

Training course in adolescent sexual and reproductive  
health 2021

Sexually transmitted infections prevention and care

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## **Question 1**

**List three serious long-term consequences of STI.**

1. Herpes and ulcerative (syphilis) and inflammatory (chlamydia, gonorrhea, trichomoniasis) curable STIs are associated with a two- to three-fold increased risk of acquiring HIV. All of the curable STIs have been linked with serious pregnancy complications for the newborn, including preterm birth, low birth weight and death. For example, syphilis in pregnancy leads to an estimated 215 000 stillbirths and fetal deaths and 90 000 neonatal deaths each year.
2. STIs such as gonorrhea and chlamydia are major causes of infertility.
3. Human papillomavirus was responsible for an estimated 528 000 cases of cervical cancer and 266 000 deaths from cervical cancer in 2012.

## **Question 2.1**

**Provide a brief definition of brief sexuality-related communication (BSC). Name one way in which BSC is similar to and one way in which it is different from counselling. Name its four components.**

1. BSC is the opportunistic use of counselling skills with much less certainty about the duration of the encounter to address sexuality and related personal or psychological problems as well as to promote sexual well-being without need for provider continuity with the aim to support clients in reformulating their emotions, thinking and understanding, and subsequently, their behavior.
2. BSC and counselling both use counselling skills
3. BSC is different from counselling in that it does not require provider continuity
4. Attending, responding, Personalizing and Initiating

## **Question 2.2**

**In the [TEDX talk](#) Dr Teodora Wi calls for an open and stigma-free discussion about sex. In your context, describe briefly how BSC could contribute to this.**

In my country Cameroon, CSE has not been formally introduced into school curricula and out of school CSE programs are non-existing. BSC would therefore be a one-in-a-million opportunity to reach adolescents. With BSC, the sexual health knowledge, attitudes towards and intention to engage in safer sex, and STI prevention will improve. This will imply, adolescents will be more open to discuss about sexuality and STIs, and will feel less frustrated in seeking care. BSC would even be of greater importance for vulnerable groups, such as commercial sex workers.

In a study sponsored by the World Bank in Cameroon (1), the prevalence of HIV amongst commercial sex workers was estimated at 36.5%. This is in part related to unsafe sexual practices which during BSC, could be addressed.

Another study conducted in Cameroon revealed that although most adolescents are aware of condom use, there is low use of condom by these adolescents with only about 6% of adolescents reported to have used a condom in their last sexual encounter (2). BSC will, therefore, could help preventing this unsafe sexual practice among adolescents.

### **Question 3.1**

#### **Why is it important to provide the HPV vaccination?**

HPV vaccination is part of a coordinated comprehensive strategy to prevent cervical cancer and other HPV-related diseases

### **Question 3.2**

#### **As per WHO's recommendation at what age should the first HPV vaccination be given? What is WHO's recommendation on when the second dose could be given?**

First dose girls aged 9–13 years. Girls receiving a first dose of the vaccine before age 15 years can use a two-dose schedule. The interval between the two doses should be six months. There is no maximum interval between the two doses, but an interval of no more than 12–15 months is suggested. If the interval between doses is less than five months, then a third dose should be given at least six months after the first dose.

### **Question 3.3**

#### **In your country context, which is the most important intervention that could be delivered along with HPV vaccine? Explain why.**

Interventions to improve knowledge and life skills such as menstrual hygiene education, sexual and reproductive health education, HIV prevention and condom promotion. The provision of the vaccine might be interpreted as a preventive measure for all STIs, thus leaving the adolescents to engage in unsafe sexual practice. Talks on sexuality is regarded as a taboo. The contact with adolescent for the provision of the HPV vaccine would thus be indispensable to initiate discussions on sexuality which is rarely discussed at home or in school. More so, BSC will require less resources compared to other interventions such as distribution of mosquito nets and anthelmintic drugs and etc. Other interventions could be integrated with HPV vaccination program based on local needs.

### **Question 4.1**

#### **What were the key findings on the knowledge and attitudes of most of the Muslim women in this review?**

Generally, Muslim women had poor knowledge regarding STI signs and symptoms, prevention, diagnosis and treatment, in addition to many misconceptions. Negative attitudes towards people infected with HIV/AIDS were common, and attitudes were highly influenced by misconceptions and insufficient knowledge.

### **Question 4.2**

#### **What were the two main barriers to STI and HIV/AIDS testing and diagnosis as reported in the review?**

1. Negative attitudes towards HIV/AIDS and the perceptions that only certain individuals are at risk acted as a barrier to testing and diagnosis.
2. Negative attitudes by healthcare providers towards premarital sex acted as a barrier to young girls' access to sexual health information and services

### **Question 4.3**

**Identify the primary sources of sexual health information for these women.**

Friends, relatives, magazines and television

### **Question 5.1**

**Identify one key difference in students who attended HIV educational programs and other students in this paper.**

Those who attended HIV education program were more likely to use condoms consistently and correctly

### **Question 5.2**

**Name three pre-motivational determinants among university students to use condoms, as discussed in the paper. Give brief findings.**

1. Knowledge and Misconceptions about HIV and Condom use.

All of the participants knew that HIV could be transmitted sexually, and more than half of them were aware that condom use could prevent both HIV transmission and acquisition.

2. Risk Perception

Almost all of the students indicated that HIV is a serious disease that not only kills but also destroys the social life of infected people

3. Cues to Action

About half of the students mentioned having previous experience with people living with HIV/AIDS. A few participants also explained how having easy access to condoms encouraged them to use condoms consistently

### **Reference**

1. Mziray EN. Mapping and size estimation of female sex workers in Cameroon: to inform HIV program design and implementation-executive summary. The World Bank; 2016.
2. Cumber SN, Tsoka-Gwegweni JM. Knowledge and practice of condom use as well as perceived barriers among street adolescents in Cameroon. Southern African journal of HIV medicine. 2016;17(1).