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. Increased risk of acquiring HIV.
2. Infertility.
3. Serious pregnancy complications for the newborn including preterm birth, low birth weight and death.

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 opportunistic, dynamic communication process between a patient and a trained health care provider which takes into account the psychological and social dimensions of sexual health and well-being as well as the biological ones. BSC aims to support clients to bridge the gap between intention and behaviour so that clients are able to exercise their sexuality with autonomy, satisfaction and safety.

BSC is similar to counselling because both approaches involve the counselling aspect i.e. addressing emotional, psychological and social issues that influence a person's well-being. However, BSC differs from conventional counselling because of the "opportunistic" nature of BSC rather than the formal, systematic and continuous nature of counselling. The four components of BSC are attending, responding, personalizing and initiating. (WHO, 2015)

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.

1. Improving overall sexual health knowledge
2. Improving attitudes towards and intention to engage in safer sex
3. Improving STI prevention skills.

Question 3.1

Why is it important to provide the HPV vaccination?

It is important to provide the HPV Vaccination 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?

As per WHO's recommendation the first HPV vaccination should be given for girls aged 9-13 years. The recommendation is that while there is no maximum interval between the two doses, an interval of no more than 12-15 months is suggested (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 Kenyan context, I think that the most important interventions that could be delivered along with HPV Vaccine are:-

1. Co-administration with other vaccines (WHO, 2014) particularly as part of the Kenya Expanded Program on Immunization (EPI). The rationale for this as a viable intervention is based on the fact that the national vaccination coverage is high in Kenya: in 2018, WHO estimated that 92% of children aged 12–23 months received the third dose of the diphtheria–tetanus–pertussis vaccine (a crude indicator of full vaccination coverage) (WHO, 2019)
2. Anthelminthic treatment (WHO, 2014). Kenya has a robust national school based deworming programme that has been able to reach millions of school going pupils across the country. Riding on the deworming programme can provide an excellent opportunity to deliver the HPV vaccine to eligible girls.

Question 4.1

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

The key findings on the knowledge and attitudes of most of the Muslim women in this review were that 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 were common, mainly influenced by misconceptions and insufficient knowledge. Infected women also tended to be subjected to more blame and judgement as compared to their male counterparts. (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?

The two main barriers to STI and HIV/AIDS testing and diagnosis as reported in the review were poor overall STI knowledge among Muslim women regardless of education level and significant misinformation with regards to mode of transmission and prevention. (Alomair et al. 2020).

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 et al., 2020).

Question 5.1

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

One key difference in students who attended HIV educational programs and other students in this paper was that compared to the students who had never attended HIV educational programs, those who did stated they were more likely to use condoms consistently (Elshiekh 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. Knowledge and misconceptions about HIV and condom use
2. Risk Perception
3. Cues to Action

Reference

1. Alomair, N., Alageel, S., Davies, N., & Bailey, J. V. (2020). Sexually transmitted infection knowledge and attitudes among Muslim women worldwide: a systematic review. *Sexual and reproductive health matters*, *28*(1), 1731296.
2. Elshiekh, H. F., Hoving, C., & de Vries, H. (2020). Exploring determinants of condom use among university students in Sudan. *Archives of sexual behavior*, 1-13.
3. World Health Organization. (2014). *Options for linking health interventions for adolescents with HPV vaccination.* Geneva: WHO.
4. World Health Organization. (2015). *Brief sexuality-related communication: recommendations for a public health approach*. World Health Organization.
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