Training course in adolescent sexual and reproductive health 2021

Sexually transmitted infections prevention and care

Adela Mubasher

RMNCAH National Professional Officer, WHO Afghanistan

mubashera@who.int

Question 1

List three serious long-term consequences of STI.

Sexually transmitted infections among adolescents have major health consequences. The three serious long-term consequences of STI are (World Health Organization, 2018):

- Serious pregnancy complications for the newborn, including preterm birth, low birth weight and neonatal deaths which all the curable STIs have been linked with this serious pregnancy complications for the newborn.
- Infertility: STIs such as gonorrhoea and chlamydia are major causes of infertility among people.
- Cervical cancer: data shows that Human papillomavirus (HPV) 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.

Brief sexuality-related communication (BSC) is: the opportunistic use of counselling skills, rather than formal – systematic and continuous – counselling (World Health Organization, 2015a).

One way in which BSC is similar to counselling is client-centred approach in which most of the time during a primary health care visit is spent listening to the client's concerns with aim to help clients identify ways to address their concerns and respects clients' ideas, feelings, expectations and values.

But the one way which BSC is different from counselling is opportunistic use of counselling skills rather than formal – systematic and continuous – counselling 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, unlike professional counselling, BSC does not require provider continuity.

Four components of BSC are as follows:

1. Attending
2. Responding
3. Personalizing
4. 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.

Although studies from other context shows that BSC interventions were effective and resulted in fewer sexual risk behaviors and it promote open and stigma free discussion about sex. But in context of our country since it is a very conservative community and talking and discussing on sex is stigma and it is difficult to openly discuss on sex. Even the clients and patient cannot openly discuss on this issue. Since BSC interventions and approaches have not been used here, so I cannot say either BSC can contribute in an open and stigma free discussion about sex or not (World Health Organization, 2015b).

Question 3.1

Why is it important to provide the HPV vaccination?

Because the HPV vaccination is as part of a coordinated comprehensive strategy for prevention of cervical cancer and other HPV-related diseases. Also, HPV vaccination introduction/ provision has been considered a programmatically feasible, sustainable, and cost– effective strategies for the countries and region for prevention of cervical cancer and other HPV related diseases (World Health Organization, 2018).

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?

WHO recommend provision of HPV vaccine for 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 (World Health Organization, 2018).

Question 3.3

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

Although the HPV vaccine not introduced yet in Afghanistan but some advocacy efforts for introduction of this vaccine already has started.

Since the number of contacts between the health system and adolescents is generally low and utilization of health services very low among adolescents, so Immunization programmes are well known for achieving good coverage and there is an opportunity that the introduction of HPV vaccination can provide an entry point for other health interventions targeting 9 to 13 years old. There are number of health interventions which are suitable for joint delivery with HPV vaccination and can foster synergies between EPI and school and/or adolescent health programmes (World Health Organization, 2014).

In context of our country the most important intervention that could be delivered along with HPV vaccine is health education and hygiene campion on menstrual, distribution of Ferofolic tablets to schoolgirls, and deworming campaign.

Question 4.1

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

- Muslim women had better knowledge about STIs compared to Muslim men, although knowledge was low for both groups.
- Muslim students had poorer knowledge than students from all other religions
- The majority of women who were able to name an STI mainly mentioned HIV/AIDS but had limited knowledge regarding the nature of the infection, modes of transmission, and prevention. Other STIs like chlamydia and human papilloma virus were less recognized
- Fifteen studies reported myths and misconceptions regarding modes of transmission of STIs among Muslim women A number of women in four studies could not identify correct modes of transmission of STIs
- Women in ten of the studies had negative attitude towards people infected with STIs and HIV/AIDS and were highly influenced by misconceptions and poor knowledge
- Negative attitudes were reported across studies from a range of different countries (Alomair, 2020).

Question 4.2

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

The two main barriers to STI and HIV/AIDS testing and diagnosis as reported in the review were (Alomair, 2020):1) negative attitudes towards HIV/AIDS and the perceptions that only certain individuals are at risk, 2) negative attitudes by healthcare providers towards premarital sex.

Question 4.3

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

The primary sources of sexual health information for these women were friends, relatives, magazines, and television (Alomair, 2020).

Question 5.1

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

The key difference was that majority of the sexually active male and female participants reported that most of their sexual practices were unprotected. Only a few of them were using condoms consistently. Compared to the students who had never attended HIV educational programs, those who did stated that they were more likely to use condoms consistently (Elshiekh, 2020).

Question 5.2

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

Three pre-motivational determinants among university students to use condoms were:

1. Knowledge and misconceptions about HIV and condom use: when it asked the participants that what they knew about HIV and its transmission and prevention, they were also asked what they knew about condoms, all 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: Most of the male and female participants perceived the high risk of getting HIV if they practiced condomless sex.
3. Cues to action, which encouraged them to use condoms consistently, consistent condom users reported different cues, about half of them mentioned having previous experience with people living with HIV/AIDS. And few participants mentioned having easy access to condoms encouraged them to use condoms consistently (Elshiekh, 2020).

References

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