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.

HIV: curable STIs including herpes, ulcerative (syphilis) and inflammatory (chlamydia, gonorrhoea, trichomonas) are associated with a two to three-fold increased risk of acquiring HIV.

Pre-term birth and low birth weight: curable STIs mentioned above too have been linked to pregnancy complications and death of newborns.

Infertility and cancers: chlamydia and gonorrhoea are major causes of infertility. The Human papilloma virus also causes cervical cancer.

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 an approach used to address sexuality related and personal or physiological problems. In BSC, the provider (nurse, doctor, or health educator) uses counselling skills "opportunistically with much less certainty about the duration of the encounter" to address the client's sexuality or personal or physiological related problems (WHO, 2015 pp.17-18).

BSC is like counselling in that it seeks to address opportunistically, sexuality and related personal or psychological problems as well as promote wellbeing of the client. It differs from counselling in the fact that it does not require provider continuity, whereas counselling requires the use on one provider, with an approach that is systematic and continuous over time.

The four components of BSC are- 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.

BSC can contribute to an open and stigma free discussion about sex by applying its four components deliberately targeted at the clients, the immediate relationships of same clients. In the TEDTalk by Wi (2017), she recommends normalizing talking about sex and acting at every level of influence. Government can create an enabling environment by increasing the budgets on STI management, the media can promote safer sex by airing more programmes that discuss sex education and STI management. Health workers can reduce stigma during stigma and make access to STI services friendly without stigma. Patients must normalize talking about their sexuality as well as concerns.

Sex should be talked about and STIs should be treated as any other disease rather than being discriminated or avoided.

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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 (WHO, 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?

The HPV vaccine should be given between age 9-13 years. The interval between the 2 doses is 6 months (WHO, 2018).

Question 3.3

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

In the Nigerian context, I think the intervention that will be best delivered with HPV vaccination is Information and life skills and co-administration with other vaccines like Hep B (WHO, 2014). This is selected solely based on cost and sustainability. Information and life skills is already a part of the FLHE curriculum thus guarantees a level of sustainability as well as cost effectiveness.

Question 4.1

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

The study revealed that Muslim women had poor knowledge regarding STI signs and symptoms, prevention, diagnosis, and treatment, as well as many misconceptions. Many women had poor knowledge of signs and symptoms of STIs. Low knowledge about STI transmission, with about 70% of women in college in the UAE believing they are more likely to be infected during their menstruation, other modes of transmission mentioned were, sharing toilets and swimming pool. Negative attitudes towards people infected with HIV/AIDS were common, and attitudes were highly influenced by misconceptions and insufficient knowledge. Infected women tended to be subjected to more blame and judgement compared to men. Negative attitudes towards STIs make it harder for women to access sexual health information, STI prevention and treatment (Alomair et al, 2020).

Question 4.2

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

Personal barriers, cultural and religious barriers (Alomair et al, 2020).

Question 4.3

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

Friends, relatives, magazines and television were the primary sources of information for women and girls (Alomair et al, 2020).

Question 5.1

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

Most of the students who had attended a HIV educational programme said they were most likely to use a condom consistently, as compared with those who had not attended and reported mostly unprotected practices. Only those who attended the HIV educational programme seemed to know how to use a condom correctly (Elsheikh et al, 2020)

Question 5.2

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

1. Risk perception- the perceived social consequences of illegal pregnancy is a pre-motivational determinant.
2. Cues to action- some participants explained how having easy access to condoms encouraged them to use condoms consistently.
3. Also, consistent condom users reported that they were encouraged to use condoms after seeing someone with HIV (Elsheikh et al, 2020)

Reference

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