glasses at school or work, but not when visiting friends.
- Attempt to normalize the issue by reminding the adolescent that many other adolescents do wear glasses and do not get teased.
- Suggest to the adolescent that they talk to their friends about why they need to wear glasses.
- Give health and safety messages such as “You will find that you are able to do things more easily if you wear your glasses”, “Glasses will enable you to do better at school, do better at sport and make it safer for you when driving/riding your bike or as a pedestrian” etc.

