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.

The three serious long-term consequences of STIs are (1):

- STIs such as gonorrhea and chlamydia are major causes of infertility and it have been linked with serious pregnancy complications for the newborn, including preterm birth, low birth weight and death
- STIs are increased risk of human immunodeficiency virus (HIV)-infection; for example, chlamydia and gonorrhea are associated with a two- to three-fold increased risk of acquiring HIV
- Human papillomavirus is responsible for several cases of 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.

- BSC is defined as an opportunistic, dynamic communication approach used by trained health care providers via counselling skills to address clients' sexuality and related personal or psychological problems, as well as to promote sexual well-being. It takes into account the biological, psychological and social dimensions of sexual health and well-being (2).
- BSC and counselling are similar as both approaches utilize counselling skills to address sexuality, sexual health and sexual well-being, considering the psychological and social dimensions (2).
- BSC differs from Counselling in its application. BSC focuses on the opportunistic use of counselling skills, while Counselling refers to formal systematic and continuous consultations in primary care. Counselling is characterized by its continuity, whereas BSC does not require provider continuity (2).

The four components of BSC are (2):

1. Attending: setting up the relationship with the client
2. Responding: asking questions that open the conversation about sexual health and sexuality
3. Personalizing: identifying the existence of sexual concerns, difficulties, dysfunctions or disorders and the dynamics of any interplay between these
4. Initiating: providing information and, with the client, identifying steps that need or could be taken

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 general, BSC uses open-ended rather than direct questions, which allow to engage in the conversation about sexual health and sexuality that often carry shame and stigma (1). In

addition, negative responses to adolescents' disclosure about sexual issues have been shown to negatively affect their health, drug use, resulting in higher levels of depression, and unprotected sex, with the associated increased vulnerability to STIs (3). Furthermore, approaches to adolescent sexual health need to accept sexuality as a normal and positive aspect of a person's life, enabling young people to express their sexuality in healthy, positive, pleasurable and safe ways. This can only occur when the sexual rights of young people are respected (4). A rights approach to BSC also requires provider commitment to confidentiality and an environment for the BSC process that allows for confidentiality (1). Therefore, simply by engaging clients in open discussions about stigmatized subjects as a form of BSC, confidentiality and sexual rights of young people should be respected.

Question 3.1

Why is it important to provide the HPV vaccination?

There are 5 reasons to get HPV vaccine (5):

1. HPV is a common virus that infects teens and adults, 80% of people will get an HPV infection in their lifetime
2. HPV vaccination works, Infections with HPV types that cause most HPV cancers and genital warts have dropped 71 percent among teen girls
3. HPV vaccination prevents cancer, 31,200 cases of cancer could be prevented with HPV vaccination each year
4. Preventing cancer is better than treating it. HPV can cause six types of cancer. Only cervical cancer can be detected early. The other five cancers may not be detected until they cause health problems
5. HPV vaccination provides safe, effective, and long-lasting protection

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 (1):

- The HPV vaccine is given for girls aged 9–13 years. A two-dose schedule can use for girls who receive a first dose of the vaccine before age 15 years
- 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.

- To date, HPV vaccine has been introduced into the national immunization schedules of Yemen. In my opinion, the most appropriate intervention that could be delivered along with HPV vaccine is the provision of Td/TT vaccine (6), because needing to enhance the

coverage of maternal tetanus immunization (7) and as a booster dose for diphtheria vaccine to avoid diphtheria outbreak (8).

- Another intervention that could be delivered along with HPV vaccine is the provision of sexual and reproductive health education (6) as comprehensive sexuality education (CSE) by public health nurses with knowledge of sexual health for an age group that has limited interaction with the healthcare system. Because CSE does not implemented in Yemen and limited by the inadequate preparation and support of teachers.

Question 4.1

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

A key finding from the knowledge and attitudes of most of the Muslim women in this review is the poor overall STI knowledge among Muslim women, with HIV/AIDS being the most widely recognized STI (9).

Question 4.2

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

Negative attitudes towards HIV/AIDS and the perceptions that only certain individuals are at risk acted as a barrier to testing and diagnosis (9).

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 (9).

Question 5.1

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

Only a few of the students who had attended HIV education programs were using condoms consistently. Compared to those who had never attended HIV educational programs, those who did stated that they were more likely to use condoms consistently (10).

Question 5.2

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

The three pre-motivational determinants among university students to use condoms are (10):

(a) Knowledge about HIV (b) Knew about condoms and (c) Knowledge about how to use condoms correctly.

References

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