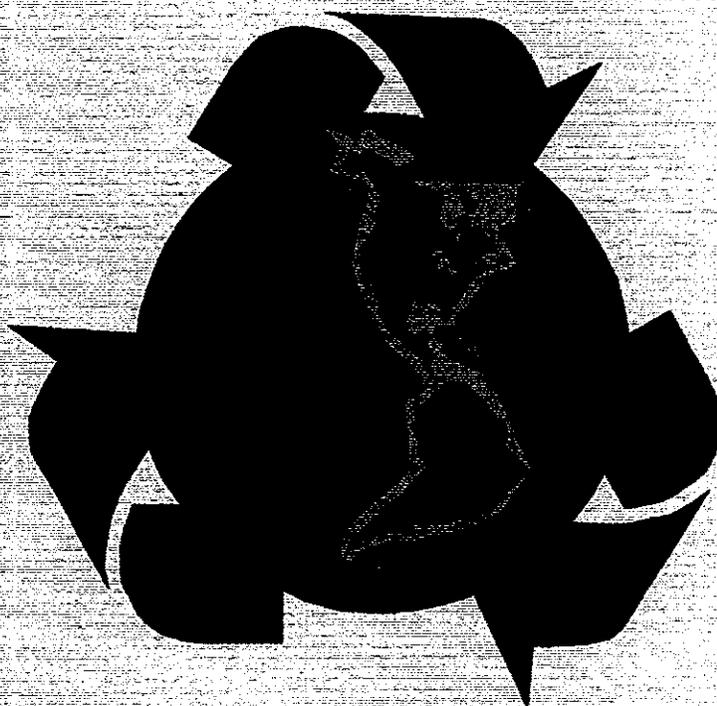


PN-ACR-489

The GRMA/PRIME

**Self-Directed Learning/
Client-Provider Interaction
Adolescent Reproductive
Health Initiative**

a programme in six modules



**Module 6:
Providing STD and HIV/AIDS
Services to Adolescents**

1999

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Suggested Reading

Adolescents in Peril: The HIV/AIDS Pandemic, Advocates for Youth, January 1996.

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CPI	client-provider interaction
GRMA	Ghana Registered Midwives Association
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
IEC	information, education and communication
PID	Pelvic Inflammatory Disease
RH	reproductive health
SDL	self-directed learning
STD	sexually transmitted disease
USAID	United States Agency for International Development

Module 6: Providing STD and HIV/AIDS Services for Adolescents

Introduction

This is the final module of this series. Using what you already know about Sexually Transmitted Diseases (STDs), Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), the materials in this module will help you to provide high quality STD and HIV/AIDS services and referrals to adolescents in your community. You will apply your counselling skills and your knowledge of adolescents to adapting STD and HIV/AIDS services for adolescent clients.

This module covers the common STDs in Ghana and their characteristics, HIV transmission, the syndromic approach, the treatment and management of STDs and HIV/AIDS in adolescents, and the role of the condom in preventing STDs and HIV/AIDS.



Objectives

After completing this module and the related peer review session, you will be able to:

- recognise, treat, and manage STDs in adolescent clients using the syndromic approach.
- discuss with adolescent clients how STDs and HIV/AIDS are and are not transmitted and how they can protect themselves and others from infection.
- help adolescent clients make appropriate choices that will protect them and others from STDs and HIV/AIDS.
- use good counselling practices and your knowledge of adolescents when delivering services or making referrals for STDs and HIV/AIDS cases.
- demonstrate how to properly put on and take off a condom.

Module Six is divided into two lessons. In Lesson 1 you will learn about STDs in Ghana and applying the syndromic approach with adolescents. In Lesson 2 you will learn how to apply counselling principles and IEC strategies in providing STD and HIV/AIDS services. You will learn techniques for demonstrating to adolescents how to put on and take off a condom and details about condom use.

To complete Module Six you will need a penis model and a supply of condoms. You may also want to have the references you normally use when applying the syndromic approach as well as the *National Reproductive Health Service Protocols* (pp. 95-103).

When completing the module, use the page called *Things I want to discuss when I see my facilitator are...* to keep track of questions or comments you might have for your facilitator. Use the page called *Things I want to discuss at the next peer review meeting include...* to keep track of questions or issues you want to raise at the next peer review meeting.

Before you start...

Fill out your schedule for completing the module during the next month. The items should include: covering the lessons in the module, the meeting with your partner, your practice activities in the work site, preparing for your monthly meeting and the monthly meeting itself. In order to fill in the schedule ask yourself the following questions: "What am I doing this month? What time is available? When is the best time to do my lessons? What are my obstacles to completing the lessons? How will I overcome what gets in my way?"

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							

Lesson One: Recognising, treating and managing STDs in adolescent clients



Self-assessment

Answer the following questions and then check your answers in the text that follows or in the answer key at the back of the module.

1. What are four common characteristics of STDs in men? What are four common characteristics in women?

Men

Women

2. Briefly explain what the syndromic approach is and how it is used.
3. What are the advantages of using the syndromic approach to recognise, manage, and treat STDs and HIV?
4. What information or reference materials do you need to be able to apply the syndromic approach?
5. What do you think would be different about applying the syndromic approach with adolescents versus with your adult clients?

What are the common STDs in Ghana?

Diseases that are mainly transmitted via sexual contact are called sexually transmitted diseases (STDs).

The STDs known to be present in Ghana include:

- Gonorrhoea
- Syphilis
- Trichomoniasis
- Herpes Simplex
- HIV
- Genital warts (caused by the Human Papilloma Virus or HPV)
- Scabies
- Pubic lice
- Chancroid
- Chlamydia and Granuloma inguinale

In addition to this list of diseases, there are also two conditions, vaginitis and pelvic inflammatory disease (PID). The most common causes of vaginitis are candidiasis, bacterial vaginosis and trichomoniasis. Of these, candidiasis and bacterial vaginosis are not usually (but can be) transmitted sexually, while trichomoniasis is principally transmitted sexually.

PID can arise from different causes, some of which are not the result of sexual contact. However, in sexually active women, PID is most often caused by chlamydia and gonorrhoea. PID affects women much more often than men. PID may be characterized by some of the following signs: lower abdominal tenderness, possible presence of a lateral mass, pain at moving the cervix, possible cervicitis, fever, tiredness and paleness. PID is usually due to gonorrhoea, chlamydia, and/or bacteria found in the vagina or the digestive tract.

What makes STDs and HIV particular problems for adolescents?

STDs and HIV represent a health threat for sexually active adolescents because:

- many adolescents are unaware of what STDs are, what their effects are, and how to prevent transmission.
- adolescent sexual activity is likely to be unplanned.
- adolescents are more likely to have a succession of short-term relationships.
- adolescents are still learning about how their bodies function. Because of this, it can be difficult for adolescents to recognise that they have an STD.

The objectives of Ghana's STD services are to:

- prevent and control STDs and HIV/AIDS.
- diagnose and treat STDs and HIV/AIDS.

→ Adolescents have been identified as a target group for these activities.¹

Take a few moments right now to read the fact sheet at the end of this module called, "Adolescents in Peril: The HIV/AIDS Pandemic". As you read, make notes under Activity 1 below about three things you would like community leaders in your area to know about why STDs and HIV are particular problems for adolescents.



Apply it now

Activity 1

Three things community leaders should know about why STDs and HIV are particular problems for adolescents include:

- 1.
- 2.
- 3.

¹ *National RH Service Policy and Standards*. MOH. 1997. p. 9-10.

What are the signs and symptoms of STDs in adolescents?

The signs and symptoms of STDs in adolescents are the same as in adults, but youthful inexperience is likely to make it difficult for adolescents to recognise and explain their signs and symptoms. You will need to ask questions in a simple, clear manner to help young clients give you the information you need to help them. You will also need to explain any words a young client does not know or understand. Let's review the signs and symptoms of STDs.

Although most STDs can be present and cause problems without any symptoms at all, when signs and symptoms are present, they can include:

Common signs and symptoms of STDs in women:

- Foul smelling or otherwise unusual vaginal discharge (*Keep in mind that adolescent girls may not even recognise that they have a vaginal discharge, much less be able to distinguish a normal discharge from an unusual discharge.*)
- Pain during intercourse.
- Pain or burning sensation when passing urine.
- A feeling of wanting to pass urine often.
- Painful sores in or on genitals.
- A dull or an acute pain in the lower abdomen.
- Unusual bleeding.
- Changes in the normal pattern and characteristics of monthly period.

Common signs and symptoms of STDs in men:

- Urethral discharge.
- Burning pain when passing urine.
- Irritation of the skin of the penis, glans, or urethra.
- Painless sore in or on the penis.
- A slight skin rash (may indicate secondary syphilis).

How will I apply the syndromic approach with adolescents?

When using the syndromic approach with adolescents, you will need to use your best counselling skills to help your clients identify and talk about their problems. As you know, adolescents are very susceptible to misinformation and may be quite uninformed about STDs and HIV/AIDS and unwilling to accept that they have been infected.

You will also need to ensure privacy and confidentiality. The diagnosis and treatment given to an adolescent must be kept private. If your client knows he or she can trust you, it is more likely that he or she will be able to convince his or her sexual partner(s) to come for screening, too.

The syndromic approach uses signs and symptoms to make a probable diagnosis for treatment and management. You can use the flowcharts provided in the *National Reproductive Health Service Protocols* (pp. 95-103) to diagnose, treat and manage STDs and HIV/AIDS in your adolescent clients. The drugs used are on the essential drugs list.

Advantages of the syndromic approach are:

- it is cost effective.
- saves time (no waiting for laboratory tests).
- immediate treatment or referral can be provided.
- it can be done in any medical facility with no special equipment.
- counselling, education and treatment are all given at the same time.

A disadvantage of the syndromic approach is that it is not perfect. However, it can reliably be used in the presence of:

- signs and symptoms of Pelvic Inflammatory Disease (PID)
- vaginal ulcers
- urethral discharge and pain.

Note: The syndromic approach cannot reliably be used in the presence of cervicitis or vaginitis. Cervical infection with chlamydia and/or gonorrhoea may have no symptoms.

Lesson Two: Helping adolescent clients avoid STD and HIV infection



Self-assessment

Answer the following questions and then check your answers in the text that follows or in the answer key at the back of the module.

1. What do adolescents need to know about the ways STDs are transmitted?
2. What do adolescents need to know about the ways HIV is transmitted?
3. What do adolescents need to know about the ways HIV is not transmitted?
4. I can correctly demonstrate to an adolescent the proper way to put on and take off a condom.
(Yes, No)
5. What else do adolescents need to know in order to use condoms safely?
6. What methods of disposal would you recommend to condom users?

What is the difference between HIV and AIDS?

The virus that causes Acquired Immune Deficiency Syndrome (AIDS) is called Human Immunodeficiency Virus (HIV). When a person becomes infected with HIV, the body produces antibodies against the infection. The antibodies can be identified in a blood sample, and the person is said to have HIV infection. He or she probably shows no signs or symptoms of the disease. The virus lives in the body and can be passed to other people, even though the infected person has no outward signs or symptoms and may not know he or she is infected. It is not yet clear how long a person can remain a symptomless carrier. It is estimated to be between 2 to 10 years or even longer. There is no way to eliminate the HIV virus from the body.

Eventually the HIV virus damages the immune system beyond the body's ability to repair it, and the person develops signs and symptoms of illness. When signs and symptoms appear as illness, the disease is called AIDS. Although progress is being made in treatment approaches, there is no cure for AIDS.

How is HIV carried and spread?

HIV is carried in body fluids. The most important fluids for transmission are semen, vaginal fluids, and blood. HIV is also present in breast milk and saliva.

HIV can be spread through:

- vaginal intercourse.
- anal intercourse.
- other activities that allow semen, vaginal fluid, or blood to enter the mouth, anus, or vagina or to touch an open cut or sore.
- sharing intravenous hypodermic needles and other sharps with an infected person
- transfusions of infected blood.

A pregnant woman with HIV is able to pass HIV to her foetus during pregnancy or childbirth. A breastfeeding woman with HIV can pass the virus to her baby through her breast milk. In areas where many babies still die from infectious diseases, however, women with HIV should breastfeed their babies—when no acceptable alternative is available.

How is HIV infection NOT spread?

It is important to understand how HIV is *not* spread so that persons infected with HIV or who have AIDS will not be treated as outcasts from society.

Adolescents need to know they will *not* be infected with the virus if they:

- shake hands with a person infected with HIV or with AIDS
- visit a person infected with AIDS
- talk to a person with AIDS
- kiss a person with HIV or AIDS on the cheek
- share the same office
- sleep together without having sex
- are bitten by a mosquito
- eat from one plate

- use a common toilet (latrine) seat
- use a common bathroom
- feed an AIDS patient
- wash an AIDS patient

How can I help adolescent clients protect themselves and others from STDs and HIV/AIDS?

Adolescents need to know about STDs and HIV and how they can protect themselves. What adolescent clients need most from you is help in making appropriate choices. They need encouragement and strategies to negotiate condom use with their partners. Your good counselling practices and your knowledge of adolescents are your best tools. Your willingness to discuss issues of sexuality frankly with adolescent clients will help them overcome the embarrassment that can separate them from the accurate information they need to be safe.

Adolescents can avoid STDs and HIV/AIDS by modifying their sexual behaviour. They can follow any of the ABCs:

Abstain from sex. This is the only guaranteed protection.

Or

Be mutually faithful. Always have sex with the same person. This person also must not have sex with anyone else and must not already have an STD or HIV. Be sure to tell the adolescents you counsel or talk to during IEC activities that it's usually not possible to tell if a person has an STD just by looking at him or her. People with STDs, including HIV, usually do not look sick.

Or

Consistently Use Condoms. Use one every time and use it correctly.

To prevent STDs/HIV, adolescents at risk should use condoms even when they use another family planning method. If possible, they should use condoms that are pre-lubricated with a spermicide (or they should use a separate spermicide with condoms that are not already pre-lubricated with a spermicide). There is some research evidence that spermicides reduce infection rates.

Adolescents also need to know that:

- STDs can be transmitted by any type of genital, oral or anal contact with an infected person.
- they can get an STD over and over again, even if they had an STD and were cured.
- they can have more than one STD at a time.
- people of any age can have an STD.

If you are not proficient already, you will need to become proficient in demonstrating the techniques of how to put on a condom. This is because the condom is the most important way for sexually active adolescents to protect themselves from STDs and HIV/AIDS.

Using the penis model, follow the procedure² outlined in the small, fold-out brochure you received with Module 2: *Counselling Adolescents*. You may also follow the steps in the box for correctly putting on and removing a condom.

How to put on and remove a condom:

1. Check the expiring date and make sure the pack is not damaged.
2. Hold the pack at its edge and open by tearing from a ribbed edge (Do not use sharps or teeth.)
3. The condom must be placed on an erect penis.
4. Hold the condom so that rolled rim is facing up.
5. Pull the foreskin back if the penis is uncircumcised.
6. Squeeze the tip of the condom between the fingers to push the air out.
7. Still holding to the tip of the condom, place it on the end of the penis.
8. Gently unroll the condom with the other hand, all the way to the base of the penis, making certain there is extra space at the tip of the condom.
9. Immediately after ejaculation, hold the rim of the condom to the base of the penis so the condom does not slip off. Slowly withdraw the penis from the vagina before the penis becomes soft.
10. Remove the condom carefully to avoid spilling the semen.
11. Wrap the condom and throw it away in a pit latrine, burn it, bury it or flush it down a toilet.
12. Use a new condom for each act of intercourse.

Note: Remember to advise adolescents to use non-expired condoms. Be sure to discuss with them proper methods for disposing of a used condom. More difficult to discuss but at least as important is the need for both young men and young woman to accept responsibility for their health. They will need help making choices and developing skills for negotiating condom use.

How do I make referrals for STDs and HIV/AIDS cases?

Just as you would do for adult clients, you will make referrals for adolescent clients according to your experience and your ability to diagnose, treat, and manage STDs and HIV/AIDS cases. In addition, you will also make referrals according to the *National Reproductive Health Service Protocols*.

An adolescent client known or suspected to have an STD should be treated with the same level of respect as if she or he had come to you for counselling about their reproductive health or a family planning method. You will need to focus on providing clear, basic, and accurate information about the condition and the treatment. Provide privacy for your young clients as you provide STD services and keep your knowledge of their condition confidential.

² STD/AIDS Peer Educator Training Manual. AIDSTECH/Family Health International. 1992.

Make sure that an adolescent client who needs to be referred understands what she or he is to do and where to go after leaving your maternity home. Be sure the client understands the need to protect others from acquiring the STD. Anyone who may have contracted the STD from the client should come to the maternity home for treatment, and the client and his/her partner(s) should abstain from sexual activity or use condoms to prevent future transmission of STDs. Make arrangements for the client to return for a follow-up visit if appropriate.

Be sure to keep yourself informed about the resources in your community so you can make appropriate referrals for adolescents.



Apply it now

Activity 3

One day in the market, an adolescent girl you have known since she was a young child begins a conversation with you. You sense there is something she wants to know but does not seem to know how to ask. As she talks you learn that she has a boyfriend, and she lets you know she is sexually active with him. You ask if she and her boyfriend know how to protect themselves from STDs and HIV. She says they use condoms most of the time. She wonders if it is possible to have an STD and not know it. How would you answer her?

Paired learner meeting

The meeting with your learning partner is an opportunity for you to talk about what you have learned and the activities you have performed in the module. Use this time to discuss the self-directed learning process and to review what you have learned, your questions, your experiences and anything you might not agree with. Also use this time to put your learning into practice.

Suggested time: 2-4 hours

1. Discuss with your partner the learning process to date

- What are you enjoying about the process?
- What difficulties are you having with the process?
- Are you able to find time to learn without being interrupted?
- What time management and planning strategies have worked for you?
- What time management and planning activities will you do differently with the next module?

2. Discuss the content

- What is the most important thing you have learned in this module?
- Is there anything you have found in this module that you disagree with?
- What in this module did you already know?
- Compare your responses on the self-assessments with your partner's responses.
- Share your completed activities with your partner. How were they similar or different?

3. Partner activities

A. Role plays

Take turns with your partner playing the role of the midwife and the client. After conducting the role play tick off which skills from the list were demonstrated by the partner playing the midwife on the Role Play Assessment Inventories on the next two pages. Discuss how the use of these skills affected how the "client" felt and the results of the role play. What were the positive points and the places for improvement for the midwife role.

1. Yaa Mansah, a healthy looking adolescent, comes to your maternity home complaining that a "sugar daddy" she met a year ago is in hospital with AIDS. She wants to know if she has AIDS. Demonstrate how you would deal with this case.
2. Kodjo, 18 years, comes to see you complaining of thick yellow discharge from his penis for 3 days. He thinks it is getting worse. It sometimes hurts so much that he cannot pass urine.
 - a. What is the appropriate management?
 - b. He comes to see you again two weeks later and still has a discharge. What are possible reasons for this?
 - c. How would you handle this case?

B. Demonstration

Take turns with your partner and use the penis model and a condom to demonstrate the proper technique for putting on and removing a condom. As you follow the steps, pretend your partner is an adolescent client. Describe the process aloud. Be sure to use simple sentences to describe the steps, just as you would do if you were actually showing an adolescent client about proper use.

C. Discuss together

What are three STD and HIV/AIDS topics that you would like to discuss as part of an IEC activity for a group? Who would be the audience and how would you organise the meeting to promote discussion? On a separate piece of paper, write an outline for a talk about one of the topics.

Role play 1 assessment inventory: Give your module to your learning partner. Ask her to use the inventory below to check off the skills that you demonstrate as you role play the midwife. Then switch roles so your learning partner plays the midwife. Use the inventory in your learning partner's module to note the skills she demonstrates as the two of you repeat the role play.

Skills	Skills observed
Communicates caring, interest and acceptance	
Pays attention to the client	
Asks about feelings	
Assures confidentiality	
Encourages client to talk	
Helps client identify decision areas or problems	
Lets client make the decision	
Asks about risks of STD/HIV	
Gives accurate, concise information requested by the client	
Able to summarise the discussion with the client	
Invites client to bring or send others	
Thanks client for coming	
Other:	

Role play 2 assessment inventory

Skills	Skills observed
Communicates caring, interest and acceptance	
Pays attention to the client	
Asks about feelings	
Assures confidentiality	
Encourages client to talk	
Helps client identify decision areas or problems	
Lets client make the decision	
Asks about risks of STD/HIV	
Gives accurate, concise information requested by the client	
Able to summarise the discussion with the client	
Invites client to bring or send others	
Thanks client for coming	
Other:	

Summary

Adolescents need high-quality services and referrals. Adolescents have a great need for simple, clear information. An adolescent who gets an STD needs appropriate treatment and information about how to prevent giving the disease to another person, as well as information about how to protect herself or himself from getting another STD. You can apply what you have learned about counselling and your knowledge of adolescents as you adapt STD and HIV/AIDS services for adolescent clients.

In this module you have learned more about STDs and their characteristics, how HIV is and is not transmitted, applying the syndromic approach in the treatment and management of STDs and HIV/AIDS in adolescents, and the role of the condom in preventing STDs and HIV/AIDS. You can continue to add to your knowledge and skill in these areas, using your counselling skills to communicate effectively with this very important group in your community. You are an excellent community resource for adolescent health!

Practice applying skills on the job

This section is designed to help you apply your new knowledge and skills to your work site or in your community.

1. Choose at least two of the following suggested activities and complete them before your next peer review meeting. These activities are designed to help you apply your new knowledge and skills to your work site.
 - a) Using the penis model, demonstrate to an adolescent client the proper way to put on and take off a condom. Be sure to discuss the importance of using non-expired condoms and proper disposal of used condoms. Perhaps you will also want to make sure the adolescent knows where to get condoms. Are there other issues you might encourage discussion about?
 - b) Plan and conduct a brief talk about what STDs and HIV/AIDS are, how they are and are not transmitted, some signs and symptoms to watch for, what to do if they suspect they may have an STD, and how to protect themselves and others against becoming infected. Suggestion: Keep each topic short and simple. You might want to make a poster of the signs and symptoms to go with your talk.
 - c) Create a poster for your maternity home about the ABCs of avoiding STDs and HIV/AIDS (see the section entitled, How can I help adolescent clients protect themselves and others from STDs and HIV/AIDS?). Put the poster in a place where you counsel clients, and use it as the basis for a discussion with an adolescent client that comes to you this month.
2. Complete the Activity Plan for Applying Skills on-the-job that is found on the next page. This plan will help you identify the specific changes related to counselling adolescents that you can make in your maternity home. (See Module 1 for more complete instructions on how to prepare your activity plan.)

ACTIVITY PLAN FOR APPLYING SKILLS ON-THE-JOB
MODULE 6: PROVIDING STD/HIV/AIDS SERVICES TO ADOLESCENTS

1. Name of Provider: _____

2. Name of Maternity home/Work Site: _____

3. District and Region: _____

Specific Changes I Wish to Introduce at My Work Site	What Activities Will be Done to Effect the Change at My Work Site	Outcomes at the Work Site and/or Among the Clients as a Result of the Changes	Time Period for the Changes to Occur (from _____ to _____)	Comments

18.



Final assessment

This final assessment will help you review your learning and prepare you for your next meeting with your fellow learners. Look back over the answers you gave to the self-assessments in the module and correct them given the knowledge you have gained during the module.

Use the following questions to help yourself judge your level of mastery of the module's objectives. If there are areas in which you are still weak, review the corresponding sections of the module and, if appropriate, the suggested reading.

1. What is a **disadvantage** of using the syndromic approach to recognise, manage, and treat STDs and HIV?

2. The mother of a young man in your community, age 16, tells you she is concerned because she has learned that her son has had unprotected sexual intercourse with several females. You want to help him change his behaviour and encourage him to adopt safer sexual practices. Which of the following plans is most likely to be effective with this adolescent?
 - a. Include him in a group of boys discussing sexuality and sexually transmitted infections
 - b. Tell him to come with his parents to talk about sexually transmitted infections.
 - c. Give him a warning about infections and advise him to always use condoms.
 - d. Provide him with information about sexually transmitted infections.

3. Urethral discharge and scrotal swelling are symptoms associated with the following STD:
 - a. hepatitis B
 - b. human papilloma virus (HPV)
 - c. syphilis
 - d. gonorrhoea

4. Increased vaginal discharge is a symptom associated with the following infection(s):
 - a. chlamydia
 - b. candidiasis
 - c. gonorrhoea
 - d. all of the above

5. A young man is receiving treatment of a chlamydia infection of the genital tract. He tells you: "My girlfriend has no symptoms, so she does not need an examination or medication." List two health risks if he continues his behaviour.

6. Why is it important for adolescents to make their own choices about protecting themselves and others from STDs?

7. How does counselling contribute to an adolescent's ability to make an informed choice to prevent transmission of STDs and HIV/AIDS?



Answer key for self-assessments and activities

This answer key is intended to be a guide. It may not reflect your exact response to each question.

Lesson One Self-Assessment

1. There are other signs and symptoms of STDs in men and in women, but here are four common characteristics:

Men	Women
Urethral discharge	Unusual or foul smelling discharge
Pain or burning sensation when passing urine	Pain during intercourse
A sore in or on the penis	Pain or burning sensation when passing urine
Irritation of the skin of the penis, glans, or urethra	Unusual bleeding

2. The syndromic approach is a method for using signs and symptoms to make a probable diagnosis for treatment and management of STDs.
3. The advantages of this approach are:
 - it is cost effective
 - saves time
 - immediate treatment or referral can be provided
 - it can be done in any medical facility with no special equipment
 - counselling, education and treatment are all given at the same time.
4. You will need a reference, such as the *National Reproductive Health Service Protocols* and the essential drugs list.
5. There is no difference in applying the syndromic approach with adolescents versus with your adult clients. However, adolescents will generally find it more difficult to describe their symptoms than adults. You will need to ask clear, simple questions to get the information you need to apply the syndromic approach. You will also need to listen careful and use your best counselling skills.

Activity 1

Your answers may have included (but need not be limited to) these areas:

1. Adolescents are sexually active and condom use is low.
2. Adolescents lack accurate knowledge about STDs and HIV.
3. Economic and social factors increase the risk of infection among adolescents

Activity 2

1. This answer should describe how you would use the syndromic approach. You may want to refer to the *National Reproductive Health Service Protocols* (pp. 95-103), and you may want to review the use of the approach when you meet with your learning partner at the paired learner meeting.
2. Your answers might include: gonorrhoea, chlamydia, trichomonas, candida, endometritis.

Note: You might also suspect complications from unsafe abortion. Be sure to ask Ama if she is menstruating regularly.

3. Once you have established that Ama probably has an STD, you should remind her to abstain from sexual activity (or, at a minimum, use condoms) until she is cured of the disease. You should encourage her to have her partner receive treatment, too. Remind her that condoms provide the best available (though not perfect) protection from STDs and HIV/AIDS if she is going to be sexually active.

Lesson Two Self-Assessment

1. Adolescents need to know that STDs are transmitted through intimate sexual contact, especially involving the exchange of body fluids such as semen and vaginal fluids.
2. HIV is also carried in body fluids, such as semen and vaginal fluids, of infected persons. It is also present in blood, breast milk and saliva. HIV is transmitted through intimate sexual contact, too, but a person may also become infected by contact with intravenous hypodermic needles and other sharps used by an infected person.
3. Adolescents need to know that HIV is not transmitted through ordinary contact. For a list of the ways HIV is not spread, see the section of this module entitled, *How is HIV infection not spread?*
4. Your answer should be Yes or No. If you answered Yes, you are still encouraged to read the section on condoms in this module. If you answered No, you will have an opportunity to review and practice.
5. Adolescents need to know to use non-expired condoms and to dispose of them properly—and to use a condom for each act of intercourse.
6. Condoms should be disposed of by burning, burying or other technique that is appropriate in your community.

Activity 3

You would tell her that it is possible to have an STD or even HIV and not know it. Some STDs are asymptomatic. This can create a sense of false confidence that unprotected sex is safe. Let her know that she and her boyfriend should use a condom each and every time they have sexual intercourse and that they should both learn the signs and symptoms of STDs. You might want to describe some common signs and symptoms, using clear, simple terms. You might also suggest that she visit you at your maternity home if she needs more information or suspects she may have an STD.

Final Assessment

1. A disadvantage of the syndromic approach is that it is not perfect. It can reliably be used in the presence of:
 - signs and symptoms of Pelvic Inflammatory Disease (PID)
 - vaginal ulcers
 - urethral discharge and pain.

The syndromic approach cannot reliably be used in the presence of cervicitis or vaginitis. Cervical infection with chlamydia and/or gonorrhoea may have no symptoms.

2. The answers that are most likely to be successful in changing his behaviour are a and d.
3. gonorrhoea
4. all of the above
5. Possible answers include:
 - Re-infection with chlamydia from failure to treat current partner
 - Future infertility
 - Infection of future sexual partners
6. Just as we know that a woman is more likely to continue with a family planning method if she has chosen it herself, adolescents who actively participate in making their own choices about protecting themselves and others from STDs are more likely to make choices that will work for them. For example, abstinence is a fine choice, but if it is not practical or likely, an adolescent may choose to use condoms. Given the support to make this decision, the adolescent will be more likely to use a condom and use it correctly. Adolescent women, particularly, may need you to help them develop a strategy for negotiating condom use.
7. Counselling contributes to an adolescent's ability to make an informed choice. If adolescents can feel free to ask questions and get answers in a non-judgmental manner, they are much more likely to use the information and skill they acquire to make good choices for themselves. Having accurate information helps them to use a method correctly, too.

References

Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development, INTRAH, 1997

Private Maternity Home Assistant CBD Training Manual, Ghana Registered Midwives Association (GRMA), 1998.

Ghana Registered Midwives Association (GRMA) RH/FP/STD Curriculum.

Ghana Registered Midwives Association (GRMA): An Assessment of GRMA Private Sector Reproductive Health Service Providers (report), 1997.

Counselling Skills Training in Adolescent Sexuality and Reproductive Health: A Facilitator's Guide, World Health Organization, 1993.

Clinical Guidelines for Emergency Treatment of Abortion Complications, World Health Organization, 1994.

National Reproductive Health Service Policy and Standards, Republic of Ghana, Ministry of Health, November 1997.

National Reproductive Health Service Protocols, Republic of Ghana, Ministry of Health, October 1996.

The Essentials of Contraceptive Technology: A Handbook for Clinic Staff, Hatcher, Rinehart, Blackburn, Geller, 1997.

Reproductive Health of Young Adults: Contraception, Pregnancy and Sexually Transmitted Diseases, Family Health International, 1997.

Instructions for use of the male condom (brochure), AIDSTECH/Family Health International

Evaluation of Module Six

GRMA and PRIME are in the process of testing the suitability of using Self Directed Learning for identified training needs. Your thoughts and observations on the SDL process and materials will be helpful. Please take a few minutes to fill out the evaluation below. You will be asked to turn it in at your next monthly meeting.

✓ Checklist: Tick the boxes that apply. If your answer is "no" please explain at the right.

YES	NO	OBSERVATIONS
<input type="checkbox"/>	<input type="checkbox"/>	I was able to complete Module Six in the allotted time.
<input type="checkbox"/>	<input type="checkbox"/>	The amount of content and length of activities is appropriate.
<input type="checkbox"/>	<input type="checkbox"/>	The content corresponds to the stated objectives.
<input type="checkbox"/>	<input type="checkbox"/>	The content is sequenced logically.
<input type="checkbox"/>	<input type="checkbox"/>	The content is stated simply and clearly and corresponds to my job responsibilities.
<input type="checkbox"/>	<input type="checkbox"/>	The text is legible, clear and easy-to-read.
<input type="checkbox"/>	<input type="checkbox"/>	The instructions are easy to follow.
<input type="checkbox"/>	<input type="checkbox"/>	The self-assessments help me identify my knowledge and skills gaps and help focus my attention on important information.
<input type="checkbox"/>	<input type="checkbox"/>	The suggested activities help reinforce learning.
<input type="checkbox"/>	<input type="checkbox"/>	The information and practice is adequate for having an effective meeting with my partner.
<input type="checkbox"/>	<input type="checkbox"/>	I was able to complete the module without assistance.
<input type="checkbox"/>	<input type="checkbox"/>	I had all the materials needed to complete the module.
<input type="checkbox"/>	<input type="checkbox"/>	I was able to receive all necessary help from my facilitator if/when I needed it.
<input type="checkbox"/>	<input type="checkbox"/>	I will apply my new knowledge and skills in my workplace.

What did you like best about the module? Explain.

Did you have any problems in completing the module that are not discussed above? Explain.

Please add any other comments or observations that you think would help improve the self-directed learning process or the materials that you have been provided.

Things I want to discuss when I see my facilitator are...

Learner Accomplishments Form

Please complete this form by the end of each monthly peer review and submit it to your facilitator. The form has two purposes:

- to help you organise your learning activities each month
- to help GRMA and PRIME identify any problems that learners may be having with the self-directed learning process.

Please note that this form is anonymous to ensure your freedom to provide honest feedback on your activities. This form will not be used to evaluate your individual progress. Please record any additional comments in the "comments" column.

- a. Date of Peer Review Meeting: _____
- b. Region: _____
- c. Which module(s) have you been working on to prepare for this meeting: _____

My accomplishments during the previous month			
	Yes	No	Comments
1. I have completed the module(s).			
2. I have prepared questions for the paired learning meeting.			
3. I have attended the paired learning meeting for the previous module and have completed the related exercises.			
4. I have received my facilitator's field visit			
5. I have discussed content and process with my facilitator during the visit.			
6. I have brought questions for today's peer review meeting.			
7. I had problems/difficulties with the module or the process. (Use space below to record major problems.)			
8. I have filled out the evaluation form for this module.			
9. I have filled in and used my calendar.			
10. I have filled in my Activity Plan.			
11. I benefited from the facilitator's field visit.			
12. I discussed my Activity Plan with my facilitator.			

Please use the back of this page to record any problems or comments you have about the self-directed learning process, the modules, the content, or your responsibilities.

Suggested Readings

Adolescents in Peril: The HIV/AIDS Pandemic, Advocates for Youth, January 1996.