Training course in adolescent sexual and reproductive health 2021

Sexually transmitted infections prevention and care

Majd Basim Alfrajee

Ministry of Health, Iraq

Majdglory19@gmail.com

Question 1

List three serious long-term consequences of STI.

1. STIs have been linked with serious pregnancy complications for the newborn, including preterm birth, low birth weight and death.
2. STIs such as gonorrhoea 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.

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: The provider (a nurse, doctor or health educator) uses counselling skills "opportunistically 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

- BSC is **similar** in counselling as appropriate for addressing sexual concerns and difficulties, addressing dysfunctions or disorders may require systematic psychological therapy or physiological medical treatment takes into account and the psychological and social dimensions of sexual health and well-being as well as the biological ones
- **Different** from professional counselling that does not require provider continuity, in contrast to the health-care provider using most of the time to impart his or her expertise. The aim is to help clients identify ways to address their concerns. This is described as a "client-centred" approach, which respects clients' ideas, feelings, expectations and values, as opposed to the "disease centred" model in which the provider makes decisions on behalf of the client.

The components are Attending, Responding, Personalizing, 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 could contribute to open and stigma-free discussion about sex by preparing and supporting health workers to engage in such discussions and in holding them accountable for this.

In Iraq, I think there is defect in counselling skills of health service providers which reflect to an open and stigma-free discussion about sex.

Question 3.1

Why is it important to provide the HPV vaccination?

It is important to cervical cancer prevention and control.

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?

Provide the 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. 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. Immunocompromised individuals, including people living with HIV, and females aged 15 years and older should also receive the vaccine; they need three doses (at 0, 1–2 and 6 months) to be protected fully.

Question 3.3

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

In my country, I think there is a gap in **sexual and reproductive health education**, HIV prevention and condom promotion, therefore the most important intervention is to improve that sex education interventions would benefit from considering the wider personal and external barriers.

Question 4.1

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

Key findings are:

Poor knowledge and misconceptions; sources of sexual health information and information needs; and cultural influences on STI knowledge and attitudes. 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. Infected women tended to be subjected to more blame and judgement compared to men.

Question 4.2

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

Negative attitudes by healthcare providers towards premarital sex acted as a barrier to young girls' access to sexual health information and services.

On the other hand, many **Muslim women lacked proper sexual health knowledge, and that negative attitudes towards** STIs acted as a barrier to accessing sexual health information and services.

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 while education in schools was a source of STI information for a minority of women.

Question 5.1

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

The participants who attended HIV education programs seemed to know how to use condoms correctly while who didn`t attend had the only superficial knowledge.

Question 5.2

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

- Knowledge and misconceptions about HIV and condom use: physical harm, protect men not female &protect getting pregnancy not HIV.
- Risk perception: the risk of getting HIV, the majority of the participants were also concerned about the risk of getting pregnant. Females and condom users reported higher pregnancy risk perception than males and nonusers. They also perceived the serious social consequences of illegal pregnancy.
- Cues to Action: half of them mentioned having previous experience with people living with HIV/AIDS.