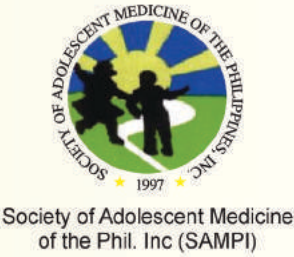




Adolescent Job Aid Manual





Adolescent Job Aid Manual

Desk Reference For Primary Level health Workers in the Philippine Setting

Adapted from the World Health Organization
in collaboration with the Society of Adolescent
Medicine in the Philippines, Inc.

2009



Society of Adolescent Medicine
of the Phil. Inc (SAMPLI)



United Nations
Population Fund



Department of Health
Republic of the Philippines
2008



World Health
Organization
WESTERN PACIFIC REGION

Foreword

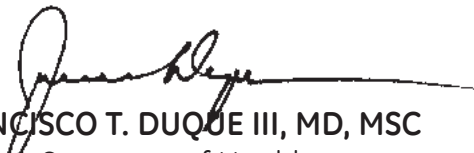


Republic of the Philippines
DEPARTMENT OF HEALTH



The *National Standards for Adolescent-Friendly Health Services* recognized that capability-building is essential for quality delivery of adolescent health care services. In line with the National Standards, the Department of Health in partnership with the Society of Adolescent Medicine in the Philippines (SAMPI), World Health Organization (WHO) and the United Nations Population Fund (UNFPA) developed the *Adolescent Job Aid*. The manual was designed to provide field health workers with step-by-step guidance to manage common adolescent health and development conditions in a way that is more effective, more sensitive and more appropriate to adolescents’ needs. Hence, attuned to our local conditions and environment.

This *Adolescent Job Aid Manual* can be used as a tool for (1) building the abilities of frontline health workers to respond to their adolescent patients effectively and with sensitivity, and (2) enabling and motivating them to perform to the best of their abilities. It is my hope that the Adolescent Job Aid will provide just the help our partners in the health sector need to do a job, just when they need it, and in the form it is needed, thereby improving their competencies in providing quality health care services to our young Filipinos.


FRANCISCO T. DUQUE III, MD, MSC
Secretary of Health

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Introduction

Who are the target audiences of this manual?

This job aid manual is intended for use by all trained and registered health care workers- physicians, nurses, and midwives who provide preventive and curative clinical services to adolescents (10 to 19 years of age).

What is the purpose of this job aid manual?

This job aid manual is intended to complement the reference manual *A Practical Guide on Adolescent Health Care*. It is a step-by step manual that can be easily referred to based on a patient’s chief complaints. It deals with some specific health conditions which have not been dealt with in the Practical Guide. It will focus on concerns of teens based on Focused Group Discussions with several field workers and adolescents themselves. Experts in the fields of Adolescent Medicine, Obstetrics and Gynecology, Dental Medicine, Public Health, Teachers, Psychiatrists, and adolescents.

How does this Job Aid relate to other Guidelines?

It is consistent with and complimentary to key WHO GUIDELINES

- *Integrated Management of Adolescent and Adult Illness*
- *Integrated Management of Pregnancy and Childbirth – Pregnancy, childbirth, postpartum and newborn care: A guide for essential practice (DOH, 2003)*
- *The Philippine Clinical Standards Manual on Family Planning (DOH, 2006)*

How has this Job Aid Manual been organized?

This Job Aid Manual consists of three parts with an introduction.

Part One deals with practical tips on how to handle adolescents, some do’s and don’ts when working with teenagers and their parents, and guidelines on how to provide preventive health counseling. It also shows the health provider how to conduct the psychosocial history using the HEADS format.

Part Two deals with clinical algorithms and decision trees based on concerns of adolescents/parents. It is further subdivided into:

- I. General health concerns –male and female puberty-related issues, breast-related conditions, nutritional health concerns, dental health concerns, anemia, and school performance.
- II. Mental health concerns – anxiety, depression, assessment of suicide risk, alcohol and substance use, smoking and tobacco use, and physical and sexual abuse
- III. Sexual and reproductive health concerns – male urethral discharge, pain/swelling in the scrotum/groin, dysmenorrhea, menorrhagia, irregular periods, vaginal discharge, HIV and pregnancy.

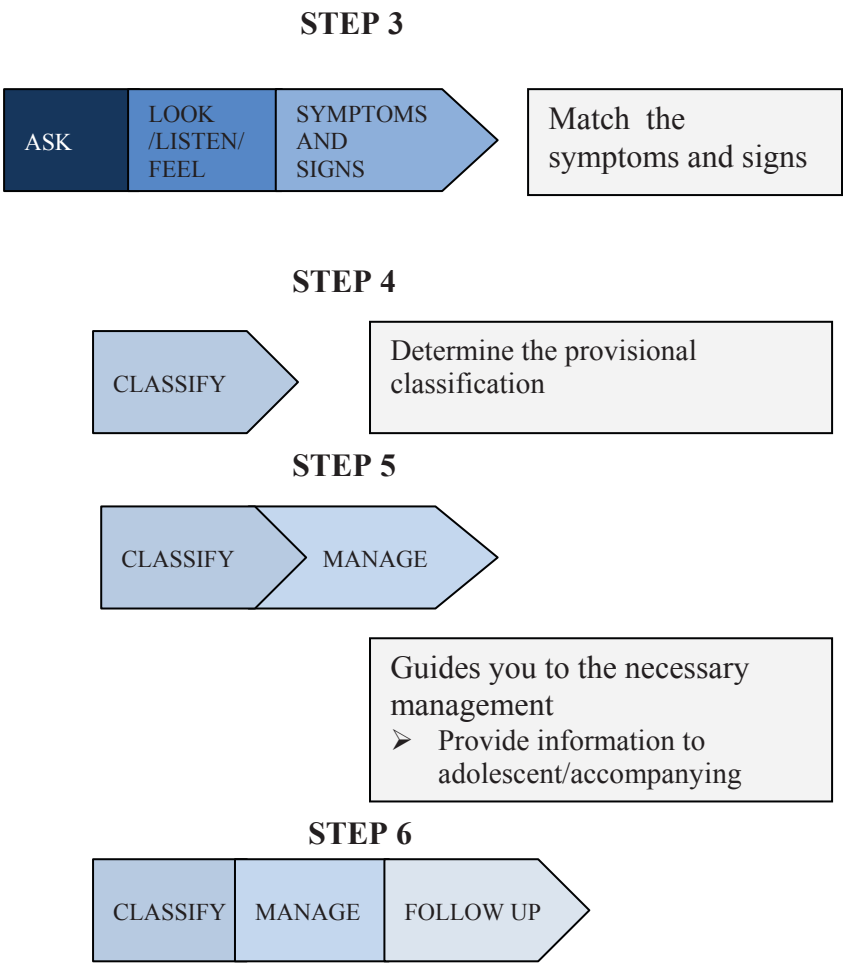
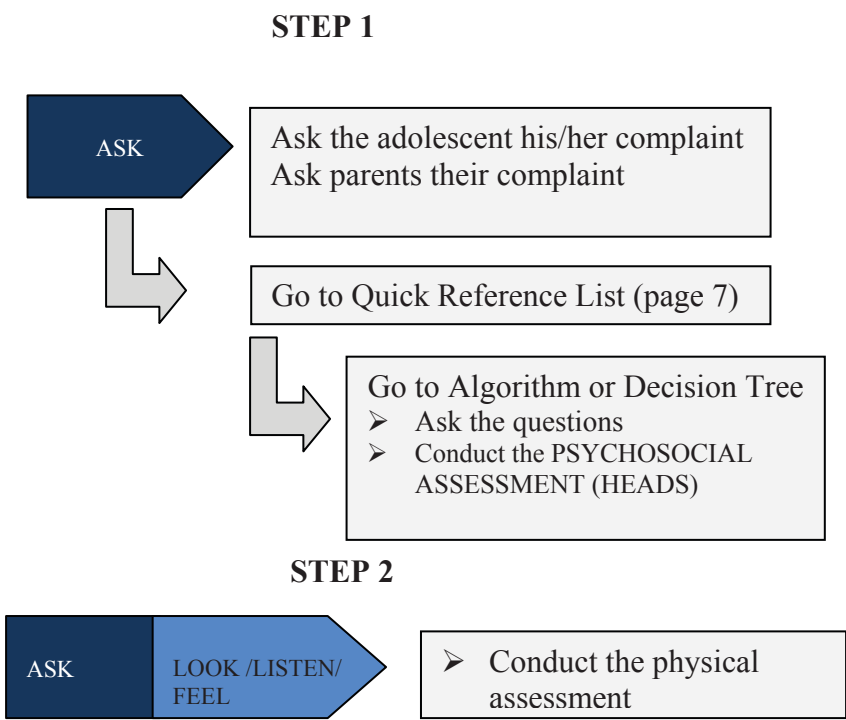
Part Three contains *Maintaining a Healthy Lifestyle* which should be given to all adolescents regardless of their complaints or concerns. These may be given gradually every time that the adolescent comes in for consult.

How to Use

Before using the Manual, study **Part One** which will orient you to the adolescent-friendly approach in the care of adolescents. This is based on the experiences of health service providers, experts, and feedbacks from adolescents themselves. Go over the do’s and don’ts carefully and think of what implications it has on your practice.

Upon contact with the patient, greet the adolescent and the accompanying adult. You may explain the policies of the health facility with regards confidentiality and privacy.

In **Part Two**, follow the steps as follows:



How to Use

Understand the color - coded rows:

- RED row** – Immediate or urgent attention; should be handled by a physician or an expert
- Yellow row** – moderate or intermediate attention; to be handled by adolescent health provider at an adolescent-friendly health service clinic
- Green row** – not so risky or normal level; may be managed by a trained nurse/midwife/health provider.

Provide information/clarification:

This manual also contains additional information that the provider may find useful in their practice:

- Information to be given to the adolescent and accompanying parent
- Responses to frequently asked questions
- Information that the health provider should know.

Referrals:

- If you have to refer a patient, provide the summary of the history, findings, provisional diagnosis, and referral notes. As a matter of courtesy, feedbacks should be sent to the referee containing the evaluation/management done on the patient after being referred to the secondary or tertiary level.
- A phone call may be made for urgent referrals that need communication between health provider to a specialist.

Feedbacks:

As a matter of courtesy, provide the referee a copy of the evaluation/management after being managed at the tertiary or secondary level. Preferably, the referred physician should send suggestions on what can still be done once the patient is back at the primary level.

Follow-up

Follow-up of a patient at the primary care setting is an excellent opportunity to strengthen the relationship of the health provider and the adolescent. This is the time to address other issues or concerns of the adolescent.

Using Part 3

Maintaining a Healthy Lifestyle contains routine information for teens on how to stay healthy. It contains practical tips that can be transmitted to adolescents and parents on how to stay fit and healthy. It focuses on preventive measures targeting risky behaviors.

Topics:

- Sexual activity
- The use of tobacco, alcohol and other substances
- Mental health
- Accidents and Injuries
- Violence
- Health giving foods and healthy eating
- Physical Activity

Quick Reference List

ALGORITHM	PAGE NO.	ALGORITHM	PAGE NO.
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PART I

Organizing Adolescent Friendly Health Services

Risk Behaviors in the Philippines

Tips for Health Providers on How to Deal with Adolescents and their Accompanying Adult

Organizing Adolescent-friendly Health Services

Looking Forward To A More Adolescent-friendly Environment

Making a health facility adolescent-friendly needs careful consideration in the planning. Characteristics of adolescent-friendly services include: accessibility, acceptability, appropriateness, efficiency, effectiveness, equitability, and comprehensiveness. Training of the facility staff and health personnel are likewise necessary.

LOCATION

- Should be located in a place where adolescents can access its services like inside or near a school, health center, or a hospital.

RECEPTIONIST/SECRETARY/NURSE

- Plays a very important role.
- Should view the adolescent as the primary patient.
- Greets the adolescent and accompanying adult when they enter the clinic and get the initial information.
- Maintains the records in such a way that they can be retrieved quickly.
- Ensures that no unauthorized person has access to patient records.

WAITING ROOM

- Provide comfortable seating with proper ventilation, good lighting and reading/information materials.
- Provide access to clean drinking water, and to clean toilets.
- Provide appealing reading material for the adolescent to browse through while waiting.

CONSULTATION/EXAMINATION/TREATMENT AREA:

- Ensure that the consultation and examination are done in a place where the interaction between the health worker and the adolescent cannot be heard or seen by anyone else;

- Ensure that no interruption occurs when a consultation or examination is in progress. (like phone/text calls, signing papers, etc)
- Ensure that no needless delays occur.
- Ensure that the adolescent is clear about what to do (e.g. by labeling the different rooms such as pharmacy, and providing clear instructions as to where to go have a lab test and when to come back for the results).

THE NEED FOR PRIVACY

PRIVACY

A parent may not understand privacy unless it is explained. Maybe it is the first time for parents to hear a one-on-one interview with their adolescents. Adolescents need a private time with their doctors because they do not want their parents to know about certain issues or about their problems.

EXAMINATION ROOM

The examination room should have complete equipment like adult size examining table preferably with stirrups, blood pressure apparatus, ear speculum and adequate light for perineal examination.

Provide curtains where the patient may dress or undress in privacy and where an examination especially for the Tanners' Sexual Maturity Rating and pelvic or genital examination may need to be done. Provide a chart of the Tanners' Staging of Breast and Pubic Hair Development in a place visible to the adolescent. Use this to guide you and to teach the adolescent about pubertal changes.

Dealing with the laws and policies of your country that affect your work with adolescents

- Ensure that you are aware of the laws and policies of your country.
 - In your work with adolescents, you may find that in some situations, the prevailing laws and policies do not permit you to do what is in the best interests of your adolescent patient. In such situations, you may need to draw upon your experience and the support of caring and knowledgeable people to find the best way to balance your legal obligations with your ethical obligations as in the presence of the parents.
1. The Republic of the Philippines has no law on informed consent, privacy, and confidentiality in regard to medical issues.
 2. The Constitution, however, under its Declaration of Principles and State Policies (Article II), provides that the "State recognizes the vital role of the youth in nation-building and shall promote and protect their physical, moral, spiritual, intellectual, and social well-being." (Sec. 13).
 3. It also states that the "State shall protect and promote the right to health of the people and instill health consciousness among them." (Sec. 15)
 4. The Philippine Medical Association in its Code of Ethics (Art. II Sec. 5) states that informed consent in case of a minor should be given by the parents or guardian or members of the immediate family who are of legal age.
 5. Privacy and confidentiality are not synonymous. There is a distinction between them. **Privacy** is the right and power to control information that others possess. **Confidentiality**, on the other hand, is a duty of health care providers not to disclose certain information without the patient's consent. Thus, confidentiality is thought of as a duty of the health care provider, while privacy is the right of the patient to control the information that others possess.
 6. R.A. 7610 mandates all health workers to report suspected cases of child abuse.

7. The Philippines is a co-signatory to the UN Convention on the Rights of the Child.
8. Parents have complete authority over their children below 18 years of age.



Tips for Health Workers on how to deal with adolescents and their accompanying adults

Dealing with an adolescent:

- Greet the adolescent in a friendly manner. You may stand up from behind your desk and sit facing the patient.
- **Explain the issue of confidentiality to both the adolescent and the parent.** Assure them that you will not share any information that they have trusted you with, unless they give you permission to do so (see Confidentiality in Adolescent health care).
- If the parent is with the adolescent, entertain their concerns and allow them to verbalize this. Get all general data that may be needed from the parent – like the family history, past history, developmental history, and immunization history. Avoid assumptions that the adult accompanying the adolescent is the parent. Always clarify this point.
- Inform the parent that you will now interview the patient alone and. that you will call them back to discuss your assessment and plans.
- The parent should not feel isolated. Assure them that interviewing the adolescent alone is not a reflection of them as parents.

In situations where	Your steps will be
<ul style="list-style-type: none">• The adolescent feels shy and awkward	<ul style="list-style-type: none">• Reassure the adolescent and start the interview with general questions and comments to break the ice. Help them relax.
<ul style="list-style-type: none">• The adolescent is angry	<ul style="list-style-type: none">• Earn their trust and show them you are really interested in helping them. Be honest and less authoritative. Avoid playing the role of a parent.
<ul style="list-style-type: none">• The adolescent is distrustful	<ul style="list-style-type: none">• Be friendly but do not behave and talk like a teen. You are a professional and not their peer.
<ul style="list-style-type: none">• The adolescent is quiet and uncooperative	<ul style="list-style-type: none">• Be patient. Continue to reassure them that you are there to help them. Inform them that you cannot reach out to them unless they start opening up. You will do your best to understand them.

* For further details refer to *A Practical Health Guide to Adolescent Health Care*, pp. 21-22

Take their history: (ASK)

- Using the questions listed under each algorithm ask them why they have come to you. Go beyond the ‘presenting need or problem’ to ask if they have other needs and problems.
- Use the dialect that they are comfortable with.
- Be alert for a hidden agenda. Adolescents may present with vague complaints or symptoms that are not consistent with the extent of their complaints.
- If dealing with very sensitive issues, avoid asking directly on this issue until later.
- Prioritize issues depending on the urgency and seriousness of the complaints.
- Conduct the psychosocial assessment or the HEADSS history.

Carry out the physical examination: (LOOK/LISTEN/FEEL)

- Always explain to the patients what you are going to examine, before you do it. Seek their permission before carrying out the procedure. This is especially true if you are going to carry out a vaginal examination or examine their private parts like the breasts or penis.
- Give the adolescent privacy to undress or change into a gown.
- If you are a male health provider, always request that the adolescent have a chaperone in the room.
- Wash your hands before and after examining the patient.
- Cover the patient with a sheet. Continue to talk and to reassure them if your findings are normal. Use this opportunity to educate the adolescent about normal growth and development.
- Any abnormal findings should be pointed out and questions pertinent to this may be asked.

What to look for (SIGNS / SYMPTOMS)

- Look for signs and symptoms in the patient

Make a Diagnosis: (CLASSIFY)

- Based on the findings of the history (**Ask**) and the results of the physical examination (**Look, Listen, and Feel**), and (decide on a classification as per the algorithm.

Manage the condition: (MANAGE)

- Inform the adolescent of the classification and its implications.
- Discuss with the adolescent what your plans are.
- Always give the adolescent a chance to clarify and ask questions.
- Respond to any questions they may have using the information provided in the **Information to be given to the adolescent and accompanying adult** section of each algorithm.
- Make sure that the adolescent patient understands what your plans are.
- Make the adolescent summarize and repeat what they heard from you.
- Discuss with the adolescent what information he/she would want to be discussed with the parent or guardian.
- If there are issues that are important to discuss with the parent/guardian, the patient must understand the reason why it should be discussed.

Follow-up of Patients (FOLLOW-UP)

- Explain arrangement for follow-ups. In case you have to refer cases that you cannot handle, always write a referral note.
- Instruct the adolescent and family to secure from the referred facility their evaluation.
- Respond to questions that they may want to know using the information provided in the **Frequently Asked Questions** section of each algorithm.

Follow-up of Patients: (FOLLOW-UP)

- Give the patient a date when he/she should come back.
- Make sure the patient agrees to the date. You may also ask what may keep him/her away from the appointment.
- If there is a problem, let the adolescent state how he/she will be able to keep the appointment. Sometimes, it would be necessary to inform the parent/guardian who can always remind the adolescent.
- If necessary, ask for the patient’s contact numbers and make sure he/she agrees to receive calls or reminders from your office.(email address, telephone numbers, or cell phone numbers are some ways to contact them)
- Write name and contact number in appointment books.
- Let the adolescent provide ways to have them easily contacted especially if they do not want their parents to know.
- Give the adolescent the office contact numbers where they can call for emergencies and to confirm appointments.

CONFIDENTIALITY IN AND PRIVACY ADOLESCENT HEALTH CARE

Confidentiality increases the willingness of an adolescent to seek care and utilize health services available. Furthermore, it increases his own confidence in the health care system.

Confidentiality is very important in terms of the delivery of care to adolescents. For any health care provider, it is important to know what are the existing rules of confidentiality and privacy in the country.

- Most teenagers appreciate it when they can talk with someone outside of the presence of any parent.
- The teenager prefers to have some time alone with the provider to discuss certain issues. Even if the complaint may be as simple as cough and colds, there may be some underlying concern that the teenager is not ready to divulge in the presence of his parents.
- Many problems of adolescents are rooted in behaviors that may not be revealed unless the health provider opens his lines of communication with the teenager.

2. Explain your office policy regarding privacy and confidentiality.

- Acknowledge that a parent’s role is very important in the care of the adolescent
- Introduce the concept of fostering responsibility in self-care and self-reliance
- Assure parents that this policy applies to all adolescents and not to their child alone

3. Clarify issues and concerns of parents concerning their visit to the clinic.

4. Direct questions to the adolescent while taking into consideration any data that the parent provides.

5. After relevant data has been collected from the parents, ask them to wait outside the room and assure them that they will be called back later. Usher them to the door.

6. Once the parent has stepped out, **repeat the statement on confidentiality** so that the adolescent understands this well. Give the adolescent enough time to ask you questions.

7. Revisit the parent’s concern with the adolescent and obtain his own point of view.

Note any inconsistencies. Keep this in mind and try to reconcile these issues as you evaluate the situation.

8. Conduct the psychosocial interview using the HEADSS format and proceed with the physical examination.

9. Discuss with the adolescent your evaluation and what the adolescent feels should be discussed with the parent. Remember that this is a contract between you and the patient. If in your judgment, certain issues need to be discussed urgently with the parent, convince the adolescent why it is important to inform the parent. If patient is not ready to discuss with the parent, discuss certain rules that the adolescent needs to comply with in terms of his medical care and follow-up. In this manner, you are instilling some responsibility on the teenager. Encourage the adolescent to inform the parent himself. Make sure that non-compliance will mean that you will have to inform the parent yourself.

- The issue of confidentiality has been identified as a significant barrier to access to health care by both the health provider and the adolescent.
- Most parents, once they have been made aware of the rules of conduct in the clinic, will allow the teenager some time alone with his provider.
- Let the parent know why this is being done and that your plans will be discussed with them after you have made a thorough evaluation of their child.

Steps in establishing the rules of confidentiality during the initial interview:

1. Inform parent and teenager at the start of the interview about rules of confidentiality.

Create your own style that will convey to your clients the rules of confidentiality. Make sure that they understand the rules before you proceed with further interview

Examples would be:

1 - “We will be spending some time to talk about Maria’s history, especially her immunization, past illnesses and your concerns about her health. After that, **I would like to spend some time alone with Maria.** After I have examined her, I will ask you in again and we can discuss my assessment and our plans, any lab tests, treatments and follow-up plans. Is that alright with you?”

2 - “First of all, I would like to say that whatever we talk about in this interview will be kept strictly confidential. Do you understand what confidential is Maria? However, there are certain situations when I have to break this confidentiality. First is, **if you plan to hurt yourself or hurt others, if you have been abused, if you have engaged in a serious crime or any activity that makes me believe that you are in danger...** in these situations, I will have to break confidentiality. So Mrs. ___ please be assured that I will notify you if I need to. Is that alright with you both?”

10. Invite the parent back into the room. Discuss your evaluation, plan of treatment, the laboratory studies that need to be done, and follow-up.

Etiquette for Health Providers

- Do not discuss patient information to anyone outside of the walls of your interview room.
- Avoid discussing patient information in open areas, elevators, waiting rooms, and hallways.
- Do not leave messages through a voice mail or voice recorder unless the patient gives consent.
- Create a safe and non-threatening environment for patient interview.
- Assure the adolescent that a provider is required to maintain confidentiality, except under specific circumstances: when the adolescent confesses of grave suicide intent or actual attempt, has plans of homicide, abortion, or any problems that make him/ her unhealthy.
- Make sure that all confidential files are kept in a safe place in the center.
- Close your office doors when talking to the patient about sensitive issues, especially about sexually transmitted infections, rape or sexual abuse, and substance abuse.
- Make sure that all office personnel follow office policies regarding confidentiality and privacy like patient identification, history and PE forms, brochures and information materials given.

Attitudes of health workers towards adolescents:

Do’s

- Be aware of what you believe is the right way for an adolescent to dress, speak, and behave.
- Be aware that some adolescents may dress, speak and behave in ways that you believe is not right. He or she may also be having sex outside a recognized union or using psychoactive substances.
- Be aware that this behavior may even upset you.
- Be aware that even if an adolescent is saying or doing things that you believe is wrong, you have a responsibility to help him/her.

- Do not let your beliefs about what is right or wrong stand in way of your communication with the adolescent, and the way in which you respond to the adolescent’s needs and problems.
- Pay attention to ensure that even if you are upset or uncomfortable, you do not show this in your words

Dealing with parents and other accompanying adults

Do’s

- Demonstrate respect and empathy for the parents through your words and actions.
- Stress that parents have important roles to play in supporting their son/daughter.
- Demonstrate to the parents that you respect the views and perspectives of their son/daughter through your words and actions.
- Explain to the parents that you want to develop a good working relationship with their son/daughter, and for this you will need to be able to deal with them directly, and also to speak to them alone as well.
- Provide the parent with information and advice they need to support their son/daughter. But do this with the permission of the adolescent.
- Try to identify the nature of the relationship between the parent and their son/daughter.
- Try to identify whether the parent (or parents) could contribute meaningfully to the solution, or whether one or both of them might have contributed to the problem.
- The health provider should encourage and facilitate understanding and communication.

Don’ts

- Do not underestimate the influence that parents have, even on older adolescents who seem independent.
- Do not ask the adolescent potentially embarrassing questions in front of his/her parent.
- Do not make decisions/ agreements with parents on issues concerning their son/daughter, ‘over the head’ of the adolescent.
- Do not share information with the parent on anything that the adolescent has confided in you, without his/her consent.

- Do not forget that parents may be a part of the solution in many cases.

Procedures that respect cultural sensitivity:

- Respect prevailing norms (e.g. norms that require that a female adolescent has to be seen by a female health worker or in the presence of a female chaperon)

The Health provider – Patient relationship In the clinic setting
<div>1. The goal of the health provider’s contact with the adolescent is to provide quality health care through a complete, thorough physical and psychosocial evaluation in an atmosphere of trust and confidentiality.</div> <div>2. Assume an individualized, collaborative, and negotiated approach in order to avoid any unnecessary conflicts.</div> <div>3. Avoid imposing your own point of view on the adolescent.</div> <div>4. Always remember that the adolescent, not the parent, is the patient.</div> <div>5. Take into primary consideration the best interests of the adolescent, when making decisions – or taking actions – that affect him/her.</div> <div>6. Respect the rights of the adolescent (as laid out in the UN CONVENTION ON THE RIGHTS OF THE CHILD), while taking into account the rights and responsibilities of the parents.</div> <div>7. Strive to understand the specific needs of each individual adolescent.</div> <div>8. Respect the viewpoints and perspectives of the adolescent according to his developmental capacity.</div> <div>9. Address the adolescent with respect and dignity just as you would like the adolescent to respect and trust you.</div>

** For further details refer to A Practical Health Guide to Adolescent Health Care, pp. 21-22*

Risk Behaviors of Adolescents in the Philippines

Majority of the youth mature successfully through adolescence without apparent long term problems. All adolescents should be considered at risk due to the prevalence of risk behaviors, the inherent developmental needs of adolescents, and the various risk factors for their initiation and maintenance.

Risk taking is a normal part of adolescent development. Risk taking is defined as participation in potentially health compromising activities with little understanding of, or in spite of an understanding of, the possible negative consequences. Adolescents experiment with new behaviors as they explore their emerging identity and independence. The concept of risk has been established as a characteristic that exposes adolescents to threats to their health and well-being. Young people may be exposed to similar risks but respond differently. Some may not sustain any physical or emotional damage while others may be affected for the rest of their lives.

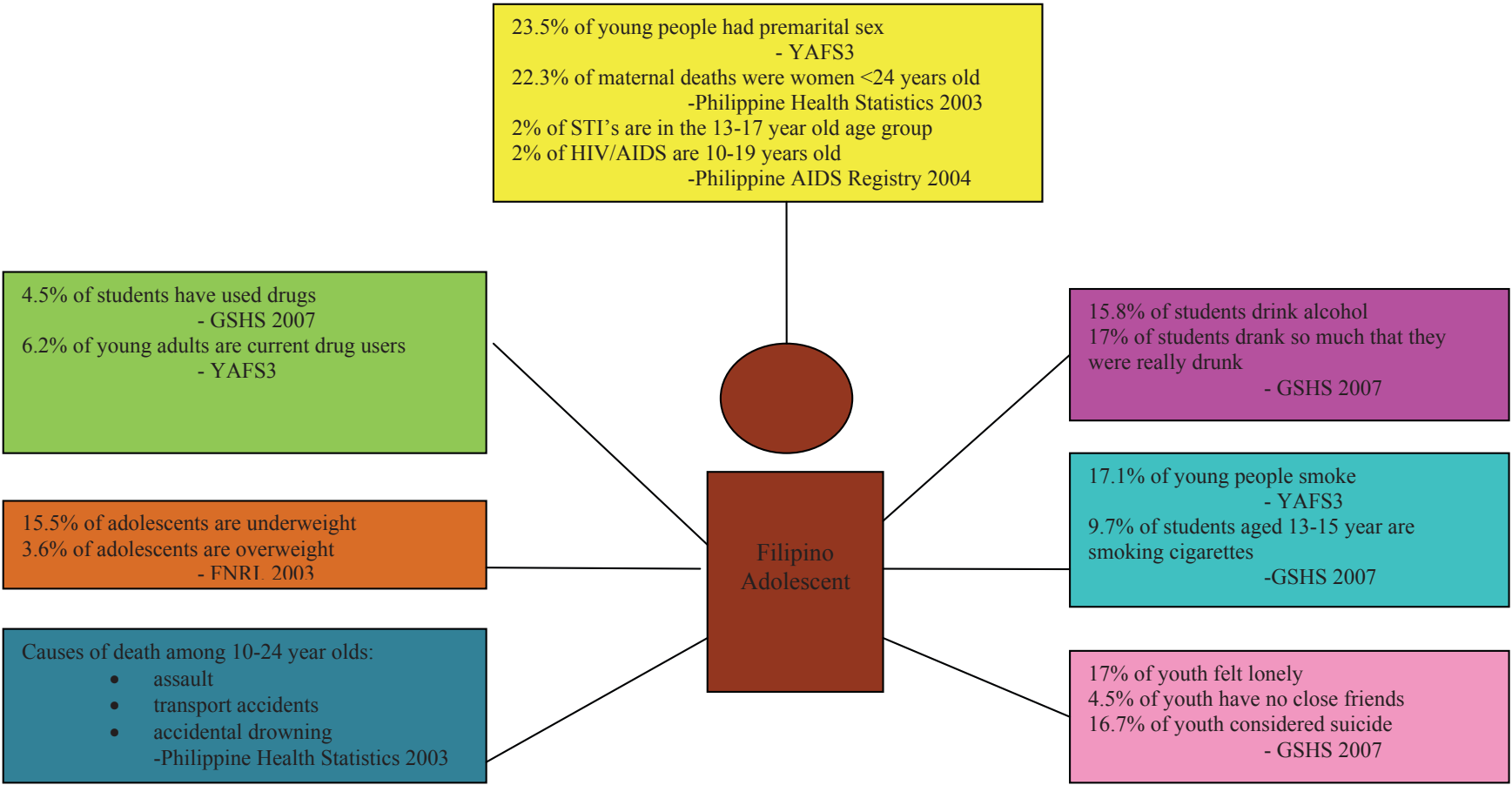
The challenge for health providers is to distinguish between what may be normal exploratory behaviors and those that are health compromising.

Health behaviors in adolescence continue into adult life and will influence health and morbidity throughout life. During adolescence, young people begin to explore alternative health behaviors including smoking, drinking alcohol, drug use, sexual intimacy and violence. The Department of Health, in its Adolescent and Youth Health Policy (2000), has identified the following health risks: substance use, premarital sex, early childbearing, abortion, HIV/AIDS, violence, accidents, malnutrition, and mental health.

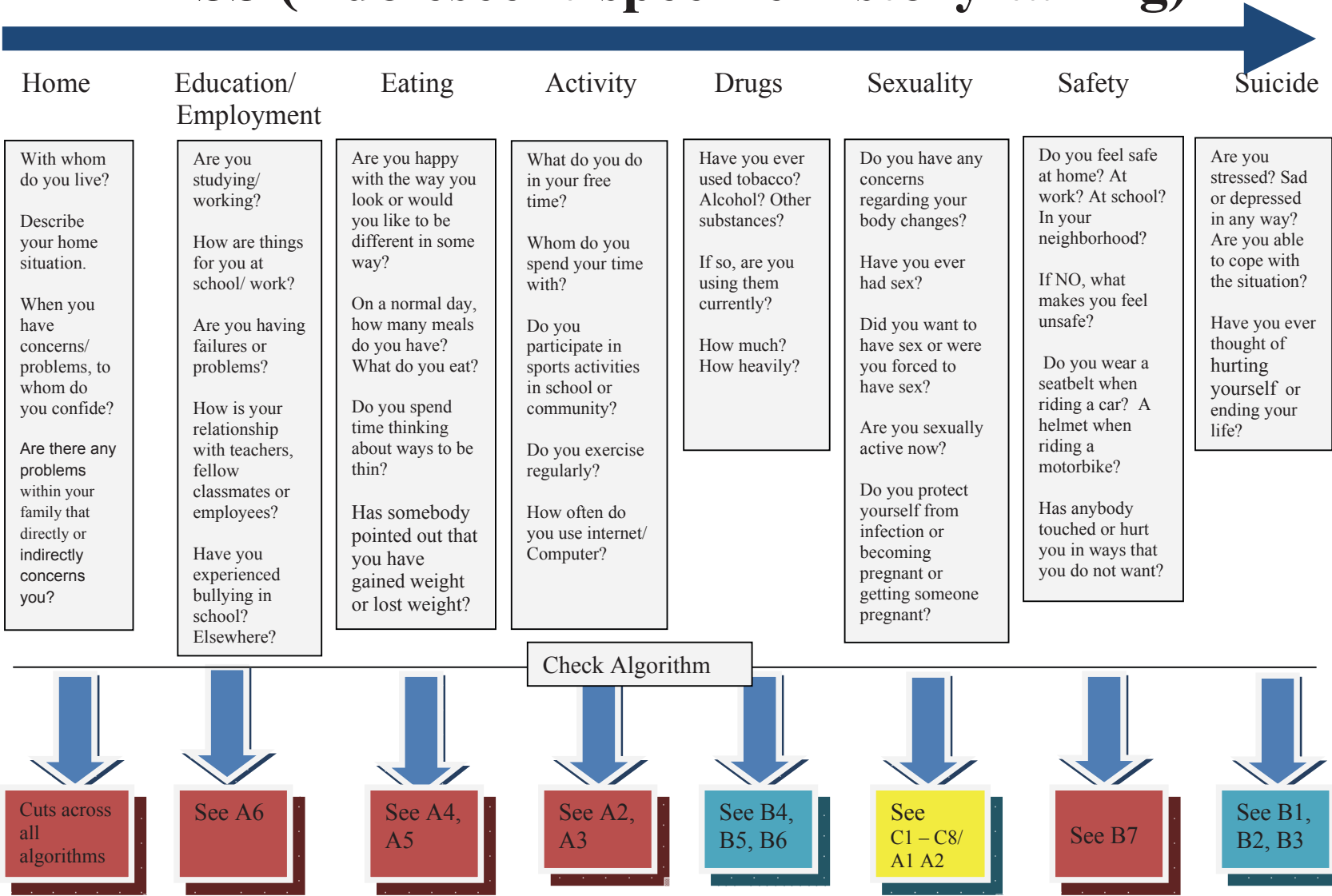
Primary health workers who provide services for adolescents will encounter young people at risk or are engaging in health-compromising activities. The health provider should, therefore, be able to screen for problems and offer appropriate help for young people at risk. This would require timely, comprehensive, and appropriate assessment and management of risk behaviors. The health provider should have the knowledge of prevalent risk behaviors and understand the developmental as well as environmental contexts in which these behaviors occur.

TROUBLE SIGNS IN ADOLESCENCE

- Sexual promiscuity
- Regular use of drugs and alcohol
- Repeated violation of the law or school regulation
- Running away more than once in 3 months
- Skipping school more than once in 3 months
- Aggressive outbursts/ Impulsiveness
- Dark drawings or writings
- Deterioration in hygiene
- Oppositional behavior
- Refusal to work/ non-compliance
- Chronic lateness
- Falling asleep in class
- Changes in physical appearance
- Excessive daydreaming



HEADSS (Adolescent-specific history-taking)



General Physical Examination

GENERAL PHYSICAL APPEARANCE:
From the appearance and clothing, assess whether or not the adolescent:

- is reasonably clean and well dressed;
- appears to have been involved in an accident/physically assaulted.

MAKE NOTE OF:

HEIGHT: _____ WEIGHT: _____
BMI = $\frac{\text{Weight Kg/M}^2}{\text{Height}^2}$ _____

Pulse rate: _____
Respiratory rate: _____
Temperature: _____
BP if indicated: _____

MENTAL STATE:

Assess whether the adolescent is:

- Alert or drowsy? Disoriented ? Extent of memory recall
- Agitated/angry/sad/with flat mood?
- Note character of speech/ judgment; insight into illness
- Presence of hallucinations? Delusions?

BE SURE TO EXAMINE FOR:

ANEMIA –Look for pallor in the conjunctiva, lips, tongue and nail beds.

JAUNDICE – Look for yellowish coloration of the white of the eye and skin.

CYANOSIS – Examine the ends of the fingers and toes to see whether they have become bluish.

LYMPHADENOPATHY – Check for the presence of enlarged glands in the neck, armpit and groin.

PRESENCE OF DEHYDRATION – Check the tongue and pinch the skin.

PRESENCE OF THYROID SWELLING – Ask the adolescent to swallow and observe whether any swelling moves in the lower part of the front of the neck.

PRESENCE OF DENTAL OR GUM DISEASES –Check the teeth for cavities and the gums for any infections or bleeding.

PRESENCE OF PROBLEMS IN AND AROUND THE ORAL CAVITY – Check the condition of the tongue, for the presence of sores in the angles of the mouth and the throat for sign of inflammation and infection.

SKIN PROBLEMS – Look for acne, fungal infections, cuts, bruises, sores and blisters.

THE DISTRIBUTION OF HAIR IN THE BODY – look for hair growth on face or elsewhere on the body.

PART II


Algorithms, information to be given to adolescents and accompanying adults, and responses to frequently asked questions

A1 - Male Puberty-related Conditions

PRESENTING COMPLAINTS/QUESTIONS:

Parent: I want to know if my son is ready for circumcision, but I think his penis is small.

Adolescent: Am I normal?/ My penis seems too large or too small. /I have too much facial/chest hair.

ASK	LOOK/FEEL/LISTEN	SYMPTOMS AND SIGNS	CLASSIFY	MANAGE	FOLLOW UP
<ul style="list-style-type: none">How old are you?Have you developed any hair in your body especially near your genital area? If so, what kind of change have you noticed?Have you noticed any increase in your height? When did you notice such changesDo you have any long standing diseases?Are you taking any medication?What do you think about circumcision? Do you feel that others are pressuring you to have a circumcision? HEADSS Assessment	<p><i>Check</i></p> <ul style="list-style-type: none">WeightHeight <p><i>Calculate</i></p> <ul style="list-style-type: none">BMI (Body Mass Index) = weight /height² (or use BMI Tabulation Charts) <p>Plot BMI Z score on BMI-for-Age Centile Chart (See Annex C)</p> <p>Testes</p> <ul style="list-style-type: none">SizeLump on testesSwelling of testes <div>Communicate that you are going to examine him. Ensure privacy.</div> <p>Pubic hair</p> <ul style="list-style-type: none">Size (if obese, retract the pubic fat pad to obtain an accurate estimation of size)Whether there are any anatomical variants (e.g. the opening of urethra is not at the tip of the penis) <p>Color and texture of scrotal skin</p> <ul style="list-style-type: none">Please do a physical examination	<ul style="list-style-type: none">No enlargement of penis by age 14 years <i>or</i>No enlargement of testes by age 14 years <i>or</i>No pubic hair by age 15 years <i>AND</i>Underweight (BMI less than -2Z score for age) <i>or</i>Signs or symptoms of chronic illness	Delayed Puberty Possibly due to Chronic Illness or Undernutrition	<ul style="list-style-type: none">Treat or refer underlying medical conditionAddress the nutritional problems using the algorithm  Advise him that pubertal development can be delayed due to chronic illness or under nutrition and that a health worker will need to reassess him once the chronic illness and / or nutritional issues have been treated	Follow up chronic illness as needed Follow up nutritional problems as needed Review pubertal development in 6 months
		<p>if 14 years old and no increase in testicular size beyond Tanner's stage 2 (G2) or no progress in pubertal development in the last 2 years</p> <p>If development is somewhat delayed (no increase in testicular size beyond Tanner stage 2 (G2) but adolescent is < 14 years old</p>	Delayed Puberty Unlikely to be due to Chronic Illness or Undernutrition	<ul style="list-style-type: none">Advise him that pubertal development is delayed for his ageReassure him that even though puberty is delayed, most boys will eventually develop and go through puberty. Stress that a small number do not do so and that is why he needs to be checked furtherRefer to an endocrinologist if possible	Review him in 6 months if referral to an endocrinologist is not possible
		<ul style="list-style-type: none">He is 13 years of age or younger <i>or</i>If 14 years of age or older, enlargement of the penis has started <i>or</i>If 14 years of age or older, testicular enlargement has started <i>And</i>If 15 years of age or older, pubic hair is present	Normal	Reassure and provide following message: <ul style="list-style-type: none">Have adequate exercise and a healthy nutritious diet.You are growing normally and therefore there is nothing you have to worry about .Circumcision is a personal choiceWhen you are ready to have it done, please tell us.	Annually until age 16 years old <ul style="list-style-type: none">Please keep a record or note any changes in your body and report to us,

GENERAL HEALTH CONCERNS

GENERAL HEALTH CONCERNS

Information to be given to the adolescent and accompanying adult(s)

1. What is the condition?

What do you mean by puberty?

As a child gradually becomes an adolescent, the body starts preparing for parenthood. This stage which lasts for two to five years is called **puberty**. Chemicals produced by the body called hormones, start these changes. During puberty, there is an increase in height, musculature and shape of the body. There is also marked growth and development of the sexual organs, preparing his body for fatherhood. Associated changes such as pimples appearing on the face, development of facial and body hair (appearing in the genital area and underarms) are seen.

When is puberty normally meant to occur?

For a boy, puberty begins when he is about nine years and usually lasts till he is 15 or 16 years of age.

When do we say that puberty is earlier than normal?

We say that puberty is earlier than usual in a boy when certain changes take place before the age of **nine years**. These changes are – growth of hair on the face, hair appearing near the genital area or growth and maturation of the penis and testes.

When do we say that puberty is later than normal?

We say that puberty is later than usual in a boy when certain changes do not appear even though he is more than 14 years of age. These changes are – growth of hair on the face, hair appearing near genital area or adequate growth and maturation of the penis and testes.

2. What are the causes of this condition?

What are the main causes of too early puberty?

The commonest cause of too early puberty is its being a familiar trait meaning pattern that runs in a family. Rarely, however, it could happen

due to a tumor in the brain or genital area, disturbances in body chemicals called hormones and a head injury affecting specific parts of the brain.

What are the main causes of too late puberty?

The commonest cause of too late puberty is delay due to a problem in the body's make up (called constitutional delay). This usually runs in the family and needs no treatment. Rarely, however, it could be due to hereditary conditions (conditions that pass from one generation to another) or long standing illness.

3. What are the effects of this condition on your body?

The effects of too early puberty are:

Physical effect: A boy's height may be affected. This is because early release of chemicals called sex hormones may make the long bones of the arms and legs stop growing further

Psychological and social effect: An affected boy may be anxious about whether he is normal. His school mates and playmate may tease him, and make him feel awkward and unhappy.

The effects of too late puberty are:

Physical effect: The boy tends to grow taller but there is no other obvious problem.

Psychological and social effect: Similar to the previous example, an affected boy may be anxious about whether he is normal. His school mate and play mates may tease him, and make him feel awkward and unhappy.

GENERAL HEALTH CONCERNS

GENERAL HEALTH CONCERNS

4. What treatments are you proposing and why?

In case the adolescent is classified as ‘Delayed Puberty’:

For what you and your parents/guardian have said and from my examination, it appears to me that the changes in your body are not taking place as they should. I am going to send you to a health provider who is an expert in this area, for further tests and treatment.

In case the adolescent is classified as ‘Normal’:

At this stage, no further tests or treatments are required. We will wait for some time to see if the changes in your body begin to proceed as expected. Please come back for review after one year. I will check you up again and if required, I will send you to a doctor who is an expert in this area for tests and treatment.

5. What can you do?

It would be helpful if you could keep track of any changes that take place in your body:

such as:

- increase in height,
- increase in weight
- growth of hair on your face and body, and especially in the pubic area.
- changes in the color and texture of the skin of the scrotum,
- changes in the size of your penis and testes.

Having regular and adequate exercise and having healthy and nutritious diet will help your body grow and develop. Being positive in your outlook is also very important

Remember that you can come back to talk to me if you have any concerns or questions.

Frequently asked questions by adolescent boys

Why is it that I have so little hair on my face and body?

Understanding the reason for the question:

The adolescent boy may be anxious about this, thinking that his condition may not be normal.

Points to make in responding to the question:

Hair on the face and body varies from one family to another and from one age to another. The reason that you may not be having enough body hair for your age is that your puberty may be delayed. When this catches up, so will the hair growth. However, if it is something running in your family, it may not change. You have to learn to love your body the way it is more over as you do have some hair, there is no reason for too much concern.

My penis and/or testes seem small when compared to those of my friends. Am I normal?

Understanding the reason for the questions:

This question may come from the belief that the size of the penis determines the maleness of the person. The boy may be anxious about not being normal.

Points to make in responding to the question:

Two boys of the same age may have difference in sizes of their penis depending on their family trait. This has nothing to do with maleness or sexual function of the organ. If you are still in your early years of adolescence (say less than 14 years), there is still time for further development.

Sexual Maturity Rating

Males

Genital stage 1 (G1) : Prepubertal

Testes: Volume less than 1.5 mL

Phallus: Childlike

Genital Stage 2 (G2)

Testes: Volume 1.6-6 mL

Scrotum: Reddened, thinner, and larger

Phallus: No change

Genital Stage 3 (G3)

Testes: Volume 6-12 mL

Scrotum: Greater enlargement

Phallus: Increased Length

Genital Stage 4 (G4)

Testes: Volume 12-20 mL

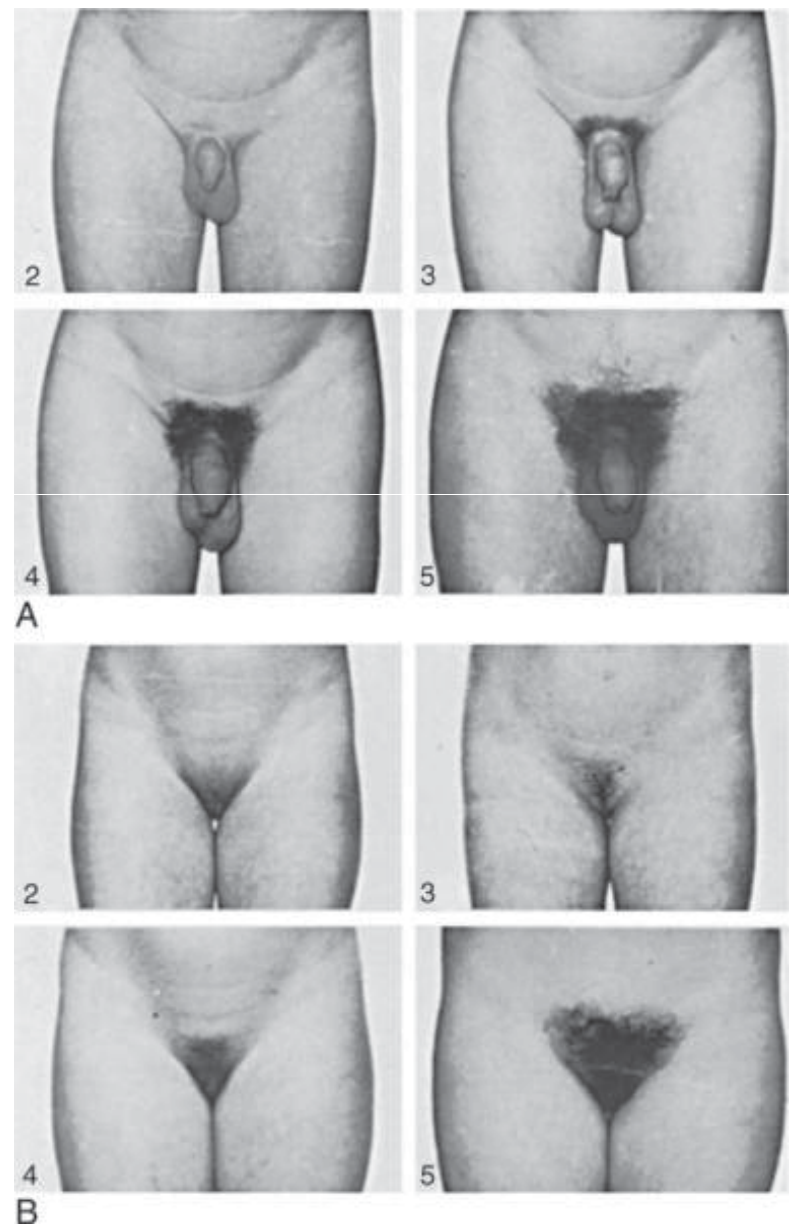
Scrotum: Further enlargement and darkening

Phallus: Increased length and circumference

Genital stage 5 (G5)

Testes: Volume more than 20 mL

Scrotum and phallus: Adult



A2 - Female Puberty-related Conditions

PRESENTING COMPLAINTS/QUESTIONS:

Parent: Is my daughter normal? /My daughter has large breasts. / My daughter has too much/ too little body hair. / My daughter has not had her periods yet.

Adolescent: Am I normal? /My breasts seem too large or too small./ I have too much/too little body hair. /My periods have not yet started.

ASK	LOOK/FEEL/ LISTEN	SYMPTOMS AND SIGNS	CLASSIFY	MANAGE	FOLLOW UP
<ul style="list-style-type: none">How old are you? Breast <ul style="list-style-type: none">Have you noticed any changes in the size of your breasts or in the size and color of the area around the nipples? If so, when did you first notice changes in your breast? Pubic Hair <ul style="list-style-type: none">Have you developed any hair in your body especially near your genital area? If so, what kind of change have you noticed? Whendid these changes first appear? Menstrual periods <ul style="list-style-type: none">Have your periods started? <i>If her periods have started -</i> How old were you when you had your first period? Height/ weight <ul style="list-style-type: none">Have you noticed any increase in your height? Weight? History of Chronic Illness <p>Do you have any long standing diseases?</p> <p>Do a HEADSS Assessment</p>	Measure <ul style="list-style-type: none">WeightHeight Compute BMI <p>Plot BMI Z score on BMI-for-Age Centile Chart (See Annex C)</p> <div>Communicate with patient that you are going to examine her. Ensure privacy . Have female colleague</div> Breasts <ul style="list-style-type: none">presence of breast tissue, color and size of the area around the nipples Pubic hair <p>presence of pubic hair</p> Check for signs of chronic illness <p>Do a complete physical examination</p>	<ul style="list-style-type: none">No breast development by age 14 years OrNo pubic hair present by age 14 years OrNot menstruating by age 16 years OrIt is more than five years since the first signs of breast development appeared and she has not had her first period AndUndernourished (BMI less than 5th centile for age) OrSigns and symptoms of chronic illness <ul style="list-style-type: none">No breast development by age 14 years OrNo pubic hair present by age 14 years OrNot menstruating by age 16 years OrIt is more than five years since the first signs of breast development appeared and she has not had her first periodNot undernourished (BMI more than 5th centile for age) AndNo signs and symptoms of chronic illness <ul style="list-style-type: none">She is 13 years of age or younger ORIf 14 years or older, breast development has started and pubic hair is present AndIf 16 years or older, menstruation has started <p>And Less than 5 years has passed since the first signs of breast development and her first period</p>	Delayed Puberty Possibly due to Chronic Illness Or Undernutrition Delayed Puberty Unlikely to be Due to Chronic Illness Or Undernutrition Normal	<p>Refer or treat the underlying medical condition</p> <p>Address the nutritional problems</p> <p>Advise her that puberty can be delayed due to chronic illness or under nutrition and that a health worker will need to reassess her once the chronic illness and/ or nutritional problems have been addressed</p> <ul style="list-style-type: none">Advise her that pubertal development is delayed for ageRefer to a specialist if possibleReassure her that even though puberty is delayed, most girls will eventually go through puberty. Stress that a small number do not and that is why she needs to be checked further.If also short, refer to specialist. <p>Reassure and provide following message:</p> <ul style="list-style-type: none">You are growing normally and therefore there is nothing you have to worry aboutPlease keep a record or note any changes in your body and report to usHave adequate exercise and a healthy nutritious diet	<p>Follow up chronic illness as needed</p> <p>Follow up nutritional problems as needed</p> <p>Review pubertal development in 6 months</p> <p>Reassess after 6 months. Thereafter reassess every 6 months till 14 years old.</p> <p>Follow-up annually until 16 years old. Use this opportunity to teach breast self-Examination.</p>

GENERAL HEALTH CONCERNS

Information to be given to the adolescent and accompanying adult(s)

1. What is the condition?

What do you mean by puberty?

As a child gradually becomes an adolescent, the body starts preparing for adulthood. This stage which lasts for two to five years is called puberty. Chemicals in the body called hormones start these changes. During puberty, there is an increase in height, weight, broadening of the hip and narrowing of the waist in girls. There is also marked growth and development of the sexual organs, preparing her body for motherhood. Associated changes such as pimples appearing on the face, enlargement of the breast and body hair (appearing in the genital area and underarms) are seen.

When is puberty normally meant to occur?

For a girl, puberty begins when she is about eight years and usually lasts till she is 14 or 16 years of age.

When do we say that puberty is earlier than normal?

We say that puberty is earlier than usual in a girl when certain changes take place before the age of **eight years**. These changes are – increase in size of her breast, hair appearing near her genital area or starting of her periods (all or any of these).

When do we say that puberty is later than normal?

We say that puberty is later than usual in a girl when certain changes such as increase in size of her breast and or hair near her genital area do not appear even though she is 14 years or her periods do not start even though she is 16 years old.

2. What are the causes of this condition?

What are the main causes of too early puberty?

In girls, over-nutrition and a resulting increase in the body weight may lead to too early puberty. Among other causes are – early puberty running in the family or influence of steroids or drugs similar to sex hormones being taken as treatment of other illnesses. Rarely, however, tumors of the brain or genital organs, disturbances in certain chemicals called hormones or a head injury affecting specific parts of the brain may be responsible.

What are the main causes of ‘Delayed puberty’?

A girl who is very undernourished or thin is more likely to have a delayed puberty. The commonest cause of too late puberty is delay due to a problem in the body’s make up (called constitutional delay). This usually runs in the family. It needs no treatment. Rarely, however, hereditary conditions (conditions that pass from one generation to another) or an illness that lasts for a long time can also lead to too late puberty.

3. What are the effects of this condition on your body?

The effects of too early puberty are:

Physical effect: The height of the girl may be compromised. This is because early release of chemicals called sex hormones may make the long bones of the arms and legs stop growing further

Psychological and social effect: An affected girl may be anxious about whether she is normal. Her school mates and playmate may tease her, and make her feel awkward and unhappy. Sometimes girls are socially concerned if they are not found suitable for marriage because of their height.

The effects of delayed puberty are:

Physical effect: The girls tend to grow taller but there is no other obvious problem.

Psychological and social effect:

An affected girl may be anxious whether she is normal. Her school mates and playmate may tease her, and make her feel awkward and unhappy.

GENERAL HEALTH CONCERNS

4. What treatments are you proposing and why?

For those patients classified ‘Delayed Puberty due to chronic illness or undernutrition’

From what you and your parents/guardian have said and from my examination, it appears to me that the pubertal changes in your body are not taking place as they should. I am going to send you to a specialist who is an expert in this area, for further tests and treatment. It is also important that you have a healthy and nutritious diet to ensure that you go through puberty normally.

For those patients classified ‘Delayed Puberty not related to chronic illness or undernutrition’

We will refer you to a specialist to confirm whether your delay is due to a normal variation in the age when girls start puberty or if there is something causing this.

5. What can I do as an adolescent?

It would helpful if you could keep track of any changes that take place to your body such as:

- increase in height,
- increase in weight
- growth of hair on your face and body, and especially in the pubic area.
- changes in the size of your breast and size and color of the skin around the nipples,
- Note the time when you have your first periods (ask only if not started already)

Having regular and adequate exercise and having healthy and nutritious diet is important for your health and development. Being positive in your outlook is also very important.

Remember that you can come back to talk to me if you have any concerns or questions.



Sexual Maturity Rating

Male and female: pubic hair

Pubic hair stage 1 (PH1)

None

Public hair stage 2 (PH2)

Small amount of long, slightly pigmented, downy hair along the base of the scrotum and phallus in the male or the labia majora in females; vellus hair versus sexual type hair (PH3)

Pubic hair stage 3 (PH3)

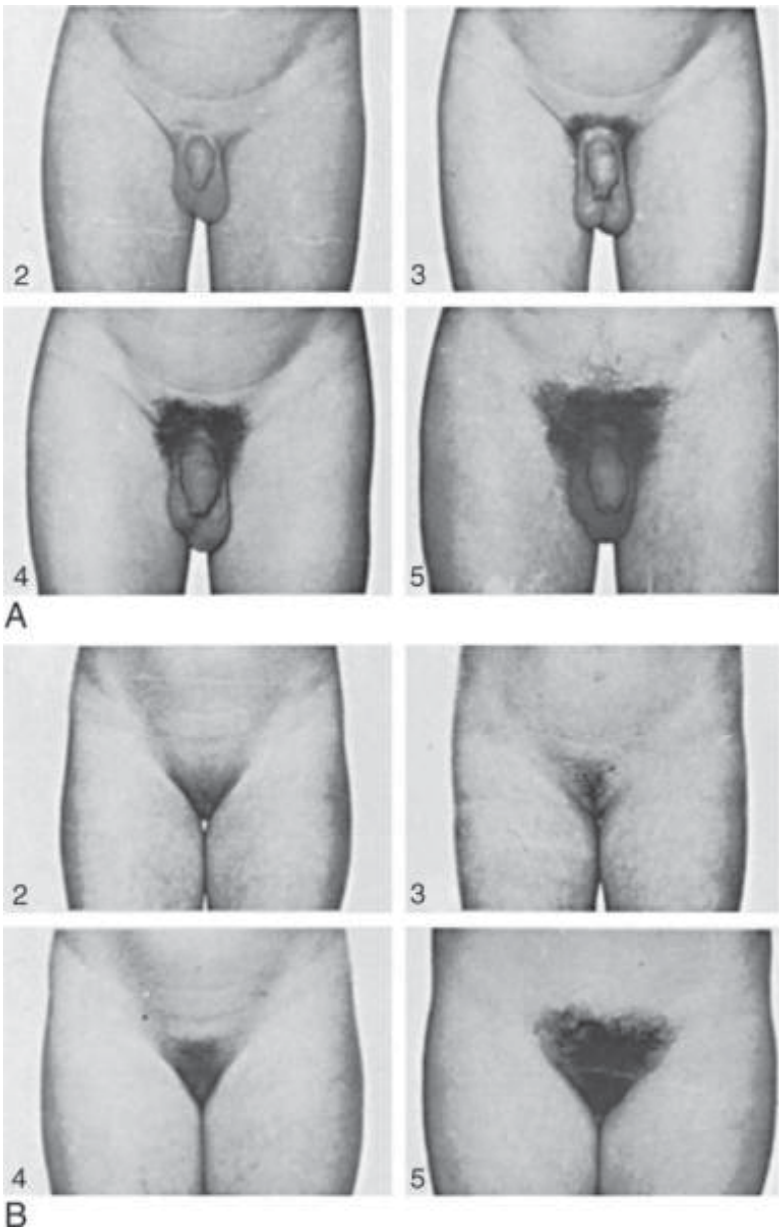
Moderate amount of more curly, pigmented, and coarser hair, extending more laterally

Pubic hair stage 4 (PH4)

Hair that resembles adult hair in coarseness and curliness but does not extend to medial surface of thighs

Pubic hair stage 5 (PH5)

Adult type and quantity, extending to medial surface of thighs



A3 - Breast Related Conditions

PRESENTING COMPLAINTS/QUESTIONS:

Parent: My daughter is complaining of pain in her breast
Adolescent: I have a pain in my breast/ chest

ASK	LOOK/FEEL/LISTEN	SYMPTOMS AND SIGNS	CLASSIFY	MANAGE	FOLLOW UP
<p>- How long have you had this breast pain?</p> <p>-Are both breasts affected?</p> <p>-Do you experience breast pain before menstruation?</p> <p>-Do you feel any mass in your breast?</p> <p>-Is it painful every time you palpate or feel?</p> <p>-Is there any discharge? Redness? Is there fever?</p> <p>-Is it associated with amenorrhea? When was your last menstrual period?</p> <p>-Are you currently taking any drug medication?</p> <p>Do HEADSS assessment</p>	<p>- Get menstrual history before proceeding further</p> <p>- Do a complete physical examination</p> <p>-Do Tanner's breast Staging</p> <p>-Examine the breast for any asymmetry, redness, nipple discharge (pus or blood),lumps (movable, hard, fixed, tender, non-tender)</p>	Absence of menses	Pregnancy	Do pregnancy test; if positive, refer to health provider Follow algorithm on 'Am I pregnant?'	Offer counseling (Unwanted, wanted pregnancy) Advise about care of pregnancy
		Trauma (Accidents/ Bumps)	Trauma <div>Rule out or consider physical abuse</div>	If with history of trauma, immediately apply a cold compress such as an ice pack (wrapped in a cloth -- don't apply directly to the skin) for 15 to 20 minutes. Take a non steroidal anti-inflammatory drug (NSAID) such as ibuprofen to reduce your chance of developing persistent breast pain or swelling	Follow-up after 1 week; Assurance Consult or go back to your doctor
		Presence of fever, pain, and tenderness	Breast Abscess	Start antibiotics Refer to health provider for possible incision and drainage	Follow up after 1 week
			Drugs	Investigate if medication is indicated; Stop temporarily any medication and observe if pain will subside <div>Give advice about intake of medications</div>	Follow up after 1 week Monitor for overuse of drugs

GENERAL HEALTH CONCERNS

GENERAL HEALTH CONCERNS

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
		Palpable mass Tenderness on palpation	Fibroadenoma Fibrocystic disease Abscess	Refer to a specialist	Follow up referral and feedback
		Swelling and tenderness just before menstrual period Swelling and tenderness associated with early pubertal changes	Hormonal <ul style="list-style-type: none">• Premenstrual Syndrome (PMS) Normal changes of puberty <ul style="list-style-type: none">• Breast Budding (Stage 1)	Pain reliever; Assurance Assure both adolescent and parent Explain the normal changes expected at puberty -Perform a self-breast exam 3-5days after menses when breast is least tender and when you palpate a lump, consult your doctor	To come back if pain persists or pain is severe. Every 3 months to monitor progress and assess Tanner's staging Teach how to do breast self-examination
		Seen among obese boys; also seen among thin boys as nodule, rounded, marble like elevation in 1 or both breasts	<ul style="list-style-type: none">• Gynecomastia	Assurance; usually occurs in SMR G2 and disappears at SMR G4	Gradually disappears after a year of onset Consider cosmetic surgery if unresolved

Information to be given to the adolescent and accompanying adult(s)

1. What is the condition?

What do we mean by *breast pain*?

Breast pain is any discomfort or pain in the breast. It is a frequent complaint and it often occurs as a component of the normal menstrual cycle. Most breast pain in adolescents is of organic origin and is seldom imaginary, due to hysteria, or of psychosomatic cause. Some alternative names are mastalgia; mastodynia; breast tenderness.

2. What are the considerations in having breast pain?

Hormonal level changes related to menstruation or pregnancy are often responsible for breast tenderness. Some degree of swelling and tenderness commonly occurs just before your menstrual period. Many women with pain in one or both breasts may fear breast cancer. Breast pain is NOT a common symptom of cancer. One cause of breast pain is premenstrual tension . Breast tenderness tends to be more common during the first trimester and in women who are pregnant at a young age (pregnancy). Breastfeeding is also one of the causes of breast tenderness. It often goes away unless you are taking hormone replacement therapy. Soon after childbirth, your breasts may become swollen with milk. This can be very painful and is usually accompanied by swelling. If you also have an area of redness, call your health care provider. Fibrocystic breast changes, injury, mastitis, and fibrocystic breast masses are common. Such tissue contains breast lumps and bumps that tend to be tender just before your menstrual period.

3. If I have breast lump, do I need to be fearful?

Fibroadenoma is a mass common among adolescents. These are benign, solid, round or oval breast tumors are most common among women ages 15-35. They are rubbery in consistency, mobile and non-tender. They rarely grow larger than 2-3 cm. Fibrocystic diseases are best managed with analgesics. Rarely will surgery be an alternative. If it is due to breast abscess we will recommend incision and drainage to remove the pus. Antibiotics will have to be given.

4. Why do boys develop gynecomastia?

When boys and men develop breast enlargement it is called [gynecomastia](#). As a normal part of development, adolescent boys can have some breast swelling like a nodular tissue under the subareolar area and sometimes it can be tender. Like breast tenderness in women, this is due to hormonal changes. It characteristically occurs in Tanner stage II – III. Other conditions need to be ruled out like endocrine problems and use of certain medications like estrogen and other corticosteroids, cimetidine, insulin, tricyclic antidepressants, digitalis, and amphetamines. Gynecomastia usually disappears in a year or two and you do not have to worry about it. It does not mean that you are a homosexual or that you have any cancer.

Frequently asked questions by adolescent girls

Why are my breasts smaller/bigger than those of my friends?
Can you suggest something to make my breast bigger/smaller?

Understanding the reason for the questions:
All adolescents - boys and girls - are concerned about whether what is happening to their bodies is normal or not.

Points to make in responding to this question:
There is significant variation in the size of the breast between individuals. The size of your breast can depend on a number of things including, how far you are though the process of puberty (your development), and the normal variation in girls in the amount of fat deposited in their breasts. Breast development is one of the early signs of puberty, and usually starts to occur a few years before the periods start. You will need to eat a healthy and nutritious diet, have adequate exercise and wait for your breasts to develop with time as you go through puberty.

Different girls go through puberty at different rates depending on their family traits and their nutrition. Almost all girls go through the process of puberty with no problems.

Sexual Maturity Rating

Females

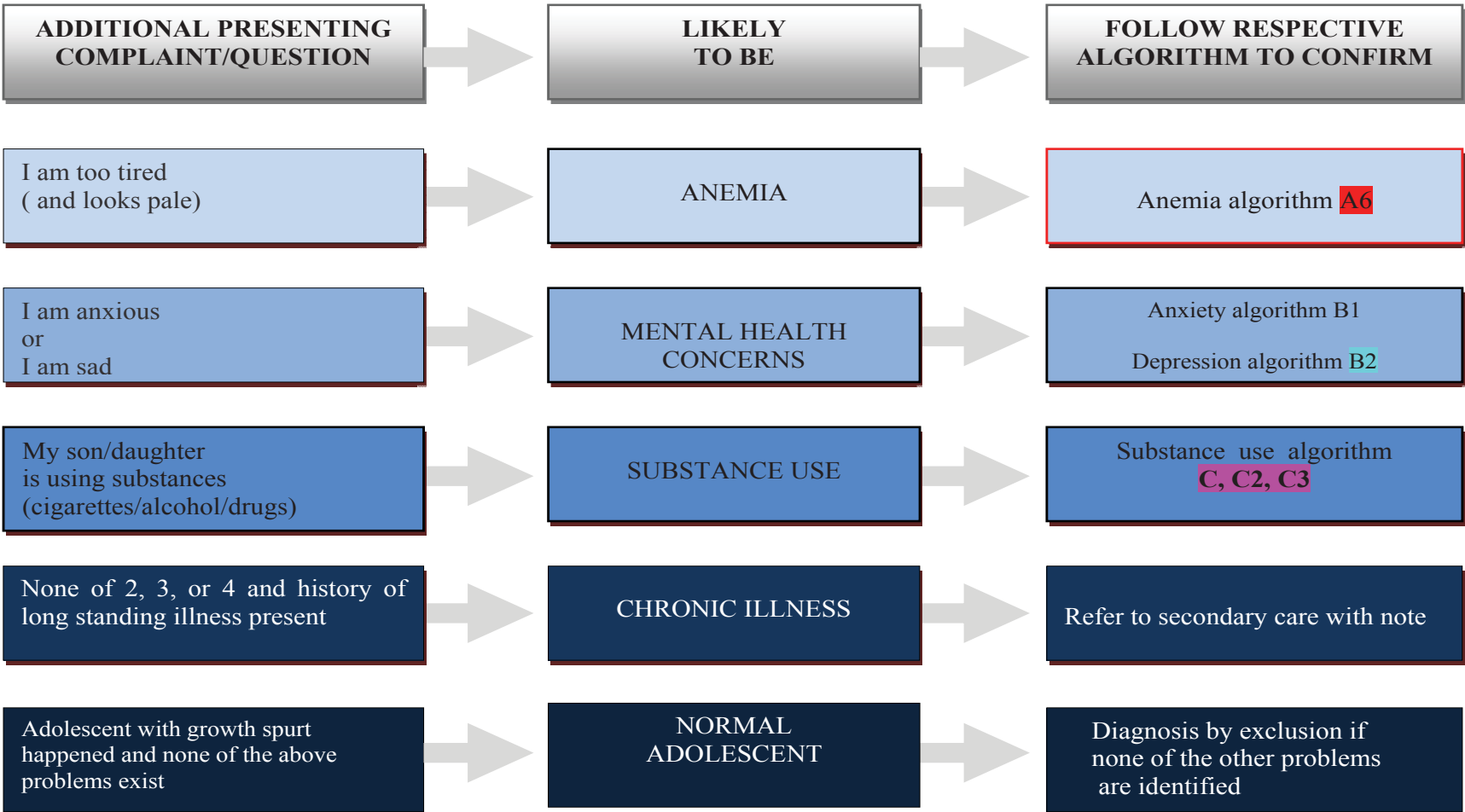
- Breast stage 1 (B1)
 - Breast: Prepubertal; no glandular tissue
 - Areola and papilla: Areola conforms to general chest line
- Breast stage 2 (B2)
 - Breast: Breast bud; small amount of glandular tissue
 - Areola: Areola widens
- Breast stage 3 (B3)
 - Breast: Larger and more elevation; extends beyond areolar parameter
 - Areola and papilla: Areola continues to enlarge but remains in contour with the breast
- Breast stage 4 (B4)
 - Breast: Larger and more elevation
 - Areola and papilla: Areola and papilla form a mound projecting from the breast contour
- Breast stage 5 (B5)
 - Breast: Adult (size variable)
 - Areola and papilla: Areola and breast in same plane, with papilla projecting above areola



Decision Tree: “I FEEL TIRED”

PRESENTING COMPLAINTS/QUESTIONS:

Parent: My son/daughter says that he/she feels very tired and has no energy to do anything.
Adolescent: I feel very tired and I have no energy these days.



GENERAL HEALTH CONCERNS

Information to be given to the adolescent and accompanying adult(s)

GENERAL HEALTH CONCERNS

1. What is the condition?
Tiredness is common in adolescents. The level of tiredness in adolescents can range from:
 - feeling tired but still able to carry out day to day activities with some difficulty,
 - feeling so tired that this impacts on school or work or school performance,
 - being so tired that that they are not able to leave the house.
2. What are the causes of the condition?
Tiredness can be caused by many different conditions. It can be due to:
 - illnesses such as anaemia and recurrent acute or longstanding illnesses
 - poor nutrition
 - behavioural or lifestyle factors including poor sleep patterns or excessive work
 - substance use
 - mental health issues such as anxiety and depression.

In some adolescents there may be more than one cause of tiredness. For example, they may have anaemia and also may be working very hard at home.
3. What are the effects of the condition on your body?
The effects on your body will depend on what is causing your tiredness. Additionally, if you are tired, it may affect your performance at school or work as well as your ability to work at home.
4. What treatments are we proposing and why?
The treatment for your tiredness will depend on its cause. We may have to do some tests, for example blood tests to look for anaemia, to determine the cause of your tiredness.

5. What can you do?
Regardless of the cause of the tiredness you should aim to:
 - eat a healthy diet
 - get adequate sleep
 - get some regular exercise (but not too much)
 - continue going to school or to work, as much as you can
 - maintain regular contact with your friends and other social networks

If after one month of following the above advice you are still tired, you should return to your health worker.

NOTE: Tiredness in an adolescent is not normal if it interferes with daily functioning (they are not able to go to school or to work, or do other every day activities).

Even if a physical cause is not found the adolescent should be reviewed regularly until either the return of normal function or the cause of fatigue is determined.

A4 - Nutritional Concerns

PRESENTING COMPLAINTS/QUESTIONS:

Parent: I am concerned about my son's/daughter's weight.
Adolescent: I need to lose weight/ gain weight.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
For the adolescent: Age: <ul style="list-style-type: none">- How old are you? Medical History: Check for Recurrent Acute or Chronic Illness <ul style="list-style-type: none">• Do you have any illness at present?• Do you have frequently recurring/ long standing illness? Dietary History: <ul style="list-style-type: none">• How many meals do you eat each day?• How often do you skip breakfast? Lunch? Dinner?• How much do you eat during each meal? Physical activity <ul style="list-style-type: none">• How much physical activity do you do each day and how long do you do it. Activities may include:<ul style="list-style-type: none">- Those at home,- Those at school/college,- Those at work• What types of sports or activities do you do?• How many hours in a day do you spend watching TV or playing in the computer? For girls: When was your last menstrual period? How regular or irregular are your menses?	Measure <ul style="list-style-type: none">• Weight• Height Compute Body Mass Index (BMI) to determine nutritional status. Calculate BMI by dividing weight over the square of the height (kg/m²). Plot BMI Z score on BMI-for-Age Centile Chart (Use Growth Charts in Annex C) If there is reported recent weight loss, if possible calculate, % Weight Loss $= \frac{(\text{Old Weight} - \text{New Weight}) \times 100}{\text{Old weight}}$ Look for signs of severe undernutrition <ul style="list-style-type: none">• Wasting of the muscles• Sunken eyes• Not able to stand/walk• Pitting edema to knees on both sides If BMI score is > + 2 Look for complications of obesity <ul style="list-style-type: none">• Blood pressure• Blood sugar Do a general physical examination	BMI for age is under the -3 Z score line or Any of the following <ul style="list-style-type: none">• Wasting of the muscles• Sunken eyes• Not able to stand/walk• Pitting edema to knees on both sides	Severely underweight or very underweight <ul style="list-style-type: none">• Severe Undernutrition A• Eating Disorders• Chronic Illness• Metabolic diseases	Refer	Follow up after 2 weeks and secure feedback
		Weight loss of more than 5% or Significant weight loss reported by adolescent	Significant weight loss	Treat or refer any underlying medical condition or anemia Consider that the adolescent may have any of the following and assess further: <ul style="list-style-type: none">• Tuberculosis• HIV related illness (Use algorithm "COULD I HAVE HIV?") Counsel adolescent about increasing: <ul style="list-style-type: none">• the number of meals / snacks each day• the size of meals• the amount of high energy / protein foods in diet (fats such as oil, peas, nuts, lentils, eggs, fish and meat) Counsel adolescent about limiting physical activity	Follow up identified infections or conditions as needed Review nutritional status in one month <div>TIP: FOR ANY PATIENT WITH SIGNS OF ANEMIA use the algorithm "Anemia A7"</div>

GENERAL HEALTH CONCERNS

GENERAL HEALTH CONCERNS

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
Do a HEADSS Assessment		BMI for age is between -1 and -2 Z score lines	Underweight	Treat any apparent illnesses or anemia Counsel adolescent about dietary choices as for SIGNIFICANT WEIGHT LOSS (above) Counsel adolescent about limiting physical activity where appropriate Consider that the adolescent may have any of the following and assess further: <ul style="list-style-type: none">• Tuberculosis• HIV related illness Use the algorithm: " HIV?" D8• Substance use: Advise adolescent using information in Part III of Job Aid	Follow up identified infections or conditions as needed Review nutritional status in one month
		BMI for age is between +1 and +2 Z score lines	Overweight	Counsel the adolescent about decreasing: <ul style="list-style-type: none">• the number of meals / snacks each day• the size of meals• intake of foods high in sugar and fats Counsel the adolescent about increasing physical activity	Review nutritional status in 3 months
		BMI for age is above the +2 Z score line	Obesity B	Counsel the adolescent about dietary choices as for OVERWEIGHT (above) Counsel adolescent about increasing physical activity If there is Increased blood pressure, or High blood sugars: Refer	Review in one month. Monitor Nutrition; Give other messages on maintaining healthy lifestyle (Part 3)
		BMI for age is between +1 and - 2 Z score lines	Normal Weight	Reinforce good eating habits , the need for physical activity and improvement of self-esteem. (See: Part III: Health Giving Foods and Healthy Eating, p. 109)	Follow up after 3 months

GENERAL HEALTH CONCERNS

Other Relevant Questions to Ask regarding Dietary History	
<p>Food Resources:</p> <p>Who usually buys the food in your house?</p> <p>Is there always food in the house or are there times when there is none to eat?</p> <p>Weight and body image:</p> <p>How do you feel about the way you look?</p> <p>Are you trying to change your weight? How are you trying to do this?</p>	<p>FOR THE PARENT/S:</p> <p>What are your concerns about your son/daughter’s weight? About his/her eating habit?</p> <p>Have you observed anything unusual in your child’s weight or eating habits?</p> <p>Is there a family history of obesity? Hyperlipidemia? Early deaths before age 55? Diabetes mellitus?</p> <p>Does your child have any allergies to foods or drugs?</p> <p>Does your child have any chronic disease?</p>

Information to be given to the adolescent and accompanying adult(s)

1. What is the Body Mass Index?

Body Mass Index is a measurement of the relative percentages of fat and muscle mass in the human body. After checking the height and weight, doctors and nurses use special charts called Body Mass Index charts to indicate whether someone is underweight or overweight. These charts show them the range of normal and abnormal weights for people of the same age and height.

- If an adolescent is classified as **underweight**, it means that their weight is less than most other adolescents who are of the same age and the same height as they are.
- If an adolescent is classified as **overweight** or **obese**, it means that their weight is more than most other adolescents who are of the same age and the same height as they are.

2. What are the main causes of being underweight?

The common causes of being underweight are

- not eating enough food
- some long standing illnesses such as tuberculosis / HIV
- excessive use of alcohol or other substances that decrease the appetite
- too much physical activity.

3. What are the main causes of being overweight?

The main causes of being overweight are:

- eating habits which lead to adolescents eating more food than their bodies require
- exercise habits which lead to less activities that use up calories
- genetic predisposition (as indicated by the body shape and weight of the adolescent's parents and siblings)

4. Why should being overweight or obese be of any concern to a growing adolescent?

Obesity should be of concern to any growing adolescent. It has been shown that overweight adolescents will become overweight as adults. Obesity is associated with elevated cholesterol levels and elevated blood pressure. It is a risk factor for heart disease and diabetes mellitus.

5. Could dieting to lose weight be of help?

It depends on what you are trying to achieve. Dieting to lose weight could help the patient. But it is also important to look first for any related medical conditions that are leading to being overweight/ or being underweight. Being underweight could be associated with significant health and psychological morbidity. This may be associated with stress, an organic illness, depression, and eating disorder. Chronic dieting is associated with fatigue, irritability, impaired growth and development, impulse to binge, and lead later an eating disorder. Dieting in combination with purging is associated with health compromising behaviors like substance abuse and suicidal behaviors.

6. What can be done to address these problems?

First, we would like to request your cooperation to ensure success of any weight management program. First, both the adolescent and family have to be convinced that a change in the diet and dietary habits are necessary. There has to be a willingness to change. Next, some laboratory tests and further nutritional evaluation is necessary. For these, we will have to send you for further evaluation. Exercise and physical activity are just as important. Needless to say, compliance to a prescribed regimen will be necessary.

Frequently Asked Questions by Adolescents

1. Why should I cut on my smoking if it helps me cut on my taste for food?

Smoking, as well as taking drugs, herbal supplements, and drinking alcohol, can all adversely affect nutrient intake, nutritional status and your general health. Some of its side effects may not be apparent now, but definitely will show up sooner than later than you think. Therefore, it should not be used as a substitute for a well supervised dieting and lots of healthy physical exercise.

2. What types of food can I eat and cannot eat?

Have a good balance of fats, proteins, and carbohydrates. Avoid excessively oily foods like butter, chicken skin or meat fat. Avoid eating at fast food outlets as they usually offer meals with highly saturated fats. Avoid sausages, processed and luncheon meats. Learn to trim the fat in meats, better yet, avoid too much meat. Substitute fatty food with more fruits and vegetables, more bread/pasta, rice, noodles, and cereals. Choose low-fat dairy products and mayonnaise. When buying food, be more conscious about reading nutrition labels. Avoid soft drinks and artificial juice drinks which contain lots of sugar. Avoid skipping meals and going into binges.

3. How can exercise keep me trim and fit?

Managing your diet goes with exercise and physical activity. Learn to limit your time spent in front of the television or playing at computers. Spend more time on physical activities most. Incorporate physical activity into your daily life (walking up the stairs instead of riding the escalator) or participate in an outdoor activity that you enjoy. Invite your friends or family members to join these activities. Drink plenty of fluids when you engage in physical activities.

4. What is body image?

Body image is one’s perception of his/her own body. At your age, your appetite normally increases. When you reach the age of puberty, many changes occur in your body like increase in muscle mass especially in males and fat mass in females. Teens also have a tendency to eat meals away from home and go to fast food stores for quick meals which are high in calories and fats. These then can add more weight than you really should. Changes associated with puberty affect your satisfaction with your body appearance. Sometimes, pressure from friends and what you perceive from the influence of your environment can affect how you look at and appreciate yourself. This is called **body image**. Some teens have a healthy body image, while others have a poor body image. A poor body image can lead one to skip meals, go into unhealthy ways of dieting, and take unhealthy supplements and food substitutes. This may lead to Eating disorders. On the other hand, some teens compensate for a poor body image by overeating and gaining excessive weight. There may be underlying depression too.

5. How can a person improve body image?

Learn to love your body and treat it with respect. Do not abuse it by eating in moderation. Develop a positive body image. Your parents and friends should help you achieve your goals without your having to compromise your health through unhealthy eating habits. Many teenagers come in different body sizes and shapes and are accepted by society for what they are. Improve your overall personality – socially, physically, mentally, and emotionally.

A4-1 Undernutrition

Additional Information to be given to the adolescent and accompanying adult(s)

1. What does it mean when my child is undernourished?

Undernutrition refers to a person who is too thin or too short for his/her age and weight. It is most often due to chronic energy malnutrition which commonly occurs in underdeveloped and in developing countries.

2. Why do we need to focus on my child’s nutrition?

Adolescence is the second most critical period of growth and development in a person. In fact, twenty-five percent of an adult’s final height occurs during adolescence. Studies have found that malnutrition affects a person’s ability to learn and to work productively. It also increases the risk for poor obstetrical outcomes in very young mothers because it affects the nutrients that a fetus will receive. Likewise, malnutrition affects the total development of children and adolescents.

3. What type of malnutrition does my adolescent have?

Malnutrition can occur when your adolescent is either too thin or too fat. Micronutrient deficiencies (Iron, folic acid and calcium) are prevalent among teenagers. To determine these, we usually measure the height and weight and compute for the BMI. Some of the micronutrient deficiencies can be determined by doing some laboratory tests. Our history and physical examination can also give us clues on what type of nutrient deficiency your child has.

4. Why do teenagers become undernourished?

Nutritional deficiencies arise from a variety of causes ranging from an inadequate quantity and quality of food to poor household allocation of nutrients that do not provide full range of dietary needs and lack of

adequate nutrition knowledge. Chronic illnesses, like tuberculosis, HIV and AIDS, rheumatic heart and renal diseases, and parasitism are some of the most common reasons for malnutrition. Obesity is also a form of malnutrition, though many parents and adolescents fail to recognize this as such.

5. How can we help prevent our children from becoming malnourished?

Follow these tips for your adolescents:

- Teach your children how to eat healthy foods and to eat a variety of foods.
- Make family meals a priority. Eat at least one meal a day with your children.
- Teach them to avoid skipping meals.
- Discourage eating meals in front of the television or computer.
- Help them develop a healthy, positive body image.
- Discourage unhealthy, weight-losing regimens and diets.
- Encourage physical activities.
- Focus also on dental health and oral habits.
- Teach them that a healthy body weight is determined by genetics and not by social standards.

A4-2 Obesity

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Dietary History:</p> <ul style="list-style-type: none">How much do you eat in each meal?What types of meals do you usually take?How much? How often? <p>How much physical activity do you do each day and how long do you do it?</p> <p>How much do you spend in front of the TV/ computer/ computer games?</p> <p>Is there a history of parental obesity?</p> <p>Are there other significant obesity-related family medical history?</p> <ul style="list-style-type: none">- Diabetes mellitus- Cardiovascular disease <p>Have you experienced any of the following?</p> <ul style="list-style-type: none">- Severe, recurrent headaches- Shortness of breath, exercise intolerance- Snoring, apnea, sleepiness- Abdominal pain- Hip pain, knee pain, walking pain, foot pain	<p>Check blood pressure Do spot check of blood glucose level</p> <p>Look for significant changes in the Skin:</p> <ul style="list-style-type: none">Dark pigmentations in the necklines, axillasExcessive acneExcessive body hairViolaceous striae <p>Enlarged tonsils/snoring</p> <p>Goiter/enlarged thyroid</p> <p>Enlarged liver</p> <p>Apparent micropenis/ undescended testes</p> <p>Abnormal gait</p> <p>Bowing tibia</p> <p>Short stature, mall hands, polydactyly</p> <p>Do a general physical examination</p>	<p>BMI for age is above the +2 Z score line</p> <p>Presence of significant obesity related family medical history</p> <p>Presence of</p> <ul style="list-style-type: none">High blood pressure ORHigh blood sugar <p>Presence of any of the following:</p> <ul style="list-style-type: none">Obstructive sleep apneaHypothyroidismNAFLD (Nonalcoholic fatty liver disease)Penis may be normal/buried in fatSlipped capital femoral epiphysisBlount diseaseGenetic syndromes	<p>Obesity with health risks</p>	<p>Refer</p>	<p>Follow-up referral and secure feedback</p> <p>Monitor weight on subsequent follow-ups</p> <p>Reinforce with messages on health giving foods and healthy eating</p>
		<p>BMI Z score is above +2 Z score line</p> <p>Normal blood pressure</p> <p>Normal blood sugar</p>	<p>Obesity but with no health risks</p>	<p>Consider structured weight management</p> <p>Assess patient and family motivation</p>	<p>Follow up after 1 month</p> <p>Prevention of micronutrient deficiencies</p> <p>Reinforce with messages on Healthy eating habits</p>

Information to be given to the adolescent and accompanying adult(s)

1. What can be implemented at the Primary Health Care setting for obese/overweight adolescents?

For obese/overweight adolescents with no health risks:
Both you and the family should focus on basic healthy lifestyle eating and activity habits. These include:

- a. Consume =or > 5 servings of fruits and vegetables each day
- b. Minimize sugar-sweetened beverages
- c. Exercise = or > 1 hour each day
- d. Minimize TV and internet time to = or < than 2 hours each day
- e. Prepare more meals at home than purchasing restaurant food
- f. Eat at the table with the family 5 or 6 times a week.
- g. Consume a healthy breakfast every day.
- h. Allow adolescent to self-regulate eating habits and avoid overly restrictive eating behaviors
- i. Allow family to adjust according to cultural values.

For obese adolescents with health risks:

- a. Your weight is not healthy. Your weight puts you at risk of health problems such as high blood pressure and diabetes later in life.
- b. I will need to refer you for further diagnostic management and supervised dietary management.

2. What are other complications of being overweight/ obese

Other consequences of obesity include having poor self-esteem and body image problems, heart complications, problems in the spine and gait, and gall bladder diseases and liver complications.

3. How can obesity be prevented?

Obese adolescents tend to become obese adults. Since obesity is linked to cardiovascular complications, it is important to focus on prevention. The best ways to prevent obesity are by promoting healthy eating habits,

regular physical activity, and preventing a sedentary lifestyle. This is started in early childhood and not during the adolescent period. Parents can facilitate a healthy environment by choosing the right quality of foods and advising children to choose the right foods. Avoid eating in fast food restaurants.

4. What is body image?

Body image is important especially during adolescence because this is the period when they want to be accepted by their peer. This acceptance is based on how they perceive themselves in terms of how they perceive their body. The concept of ‘body image’ has three components: perception of body size and its accuracy, a subjective component of feeling satisfied or not with one’s body, and a behavioral component. Concerns with body image occurs across gender, BMI, and ethnic groups. Social norms have also placed enough pressures on teenagers to be thin.

5. How can a person improve body image?

Learn to love your body and treat it with respect. Do not abuse it by eating in moderation. Develop a positive body image. Your parents and friends should help you achieve your goals without your having to compromise your health through unhealthy eating habits. Many teenagers come in different body sizes and shapes and are accepted by society for what they are. Improve your overall personality – socially, physically, mentally, and emotionally.

Tip to the health worker.

Simply telling an adolescent to change their eating habits and exercise habits is unlikely to make any difference, especially if they are not motivated to, or not able to make the changes they need to. Counseling can help adolescents make decisions about changing their habits, and more importantly acting on the decisions they make. This involves helping them to reflect on their eating and exercise habits, the factors contributing to these habits, and the possible negative effects of these habits on their health and well being. The next step is to help them consider what it will take for them to change their habits (e.g. avoiding sugary drinks, taking up walking or jogging etc.).

A4-3 Micronutrient Deficiencies

1. What do we mean by micronutrient deficiencies?

Micronutrient deficiencies refer to deficiencies in iron, folic acid, calcium, Vitamin A and other minerals in the body. Of these, iron deficiency is recognized as the most common nutrient deficiency worldwide.

2. How is iron deficiency recognized and how does it occur?

Deficiency in iron presents as anemia. This is common in both boys and girls. Because of muscle mass development, boys require enough iron in their bodies. On the other hand, once girls menstruate they also require enough iron in their diet to compensate for the monthly blood loss. The main cause of lack of iron in the body is the lack of dietary source for iron. Iron requirements may also be increased by infections such as malaria, schistosomiasis, and hookworm infestation. Tuberculosis and HIV are also etiologic factors for iron deficiency anemia. Athletes sometimes would complain of blood in the urine after strenuous exercise. They may suffer iron deficiency anemia due to some loss of red blood cells in their urine or due to intravascular hemolysis after the strenuous exercise.

3. What are the consequences of iron-deficiency anemia?

Iron deficiency anemia can lead to poor concentration and capacity to work. It can also lead to poor pregnancy and labor outcomes. Babies born to mothers who are anemic carry a higher risk for cardiovascular problems and hypertension as adults. Growth has been shown to be delayed and cognitive development has also been affected in patients with prolonged anemia.

4. What micronutrient deficiencies are common among teenagers? What are its manifestations and effect?

Iodine deficiency disorders were quite prevalent until corrective measures like iodized salt supplementation was instituted. Iodine deficiency can lead to neuromotor and cognitive impairments. Young women in their childbearing age are most commonly affected.

Calcium requirements for bone mass development are important during adolescence. Its deficiency can lead to higher post-menopausal bone loss. Adolescents should be advised to continue their intake of milk and milk products. Soya milk is a good substitute for those who are lactose intolerant. There are also vegetables that are good sources of calcium. Cereals and bread and canned fish with bones can be good alternatives.

Folate is important for adolescents because of its role in cell replication and growth. Folate is important in early pregnancy. It has been shown to prevent some neural tube defects in the fetus of pregnant mothers.

Vitamin A and Zinc deficiency have occurred in girls who undergo a vegan diet. The main sources of Vitamin A are eggs, dairy products, liver, meats and fatty fish. Zinc can be found in meat, poultry and fish.

GENERAL HEALTH CONCERNS

Nutrient needs of adolescents

Nutrient	13-15 years old		16-18 years old		19-29 years old		Nutrient	13-15 years old		16-18 years old		19-29 years old	
	Male	Female	Male	Female	Male	Female		Male	Female	Male	Female	Male	Female
Energy (kcal)	2800	2250	2840	2050	2490	1860	Niacin (mg NE)	16	14	16	14	16	14
Protein (g)	71	63	73	59	67	58	Folate (µg DFE)	400	400	400	400	400	400
Vitamin A (µg RE)	550	450	600	450	550	500	Calcium (mg)	1000	1000	1000	1000	750	750
Vitamin C (mg)	65	65	75	70	75	70	Iron (mg)	20	21	14	27	12	27
Vitamin D (µg)	5	5	5	5	5	5	Iodine (µg)	150	150	150	150	150	150
Vitamin E* (mg)	12	12	13	12	12	12	Magnesium (mg)	225	220	260	240	235	205
Vitamin K (µg)	50	49	58	50	59	51	Phosphorus (mg)	1250	1250	1250	1250	700	700
Vitamin B ₆ (mg)	1.3	1.2	1.3	1.2	1.3	1.3	Zinc (mg)	9.0	7.9	8.9	7.0	6.4	4.5
Vitamin B ₁₂ (µg)	2.4	2.4	2.4	2.4	2.4	2.4	Selenium (µg)	31	31	36	36	31	31
Thiamin (mg)	1.2	1.0	1.4	1.1	1.2	1.1	Fluoride (mg)	2.5	2.5	2.9	2.5	3.0	2.5
Riboflavin (mg)	1.3	1.0	1.5	1.1	1.3	1.1	Manganese (mg)	2.2	1.6	2.2	1.6	2.3	1.8

Source: Recommended Energy and Nutrient Intakes. Philippines, 2002 Edition. Food and Nutrition Research Institute-Department of Science and

GENERAL HEALTH CONCERNS

A5 - Dental Health Concerns

PRESENTING COMPLAINTS/QUESTIONS:

Parent: I am concerned about my son's/daughter's dental problem.
Adolescent: I have a toothache.

ASK	LOOK/FEEL/LISTEN	SYMPTOMS AND SIGNS	CLASSIFY	MANAGE	FOLLOW UP
How long have you had the toothache? Where does the pain come from? Where does the pain refer to? What do you do when you have a toothache? Are there any signs of bleeding? How do you take care of your teeth? Do you engage in smoking? drink tea or coffee/or colas (may cause teeth discoloration) Do you often eat sweet, sugary and sticky foods? Or drink beverages containing sugar? How often do you visit a dentist? How often do you get dental prophylaxis? Do you have any diagnosed illnesses? Do you have a history of gum bleeding or easy bruising? HEADSS Assessment <div><ul style="list-style-type: none">Has your dental concerns : Or establishing relationship with your peers?</div>	Look for facial swelling or deformities Look for the number of caries Look at the condition of the gums -gum bleeding -gum swelling Check for crowding of teeth Look at the condition of the tongue Check if there are problems in the palate and uvula Note for foul odor from the oral cavity Look at the viscousness of the saliva Check also the height, weight, BMI Do a complete physical examination	Swelling in the face/ neck area Or Toothache Or Headache Presence of any of the following: Severe dental caries Gum bleeding and swelling Bleeding disorders Crowded teeth Foul breath	Urgent dental concern	Refer to a specialist	Review progress after 1 week
	<div>Tip to Health Worker Explore adolescent concerns about effects of dental problem on patient's self image and body concept</div>	Presence of any of the following: - Dental caries -Gum bleeding/ swelling -Crowded teeth -Foul breath	Dental /Gum Problems	Refer to a Dentist for further management Provide Information on oral hygiene	Every 1 week initially until stable

GENERAL HEALTH CONCERNS

Information to be given to the adolescent and accompanying adult(s)

GENERAL HEALTH CONCERNS

1. Why is it important to take care of one’s dental health?

Dental health problems like tooth decay, gum bleeding or swelling, foul breath are indicative of poor health. Malocclusion or malalignment of the teeth also may indicate some problems like an inborn facial deformity, a congenital problem, or some inherited problems. Dental health problems can cause poor self esteem and can lower the adolescent’s body image, especially at a time when they are very conscious of their appearance. Explore the issue of body image with the adolescent.

2. How does one care for his/her teeth and oral/dental health?

- Brush your teeth regularly especially after eating sweet foods
- Make the use of the dental floss a part of your routine after brushing
- Visit the dentist twice a year
- Have a dental prophylaxis and fluoridation of the teeth as advised by the dentist
- Avoid the use of coffee, tea, colas, and certain drugs that discolor the teeth
- Avoid cigarette smoking which discolors the teeth, makes your breath foul, and puts you at risk for many diseases.
- Increase your intake of water
- Do not share toothbrush with other members of the family.

3. What is self-esteem?

Self-esteem refers to how much a person likes himself or herself. Adolescents have varying levels of self-esteem which appear to be influenced by gender, ethnicity, and social class. In general, girls have a lower self-esteem than boys. The upper and middle class have a higher self-esteem than the adolescent in the lower class. It can also vary

within an individual such as having different levels in different domains such as social, academics, athletics, appearance, and general conduct.

4. How does poor self-esteem affect the adolescent?

Many adolescents suffer from poor self-esteem particularly in early adolescence. This can be temporary or this can lead to other problems like depression, anorexia nervosa, delinquency, self-inflicted injuries, and even suicide.

5. How can parents help increase or improve an adolescent’s self-esteem?

Inform parents that telling adolescents to improve their self-esteem will not work. They have to be given the support and the praise even earlier than adolescence (during their early growing years). They have to be given the opportunities to improve their skills and discover for themselves where they are good at. Adolescents will feel better if they discover successes for themselves.

6. What can a health provider offer for adolescents who want to improve self-esteem?

- Help the adolescent discover what are the factors or causes for the low self-esteem.
- Help the adolescent determine what domains in development are important to them.
- Focus on sources of emotional support and approval from the adolescent’s family, peer, and community.
- Encourage the adolescent to develop initiative and to improve skills that they enjoy
- Teach the adolescent ways of coping with difficult situations rather than avoiding them.

A6 - Anemia

PRESENTING COMPLAINTS/QUESTIONS:

Parent: My son/daughter feels very tired all the time.
Adolescent: “I feel very tired” / “I cannot concentrate on my studies or feel like engaging in sports or other activities”.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<ul style="list-style-type: none">Do you get tired easily?How long have you been feeling this way?Are you breathless while:<ul style="list-style-type: none">- carrying our routine activities- at rest?Do you have palpitations (rapid heartbeats) while:<ul style="list-style-type: none">- carrying our routine activities?- at rest?Have you taken any treatment?Specifically, have you taken any medicines to get rid of worms recently? Do a ‘HEADS’ assessment	<p>Look for pallor in:</p> <ul style="list-style-type: none">- the conjunctiva,- the palms,- the tongue,- the nails. <p>Count the respiration rate (i.e the number of breaths per minute).</p> <p>Count the heart rate (i. e. the number of heart beats per minute)</p> <p>Test the blood for hemoglobin (Hb) if available</p> <p>Do a general physical examination</p>	<p>Hemoglobin is less than 7g/100 ml and/or</p> <p>Severe conjunctival or palmar pallor</p> <p>or</p> <p>Mild or moderate pallor with any of the following:</p> <ul style="list-style-type: none">- Respiratory rate of more than 30/min at rest- Heart rate of more than 100/min at rest (in the absence of fever).	Severe anemia	Refer.	Follow up referral after 1 week and secure feedback.
		<p>Hemoglobin is more than or equal to 7g/100 ml to less than 12g/100 ml in adolescent girls</p> <p>or</p> <p>Hemoglobin is more than or equal to 7g/dl to less than 13g/100 ml in adolescent boys</p> <p>or</p> <p>mild conjunctival or palmar pallor present.</p>	Mild to moderate anemia <div><p><i>Tip for health worker</i></p><p><i>Please see the counseling boxes on the following page before making decisions on clinical management</i></p></div>	<p>Treat anemia</p> <p>Advice:</p> <ul style="list-style-type: none">Iron-Folic acid (IFA) tables 200 mg 1 tablet orally three times per day for 3 months [Note: Start with one tablet per day and then gradually increase to 3 tablets per day, if there are no side effects].Come back if any signs or symptoms of negative reaction to the iron tablets develop (e.g. constipation, discomfort in the upper part of the abdomen, nausea and diarrhea). <p>Treat/manage the cause</p>	<p>After 3 months, if there is no improvement or</p> <p>If there is intolerance to Iron-Folic acid tables, refer.</p> <p>Note: In areas where <i>Thalassemia A or B carrier states/ Hemoglobin E are common, hemoglobin electrophoresis may be required to exclude this.</i></p>

GENERAL HEALTH CONCERNS

GENERAL HEALTH CONCERNS

ASK	LOOK/FEEL/LISTEN	SIGN AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
				<ul style="list-style-type: none">Determine the possible cause of the anemia and decide on appropriate management [as described on the next page]If the patient has not taken deworming medication recently , give:<ul style="list-style-type: none">- A single-dose oral therapy of albendazole (400 mg) or mebendazole (500 mg) for geohelminths (Hook-worm, trichuriasis, tape-worm, etc). <p>Do not prescribe iron if you identify that the cause of the anemia is a hemoglobinopathy.</p>	
		<p>Hemoglobin more than or equal to 12g/100 ml in adolescent girls</p> <p>Hemoglobin more than or equal to 13g/100ml in adolescent boys</p>	Normal	<ul style="list-style-type: none">Reassure the adolescent that the hemoglobin level is normal.Stress the importance of healthy eating, and having both adequate exercise and rest to stay in good health. (See Part III for additional advice to the adolescent	Follow up referral after 6 months

TABLE: Counsel for the cause of Anemia

ASK	ADVISE/COUNSEL	REFERTO APPROPRIATE ALGORITHM
Menstrual history (for female adolescents): <ul style="list-style-type: none">Do you have periods?If so, are your periods regular?Is the amount of bleeding normal, less than normal. or more than normal?	Explain how excessive periods can lead to anemia from excessive blood loss.	If appropriate, use the algorithm: “ EXCESSIVE VAGINAL BLEEDING ”.D4
Pregnancy history (for female adolescents): <ul style="list-style-type: none">Have you ever been pregnant?If so, probe to find out:<ul style="list-style-type: none">how many pregnancies she has had,the gap between each pregnancy.	Explain how frequent childbirth can cause anemia and its associated problems. Advise birth spacing.	If appropriate, use the algorithm: “SUSPECTED PREGNANCY” D6
Dietary history: <ul style="list-style-type: none">How many meals do you have every day?What do you eat usually at each meal? Probe to find our whether the patient’s diet is adequate in quantity and in foods containing proteins, vitamins and minerals.	Counsel on the importance of healthy eating, and on how to eat healthily.	If appropriate, use the algorithm “NUTRITIONAL CONCERNS?” A4
History suggesting other illness: <ul style="list-style-type: none">Do you have any longstanding or recurrent illness? Provide for history suggestive of: <ul style="list-style-type: none">Hemoglobinopathies – history of being diagnosed with thalassemia, of family history of thalassemia, of symptoms of sickle cell anemia trait (yellowish discoloration of the eyes, swelling of the legs, bone pain).Recurrent malaria – history of recurrent bouts of fever.HIV-related illness – history of being found to be infected with HIV, of weight loss and repeated infections.Pulmonary tuberculosis – history of weight loss, low grade fever which is worse in the evenings, and persistent cough.Bleeding disorders – history of heavy bruising or of prolonged bleeding from cuts.Thyroid problems – history of being diagnosed with hypothyroidism, or of intolerance to cold, dryness of the skin, falling hair, fatigue, neck swelling.Other problems – endemic diseases such as Schistosomiasis, bleeding piles, etc.	Explain how these illnesses can cause anemia if left untreated and so need to be treated promptly.	Refer.

Information to be given to the adolescent and accompanying adult(s)

1. What is the condition?

What do we mean by the term anemia?

A key function of blood is to carry oxygen from the lungs to tissues all over the body. Anemia is a condition in which this is not happening. This is because when a person has anemia, his/her blood contains reduced levels of hemoglobin, a chemical in the blood which enables it to carry oxygen.

When do we say that someone is anemic?

An adolescent is considered anemic when the blood hemoglobin level is less that 12g% in a female and 13g% in a male.

2. What are the causes of this condition?

What are the main causes of anemia?

There are many types of anemia. One of the main types results from a deficiency or increased bodily requirement of iron, blood loss (e.g. due to heavy menstrual periods), infections (e.g. such as malaria) which attack blood cells, infestations (e.g. with helminthes) and impaired functions of the thyroid gland. Another main type of anemia results from a deficiency of Folic Acid and/or Vitamin B12 in the body. A third main type occurs in patients whose bodies produce abnormal types of hemoglobin which hinder the blood cells from carrying out the function of transporting oxygen.

3. What are the effects of these conditions?

In mild cases there may be few if any symptoms. In severe cases, there is pallor (i.e. a paleness of the skin covering the palm, and mucous membranes of the conjunctiva and the nails), respiratory and heart rates which are somewhat faster than normal and tiredness.

4. What treatments are we proposing and why?

As indicated above there are different types of anemia and levels of severity of anemia. The aim of the treatment is to determine the type and severity of anemia and to treat it appropriately.

5. What you can do?

For those patients classified as mild/moderate anemia:

Eat foods rich in iron and folic acid such as green leafy vegetables, bean sprouts, and red meat (if you consume meat products).

For those patients classified as severe anemia:
Please go to the place you have been referred to.

Frequently asked questions by adolescent boys and girls

Are there any activities that I should not do? How will I know if I am getting better?

Understanding the reason for the questions:

The patient is anxious about the effect of the condition on his/her body.

Points to make in responding to the questions:

Explain the importance of addressing the underlying condition causing the anemia and your advice on how it should be addressed.

Stress that the patient can do any activity that his body feels able to without difficulty.

Explain that as the level of hemoglobin rises towards normal, he/ she will start feeling stronger and more energetic. Stress that this will be confirmed with blood tests during subsequent visits.

Information for the health worker on Anemia and on its causes

During adolescence, there is increased demand for the production of more hemoglobin due to the increase in body mass and the growth spurt that occurs during this period. As the body mass increases, the red cell mass also increases, especially in males where the testosterone hormone is said to influence the rise of the hematocrit by 1% for every change in sexual maturity rating. In girls however due to the menstrual cycle, this increase in hematocrit is not seen.

Iron deficiency is the most common cause of anemia during the adolescent period. The iron requirement is high. Coupled with **poor dietary habits** (like preference for eating junk foods) and / or poor nutrition, further accentuates iron deficiency anemia. Other causes of iron deficiency anemia include: **Blood loss** due to metromenorrhagia (excessive or frequent menstrual bleeding), peptic ulcer disease, NSAID-induced gastritis, epistaxis, inflammatory bowel disease or **decreased iron absorption** due to intestinal malabsorption or antacid abuse.

Intestinal parasitism, like hookworm infestation, should also be considered in some regions in the country. Severe infections can lead to anemia.

Other causes of anemia which may be brought by strict vegetarian/vegan and macrobiotic diets which adolescents may resort to during this period may result into macrocytic anemia (red cells on peripheral smear are large). This may be attributed to Vitamin B₁₂ deficiency. Girls who are taking oral contraceptives also may develop macrocytic anemia due to folate deficiency.

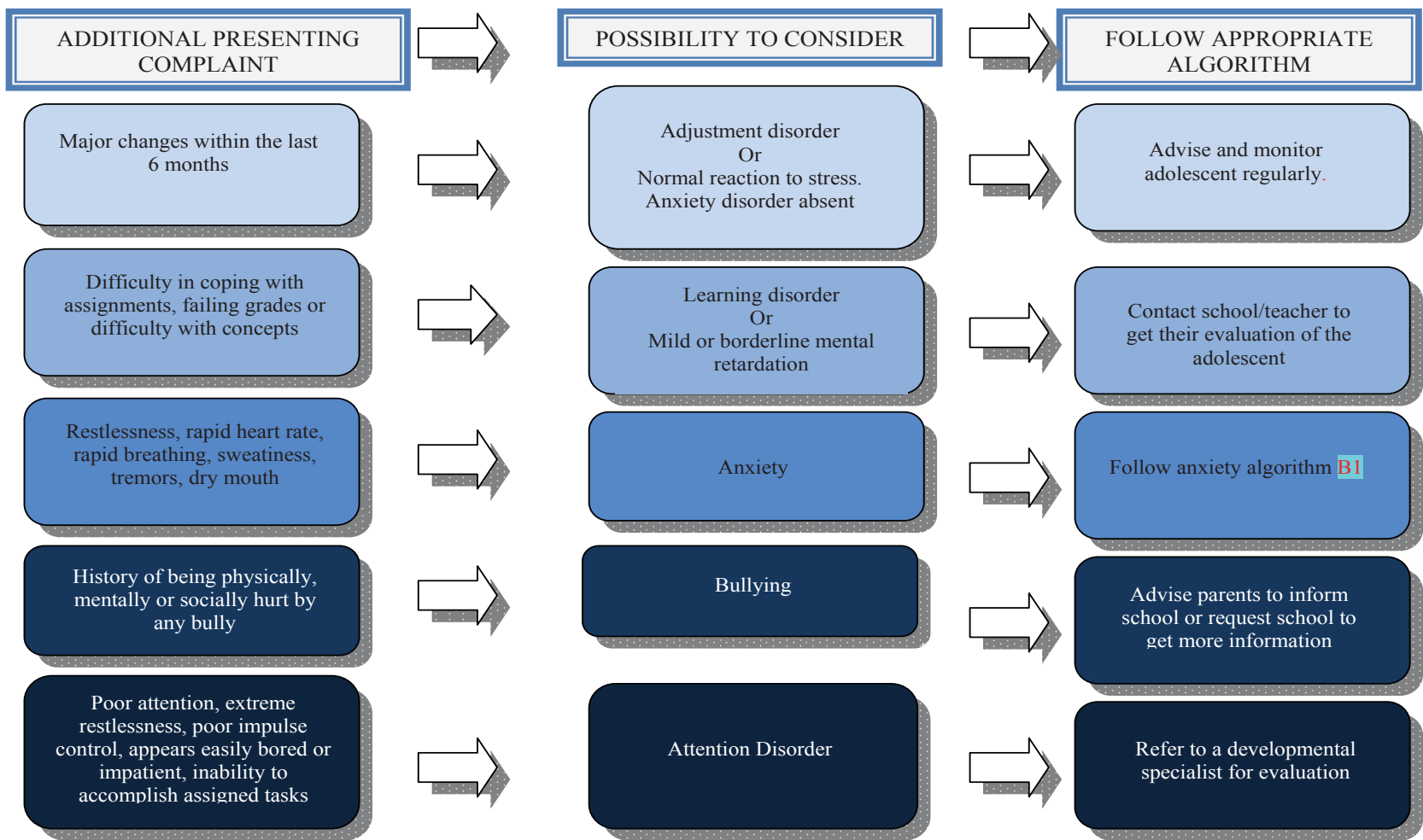
It is recommended that girls with a history of anemia due to iron deficiency, heavy menstrual loss, or low iron intake should be screened annually by having a hemoglobin and hematocrit test. Pregnant adolescents are also likely to suffer from iron deficiency anemia. Routine screening for adolescent boys is not recommended because of less risk for anemia.



GENERAL HEALTH CONCERNS

Decision Tree: “Difficulties in School”

PRESENTING COMPLAINTS/QUESTIONS:
Parent: My son/daughter is having difficulties in school.
Adolescent: I am failing in school.



GENERAL HEALTH CONCERNS

PRESENTING COMPLAINTS/QUESTIONS:

Parent: My son / daughter is having difficulties in school

Adolescent: I am failing in school.

ASK	LOOK/LISTEN/FEEL	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>How are you coping in school?</p> <p>Are you having difficulties in school?</p> <p>Are you having difficulty understanding what the teacher is saying?</p> <p>Are you having difficulties with concepts? With any particular subjects?</p> <p>Have you failed in any grade level in previous years?</p> <p>Have you been skipping classes or been having poor attendance?</p> <p>Are you having difficulty in concentration? Are you fidgeting a great deal while in class?</p>	<p>Check for:</p> <ul style="list-style-type: none"> • Rapid heart rate • Rapid breathing <p>Look for:</p> <ul style="list-style-type: none"> • Sweatiness • Tremors • Dry mouth 	<p>Difficulty in coping with assignments, failing grades</p> <p>Difficulty with concepts</p> <p>Short attention span</p> <p>Repetition of grade level</p>	<p>Learning disorder</p> <p>Or</p> <p>Mild or borderline mental retardation</p>	<p>Discuss your considerations and further steps to be taken.</p> <p>Refer to a developmental specialist for further evaluation.</p> <p>Offer tutoring</p>	<p>Contact school/teacher to get their evaluation of the adolescent</p> <div> <p>Avoid unnecessary labeling. Do not give final diagnosis unless confirmed by expert.</p> </div>
<p>Do you have poor attention span?</p> <p>Are you able to finish assigned tasks?</p> <p>Do you find yourself acting impulsively?</p> <p>Do you easily get bored or are you very impatient while at class?</p> <p>Do you find yourself mentally restless?</p> <p>Have you become lazy or unmotivated?</p>	<p>Do a general physical examination</p>	<p>Any of the following:</p> <ul style="list-style-type: none"> • Short attention span • Extreme restlessness • Poor impulse control • Appears easily bored or impatient • Inability to accomplish assigned tasks 	<p>Possible Attention Disorder</p>	<p>Refer to a developmental specialist for evaluation</p>	<p>Monitor</p> <p>Coordinate with school teachers and parents on additional information</p>

GENERAL HEALTH CONCERNS

ASK	LOOK/LISTEN /FEEL	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>Are you worried about something that is happening or about to happen?</p> <p>Do you feel any of these things: Restless, fidgety, unable to relax, tense around the eyes and neck?</p> <p>Do you have any of these symptoms: Rapid heart rate, rapid breathing, difficulty of breathing, trembling, dryness of mouth, sweating?</p> <p>Do you know what is making you anxious?</p>		<p>Rapid heart rate</p> <p>Rapid breathing</p> <p>Sweatiness</p> <p>Tremors</p> <p>Dry mouth</p>	Anxiety	<p>Follow anxiety algorithm B1</p> <div> <p>Before involving the parents assess whether they could play a part in supporting the adolescent and whether s(he) wants to do so.</p> </div>	<p>Monitor symptoms and adherence to therapy;</p> <p>Monitor for possible substance abuse as attempts to self-medicate for anxiety symptoms may arise</p>
<p>Have you been bullied or teased in school?</p> <p>Have you been physically, mentally or socially hurt by any bully?</p>		Being bullied in school	Bullying	<p>Advise parents to inform school or request school to get more information and to monitor the adolescent.</p> <p>If adolescent is suffering from undue anxiety, fear, depression, refer for further counseling.</p>	Monitor self-esteem, suicidal ideations, and other manifestations related to bullying.
<p>Have there been any major changes in your life within the last 6 months?</p> <p>Have you been under stress for the last 6 months?</p>		<p>The adolescent has been anxious and feeling the symptoms of restlessness, rapid heart rate, rapid breathing, sweatiness and dry mouth</p> <p>The patient can identify the cause of anxiety</p> <p>The level of anxiety seems to be proportional to what is causing it.</p> <p>The anxiety is not affecting the ability of the patient to carry out everyday activities.</p>	<p>Adjustment disorder</p> <p>Or</p> <p>Normal reaction to stress. Anxiety disorder absent</p>	<p>Inform the adolescent that it is normal to feel anxious from time to time.</p>	<p>Monitor adolescent regularly. If symptoms persist beyond 6 months, re-evaluate the patient.</p> <p>Advise to follow up if with emergence of other symptoms.</p>

GENERAL HEALTH CONCERNS

Information to be given to the adolescent and accompanying adult(s)

1. Why is my adolescent failing in school?

School failure is one of the many concerns of parents. Most concerned parents would like to see their adolescent finish their schooling (i.e. either high school, college, or vocational level). This is one of the major developmental tasks expected of an adolescent.

There are many reasons for school failure. Some of the common reasons include: learning disability, delay in mental development, attention deficit hyperactivity disorder, bullying, familial and interrelational problems that impact on school, substance use, peer pressure like joining clubs or fraternities which foster wrong values about school, etc.

2. What happens when my son/daughter has attention deficit hyperactivity disorder?

First, we have to make sure that this is what your child has. If he/she has some of these symptoms, then we have to refer to a specialist for further evaluation. In the meanwhile, I suggest you secure your child’s school record or teacher’s evaluation. Be supportive of your child’s problem.

3. What happens if the attention deficit hyperactivity disorder is not attended to?

Attention deficit hyperactivity disorder may lead to poor school performance, school failure, lowered self esteem, depression, substance abuse, and worst of all, to suicidal attempts, due to difficulty in coping.

4. What can be done for children with ADHD?

First, we must make sure that we are dealing with this disorder. We will refer you to a developmental pediatrician or a psychiatrist for further diagnostic tests. These tests are long and tedious, so you have to be patient.

5. Why was my child’s learning problem/ mental deficiency not detected earlier?

There are times when a mental deficiency is mild or borderline. As a child gets older and there are more demands on his/her cognitive ability, he/she will find it more difficult to comprehend certain tasks required of him/her. Sometimes, learning problems may be very specific, like difficulty in mathematical concepts, or just specific to reading or writing. These children are able to cope for a while until tasks at school become more complicated and demanding.

6. What is bullying? Why should we be concerned?

Bullying is a form of violence where people hurt another person. It can happen in school or school-related activities where a student or a group of student uses their power to hurt other individuals. It can also happen at work, at play, and other areas where people are. Bullying can make a person rejected and unwanted.

7. What can parents do about bullying?

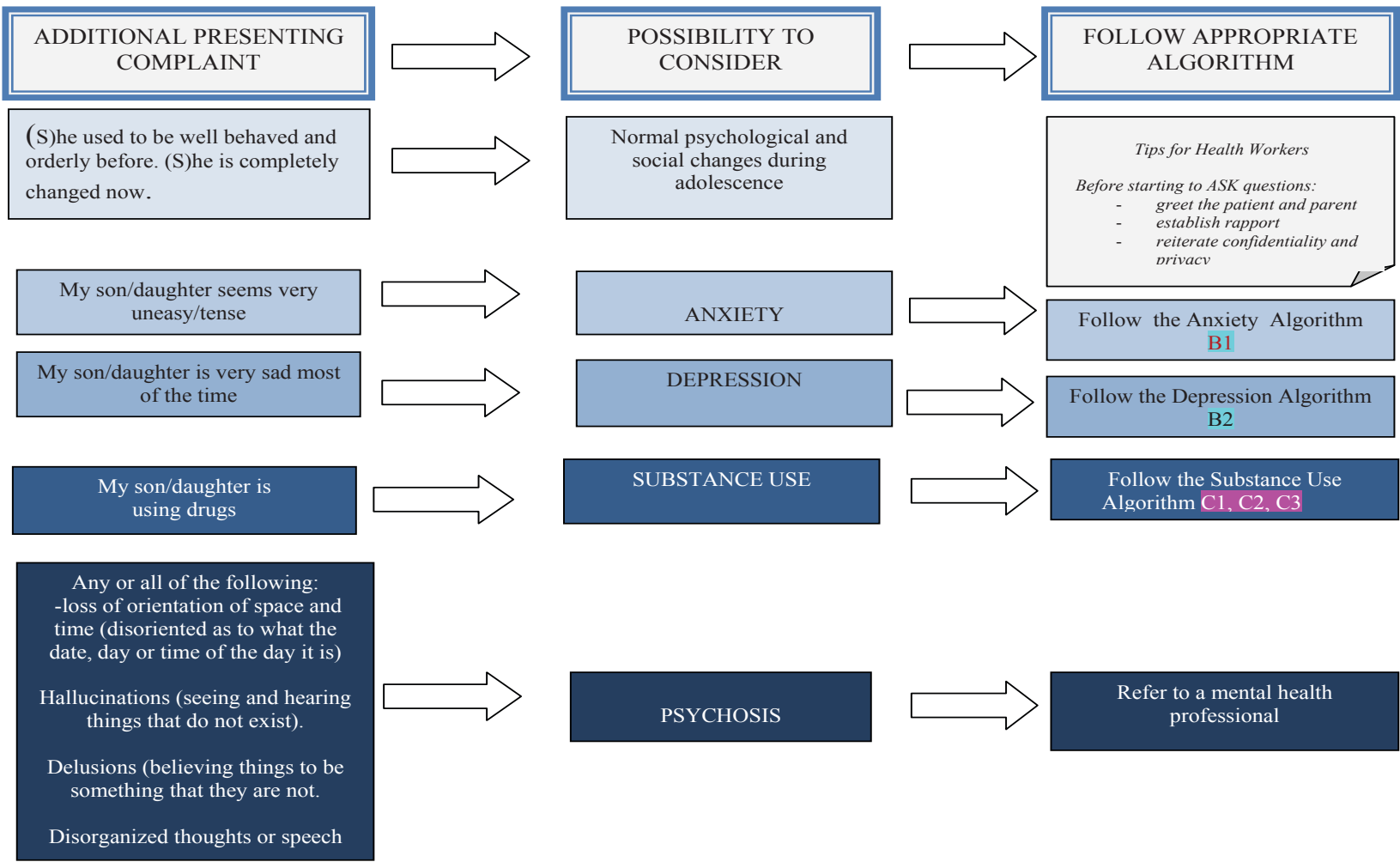
- Parents can do the following:
- Teach that:
- Bullying is disrespectful and is a form of violence
 - Hazing is a form of bullying
 - Bullying can have lifelong consequence on the person who is bullied
- Be a role model to your children:
- Respect them and avoid using foul language
 - Work with the school - monitor your child
 - See to it that the school enforces rules and discipline on kids who bully
 - Be a part of a bullying prevention effort

GENERAL HEALTH CONCERNS

GENERAL HEALTH CONCERNS

Decision Tree: “Behaving Strangely”

PRESENTING COMPLAINTS/QUESTIONS:
Parent: My son /daughter is behaving strangely.
He/she seems different to me.



B1 - Anxiety

PRESENTING COMPLAINTS/QUESTIONS:

Parent: My son/daughter seems nervous/tense.

Adolescent: I feel nervous/tense.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>How are you feeling today? I want to ask you some questions:</p> <p>(a)Are you worried about something? What makes you worry?</p> <p>(b)Do you feel any of these things:</p> <ul style="list-style-type: none">- Aches/Pains- Restless/fidgety- Unable to relax- Tense around eyes and neck <p>(c)Do you have any of these:</p> <ul style="list-style-type: none">- Rapid heart rate- Rapid breathing- Difficulty breathing- Trembling- Dryness of mouth- Sweating? <p>If the adolescent has any of those in (b) and (c), how long have you been feeling or experiencing this?</p> <p>Does your worry affect your daily activities? Sleep?</p> <p>How is your performance in school?</p> <p>Do you have any medical condition?</p> <p>Are you using any substance such as alcohol or drugs?</p>	<p>Check for :</p> <p>Heart rate</p> <p>Respiratory rate</p> <p>Look for:</p> <ul style="list-style-type: none">-Difficulty of breathing-Tremors-Dryness of mouth-Sweating <p>Do a general Physical examination</p>	<p>The patient has been feeling nervous/tense and having the symptoms listed in (b) and (c) for more than 2 weeks</p> <ul style="list-style-type: none">▪ The patient may or may not be able to identify the cause of the anxiety▪ The anxiety is affecting the patient’s ability to carry out everyday activities	Anxiety disorder	<p>Refer to qualified professional or institution.</p> <p>Inform the adolescent/parent about the provisional diagnosis.</p> <div><p>Tip for health worker</p><p>Before involving the parents assess whether they should play a part in supporting the adolescent and whether (s)he wants to do so</p></div>	<p>Provide him/her with the support needed, taking into account their need for autonomy.</p> <p>Advise parents to provide unconditional love.</p>
		<p>Presence of an Organic cause</p> <p>Signs and symptoms of substance use</p>	Organic cause Substance use	<p>Treat Organic cause</p> <p>Follow Substance use algorithm C1, C2, C3</p>	

GENERAL HEALTH CONCERNS

GENERAL HEALTH CONCERNS

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
HEADSS Assessment		<ul style="list-style-type: none">▪ The patient has been feeling anxious and having the symptoms listed in (b) and (c) for less than 2 weeks▪ The patient can identify the cause of the anxiety▪ The level of anxiety seems proportional to what is causing it.• The anxiety is not affecting the ability of the patient to carry out everyday activities	Normal reaction to stress.	<p>Inform the adolescent that it is normal to be anxious from time to time.</p> <p>Advise the adolescent on the following dos and don'ts:</p> <ul style="list-style-type: none">• It would be useful to discuss your problems with a trusted adult or peer• Encourage involvement in school, peers, and with family▪ Having regular and adequate meals and avoiding snacking on fast foods will help keep your body stay healthy.▪ Spend sometime every day relaxing and doing activities you enjoy▪ Having daily physical exercise will help you keep physically fit and mentally well.▪ Do the best you can. Do not press yourself too hard.• Do not use tobacco, alcohol, or other substances to relieve stress.▪ Do not act impulsively when you are upset (riding a car/motorbike fast or picking a fight)	<p>Reassess after 2 weeks</p> <p>Note for emergence of new symptoms</p>

Information to be given to the adolescent and accompanying parent(s)

1. What is this condition?

Everybody feels sad from time to time, when faced with difficult and painful life situations. In some people, the feeling of sadness, having very little energy and losing interest in some activities which they previously enjoyed, can continue for several weeks or months while still being able to function reasonably well. However, in other people a high level and pertinent anxiety can hinder their ability to function normally. This is when we say that they have a mental health problem.

2. What are the causes of this condition?

Mental health problems are caused by a combination of factors:

- a. Individual level - they may be inherited
- b. Immediate environment - conflict in the family
- c. Wider environment - poverty and deprivation

These factors tend to interact with the other to increase the likelihood of mental health problems. The presence of these negative factors can be reduced and eliminated in the presence of protective factors such as being a part of a loving and caring family and a safe a close-knit community.

3. What are the effects of the condition on the body?

- Hinder daily activities (eq. Study, work)
- Self-harming behavior and suicide
- Higher risk of developing other health problems
- Violent behavior
- Substance use
- Unwanted pregnancy
- Negative body image

4. What treatments are we proposing and why?

- determine the nature of the problem that he/she is facing

- work with them to deal with the problem by working to shape their thinking and their behavior
- in some cases, this is combined with medication
- in severe cases, the patient is referred to an individual or an institution with specialized care to deal with mental health problems.

5. What can you do?

We will teach you how you could help yourself. You must make an effort to do this. In addition, you must reach out to family members, friends, and other sources of support in the community.

Additional information on the recommendations made in the management column

1. Inform the adolescent and the parents about the provisional diagnosis:

Using the information from the section titled ‘Information to be given to the adolescents or their accompanying adults’, inform the adolescent about your provisional diagnosis.

2. Discuss possible ways of dealing with the causes of the sadness:

- Work with the adolescent to identify what if anything could be done to overcome the causes of the sadness. Identify what the adolescent can do to overcome the cause of sadness.
- Identify whose help the adolescent could draw upon for this. Help the adolescent identify who can help him/her. Identify whether the adolescent would like you to help him/her in any way.
- Offer your help by identifying ways to relieve him/her of the sadness.

A. Advise the adolescent on ways to prevent their sadness from dominating their thoughts and feelings:

- (i) Being with someone who they trust and like when one is feeling sad or in low spirits, it may be helpful to be with someone whom they trust and like. It can be comforting.
- (ii) Doing things that are pleasurable. Doing something that one likes (such as going for a walk, going to the movies, or reading a book) can help push away the feeling of sadness.

B. Advise the adolescent on how to monitor their progress:

- Keep a daily diary of how you are feeling.
- Once a week, go over your diary, and see how you are doing.
- If you believe that your condition is worsening. Please contact us (give a contact number).

C. Advise the parents on how to support their adolescent.

- Work at maintaining ongoing communication with your adolescent, even when there is some tension between you and your child.
- Encourage them to share their problems and be attentive and empathetic when they do.
- Explain to them that you will do everything that you can to help them and to draw upon them the support of others, when needed.
- Assure them of your love and that they can count on your support.

D. Counsel the patient and the parents for prevention of suicide.

- Ask them to explain their thoughts and feelings and to share their problems.
- Pay attention and demonstrate empathy.
- Discuss how the problems they are lacking could be solved, so they need not turn to suicide as the solution.
- Provide comfort and support.
- Ask the parents to be with/watch over the adolescent to prevent self-harm.
- Provide the patient, his parents with names and contact details of organizations they could contact in case of emergency.
- Advise the parents to remove any objects like guns/sharp objects within the adolescent’s reach.

G. Criteria for referral to specialty care for the adolescent

- 1. Indications for primary physician care or primary health care provider (depends on severity of symptoms, clarity of diagnosis, comfort level of provider)
 - First episode of depression
 - Recent onset of depression
 - Absence of coexisting condition
 - Suicidal intentions/thoughts not present
- 2. Indications for specialty physician care:
 - Chronic, recurrent depression
 - Lack of response to initial course of treatment
 - Psychosis
 - High level of family discord
 - Inability of family to monitor patient’s safety
 - Recent suicidal attempt/ current suicidal ideation with plans to commit suicide.

H. Factors that contribute to suicide:

- A **history of previous suicide attempt** is the single most important factor for suicide. One should not disregard the history of previous non-lethal attempts like the slashing of wrists, overdosing of pills and other seemingly non-lethal gestures.
- Alcohol may impair one’s judgment and can lead a person to become impulsive.
- Many suicides are triggered by an immediate loss like the loss of a loved one (to death or departure), loss of friends, loss of “face” (shame), separation, stress from the environment or family conflict like fighting within the family or friends can lead to suicide.
- A sense of helplessness, hopelessness, impulsivity, and anxiety are noted psychological traits in patients who attempt/commit suicide.

Teenagers who are being bullied in school may present with phobias, depression, anxiety, or psychosomatic pain.

B2 - Depression

PRESENTING COMPLAINTS/QUESTIONS:

Parent: My son/daughter cries a lot and does not want to talk about it. My son/daughter is sad all the time and has lost interest in day-to-day activities.

Adolescent: I feel sad all the time. I cannot concentrate on my studies/work.

MENTAL HEALTH CONCERNS

ASK	LOOK/LISTEN/FEEL	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW-UP
<p>I have some questions to ask:</p> <p>(A)</p> <p>1. Are you feeling sad, hopeless, or in low spirits?</p> <p>2. Have you lost interest or pleasure in activities you usually enjoy?</p> <p>3. Do you get tired easily or have less energy?</p> <p>How long have you been feeling this way?</p> <p>(B) Do you have any of the following:</p> <p>1. Do you have difficulty sleeping or wake up easily?</p> <p>2. Is there any change in your appetite? Has this led to change in weight?</p> <p>3. Do you have a problem in concentrating on what you are doing?</p> <p>4. Do feel restless at times?</p> <p>5. Do you feel lethargic at times? you</p> <p>6. Do you feel less confident about yourself?</p> <p>7. Do you feel guilty about something?</p>	<p>Do a general examination before proceeding further</p> <p>Look for objective signs of psychomotor agitation</p> <div><p>It would be helpful to ask the parents the same questions and compare the responses. Do this with the adolescent's permission. As you do this, assess whether they could be the cause of the problem.</p></div>	<p>All three of the symptoms under (A) are present for at least 2 weeks plus any five of the symptoms under (B)</p> <p>Has thoughts or attempts to harm self</p>	Depression with suicidal risk	<p>Refer to a qualified professional or institution</p> <div><p>Before involving the parents, assess whether they could play a part in supporting the adolescent, and whether the adolescent wants them to be involved.</p></div>	<p>Reassess after 1 week.</p> <p>Advise to follow the instructions given by the health professional</p> <p>Give adolescent information on healthy behavior and lifestyle</p>
		<p>At least two of the symptoms under (A) are present for at least 2 weeks plus additional symptoms under(B)</p>	Depression without suicidal risk	<p>Help adolescent identify stressors, coping mechanisms, and plans</p> <p>Advise the adolescent on ways to prevent their sadness from dominating their thoughts and feelings.</p> <p>Advise the adolescent on how to monitor their progress</p> <p>Advise the parents on how to support their adolescent.</p>	<p>Monitor progress every 2 weeks then monthly until stable</p>

MENTAL HEALTH CONCERNS

ASK	LOOK/LISTEN/FEEL	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW-UP
<p>Does anybody else in your family have these problems?</p> <p>Do you know what is making you sad?</p> <p>Do a Suicide Risk assessment B3</p> <p>Have you ever thought of hurting yourself? Or have you ever harmed yourself in any way?</p> <p>Do you have any plans of harming or killing yourself?</p> <p>Do you have any medical condition?</p> <p>Are you using any substance such as alcohol or drugs?</p> <p>Do a HEADSS assessment</p>		<p>Presence of underlying medical condition</p>	Underlying medical condition	<p>Treat organic cause</p>	<p>Follow-up within 2 weeks</p>
		<p>Signs and symptoms of substance use</p>	Substance use	<p>Follow Substance use algorithm C1, C2, C3</p>	
		<p>Symptoms do not meet above criteria</p>	Normal reaction to an upsetting event	<p>Reassure adolescent and parents</p> <p>Do preventive health guidance</p>	<p>Give adolescent information on healthy behavior and lifestyle</p>

B3 - Assessment of Suicide Risk

PRESENTING COMPLAINTS/QUESTIONS:

Adolescent: I am depressed and have harmed myself. I want to kill myself.

Parent: My child is depressed and has harmed him/herself.

ASK	LOOK/LISTEN /FEEL	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
I have very sensitive questions to ask you. You know that the only way I can help you is if you are honest with me. Would that be alright with you? Have you had thoughts about hurting yourself or dying?	Look for signs of scars on the wrist, abdomen, thighs or any other part of the body which may indicate previous attempts at self-harm.	Adolescent has <ul style="list-style-type: none">A definite plan to end life andThe means to do so andIntends to do so	High risk with suicidal attempt	Urgent referral to health professional or institution Safety precautions at all times Never leave the adolescent alone	Follow-up referral and secure feedback within 24 hours
Do you have these thoughts often? Have you ever harmed yourself? Have you tried to end your life? When and how did you do this? Do your friends/ family know about this? Do you still want to end your life?	Look at the neck marks if there are signs of strangulation. Check parents' report of notes, letters that may indicate farewell, doom, depression.	Adolescent had <ul style="list-style-type: none">Suicidal thoughts in the past andAttempted to end life in the past BUTHas no plans to end life currently, andObvious mental health problem present	High risk with suicidal thoughts	Urgent referral to a health professional or institution Safety precautions at all times Never leave the adolescent alone	Follow-up referral and secure feedback within 1 week
Have you made a plan to do this? (Probe if the patient has the things he/she would need to carry out the plan (e.g. sleeping pills or a gun) If you could get some help, would you accept it?		Adolescent had <ul style="list-style-type: none">Suicidal thoughts in the past, andAttempted to end his/her life in the past, BUTHas no plans to end life currently, andNo other obvious mental health problem currently	Moderate risk	Refer to health professional or institution Safety precautions at all times Advise the adolescent for the prevention of suicide. Ask close associates to keep close watch on adolescent. Provide names and contact details of sources of help.	Follow-up referral and secure feedback within 1 week
Ask accompanying adult in private whether they have noticed any of the following: <ul style="list-style-type: none">Sudden change in behavior, especially calmness after a period of anxietyGiving away belongings, attempts to "put life in order"Direct or indirect threats to commit suicideAttempts to commit suicide		Adolescent had <ul style="list-style-type: none">Suicidal thoughts in the past, BUTHas not attempted to end life in the past, andHas no plans to end life currently, andNO other obvious mental health problems	Low risk	Refer to health professional or institution Safety precautions at all times Advise the adolescent for prevention of suicide Ask close associates to keep close watch on adolescent Provide names and contact details of sources of help	Follow-up referral within 2 weeks

Information to be given to the adolescent and accompanying adult(s)

1. What is this condition?

Everybody feels sad from time to time, when faced with difficult and painful life situations. In some people, the feeling of sadness, having very little energy and losing interest in some activities which they previously enjoyed, can continue for several weeks or months while still being able to function reasonably well. However, in other people a high level and pertinent anxiety can hinder their ability to function normally. This is when we say that they have a mental health problem.

2. What are the causes of this condition?

Mental health problems are caused by a combination of factors:

- Individual level - they may be inherited
- Immediate environment - conflict in the family
- Wider environment - poverty and deprivation

These factors tend to interact with the other to increase the likelihood of mental health problems. The presence of these negative factors can be reduced and eliminated in the presence of protective factors such as being a part of a loving and caring family and a safe a close-knit community.

3. What are the effects of the condition on the body?

- Hinder daily activities (eq. Study, work)
- Self-harming behavior and suicide
- Higher risk of developing other health problems
- Violent behavior
- Substance use
- Unwanted pregnancy
- Negative body image

4. What treatments are we proposing and why?

- determine the nature of the problem that he/she is facing

- work with them to deal with the problem by working to shape their thinking and their behavior
- in some cases, this is combined with medication
- in severe cases, the patient is referred to an individual or an institution with specialized care to deal with mental health problems.

5. What can you do?

We will teach you how you could help yourself. You must make an effort to do this. In addition, you must reach out to family members, friends, and other sources of support in the community.

Additional information on the recommendations made in the management column

1. Inform the adolescent and the parents about the provisional diagnosis:

Using the information from the section titled 'Information to be given to the adolescents or their accompanying adults', inform the adolescent about your provisional diagnosis.

2. Discuss possible ways of dealing with the causes of the sadness:

- Work with the adolescent to identify what if anything could be done to overcome the causes of the sadness. Identify what the adolescent can do to overcome the cause of sadness.
- Identify whose help the adolescent could draw upon for this. Help the adolescent identify who can help him/her. Identify whether the adolescent would like you to help him/her in any way.
- Offer your help by identifying ways to relieve him/her of the sadness.

- A. Advise the adolescent on ways to prevent their sadness from dominating their thoughts and feelings:
- (i) Being with someone who they trust and like when one is feeling sad or in low spirits, it may be helpful to be with someone whom they trust and like. It can be comforting.
 - (ii) Doing things that are pleasurable. Doing something that one likes (such as going for a walk, going to the movies, or reading a book) can help push away the feeling of sadness.
- B. Advise the adolescent on how to monitor their progress:
- Keep a daily diary of how you are feeling.
 - Once a week, go over your diary, and see how you are doing.
 - If you believe that your condition is worsening. Please contact us (give a contact number).
- C. Advise the parents on how to support their adolescent.
- Work at maintaining ongoing communication with your adolescent, even when there is some tension between you and your child.
 - Encourage them to share their problems and be attentive and empathetic when they do.
 - Explain to them that you will do everything that you can to help them and to draw upon them the support of others, when needed.
 - Assure them of your love and that they can count on your support.
- D. Counsel the patient and the parents for prevention of suicide.
- Ask them to explain their thoughts and feelings and to share their problems.
 - Pay attention and demonstrate empathy.
 - Discuss how the problems they are lacking could be solved, so they need not turn to suicide as the solution.
 - Provide comfort and support.
 - Ask the parents to be with/watch over the adolescent to prevent self-harm.
 - Provide the patient, his parents with names and contact details of organizations they could contact in case of emergency.
 - Advise the parents to remove any objects like guns/sharp objects within the adolescent’s reach.

- G. Criteria for referral to specialty care for the adolescent
- Indications for primary physician care or primary health care provider (depends on severity of symptoms, clarity of diagnosis, comfort level of provider)
 - First episode of depression
 - Recent onset of depression
 - Absence of coexisting condition
 - Suicidal intentions/thoughts not present
 - Indications for specialty physician care:
 - Chronic, recurrent depression
 - Lack of response to initial course of treatment
 - Psychosis
 - High level of family discord
 - Inability of family to monitor patient’s safety
 - Recent suicidal attempt/ current suicidal ideation with plans to commit suicide.
- H. Factors that contribute to suicide:
- A **history of previous suicide attempt** is the single most important factor for suicide. One should not disregard the history of previous non-lethal attempts like the slashing of wrists, overdosing of pills and other seemingly non-lethal gestures.
 - Alcohol may impair one’s judgment and can lead a person to become impulsive.
 - Many suicides are triggered by an immediate loss like the loss of a loved one (to death or departure), loss of friends, loss of “face” (shame), separation, stress from the environment or family conflict like fighting within the family or friends can lead to suicide.
 - A sense of helplessness, hopelessness, impulsivity, and anxiety are noted psychological traits in patients who attempt/commit suicide.

Teenagers who are being bullied in school may present with phobias, depression, anxiety, or psychosomatic pain.

C1 - Alcohol Use

PRESENTING COMPLAINTS / QUESTIONS:

Adolescent: Many of my friends drink. I can handle my drinking.

Parents: My son / daughter has been drinking with friends.

ASK	LOOK/LISTEN/FEEL	SYMPTOMS AND SIGNS	CLASSIFY	MANAGE	FOLLOW UP
<ul style="list-style-type: none">Does someone in your family drink? Do you have friends who drink alcohol?Do you drink alcohol?How much alcohol do you use?In the past week/month how many times have you drank alcohol?On what occasions do you drink?Who do you drink with – family? friends?Do you drink alone or with others?In the past week/month, how many times have you drunk alcohol?Have you ever been drunk?Have you been apprehended by police authorities for any violation resulting from drunkenness?Have you ever done things you don’t remember after drinking, blacked out, vomited or had unplanned sex?Has anyone in your family or friends commented about your drinking? <p>HEADSS Assessment</p>	<p>Look for signs of intoxication</p> <p>Any changes in Sensorium Severe: confusion, stupor Moderate: mood swings, drunken gait, increased sedation, impaired judgment, Mild: euphoria, mild impaired coordination, mild sedation</p> <p>Check:</p> <ul style="list-style-type: none">Skin<ul style="list-style-type: none">-flushed skinEyes/pupils<ul style="list-style-type: none">sluggishReflexes/neurological examination<ul style="list-style-type: none">-decreased reflexesGastrointestinal problems<ul style="list-style-type: none">-nausea/ vomitingCheck for alcohol breathCheck blood sugar if available <p>Do a general physical examination. Experiences of blackout Cannot recall events when drinking May have had accident/hurt self Vomiting</p>	Has used alcohol out of curiosity or peer pressure; May or may not have signs of intoxication	Experimental User	Provide messages as shown in Part 3 on The use of tobacco, alcohol, and other substances	Monitor every 2 weeks
		Any sign of intoxication and any change in sensorium are present	Alcohol Abuse/ Or Intoxication	Refer to health professional or institution	Refer to a support group Follow-up within 1 month
		Any changes in sensorium or signs of intoxication present when patient binges on alcohol	Binge drinker	Refer to health professional or institution	Refer to a support group Follow-up within 1 month
		Does not take alcohol	Non-Alcohol Drinker	Praise the adolescent Provide Preventive Health Guidance	Follow-up after 6 months Provide information on substance use Provide information on healthy behavior and lifestyle

PSYCHOLOGICAL CONCERNS

A photograph of two young girls with dark hair, wearing bright yellow shirts. The girl on the left is wearing a white headband with two black stripes. Both girls are looking towards the camera with slight smiles. They appear to be at a school event, possibly a dance or performance, as suggested by the caption.

ASK	LOOK/LISTEN/ FEEL	SIGNS & SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
Some adolescents have tried drugs, have you or any of your friends ever tried any drugs?	Poor physical appearance and extreme lack of regard for personal hygiene	Has tried one or more substances over a 12 month period	Substance Abuse Or Substance Dependence	Refer to a health professional or institution	Review progress after 2 weeks or as the need requires.
What substance?	Look for evidence of malnutrition and infection	Maladaptive pattern of use - Recurrent or continued substance use		Support of vital signs	
How often do you use?	Count the breaths in one minute	Marked change in emotional state or behavior		Refer to a support group	
How much do you use?	Count the pulse in one minute	Strong desire to use the substance to achieve desired effect		Educate family for need for rehabilitation	
How do use the drug?	Look for the following in the: Skin	Recurrent substance use has led to health, social, legal or financial problems			
What are the effects of using the substance?	<ul style="list-style-type: none"> • Abscess • Pustular acne (may appear with 'shabu' use) • Cigarette stains • and burns 	Recurrent substance use results in failure to fulfill major obligations at home, school or work.			
How often have you had a strong desire or urge to use the substance?		Substance use is continued despite knowledge of effects			
How often has your substance use led to health, social, legal or financial problems?		Persistent desire or unsuccessful efforts to cut down or control substance use			
How often have you failed to do what was normally expected of you because of your substance use?	Eyes Redness of the sclera pupil reaction to light	Occasional use of substance Use may be due to curiosity or social pressure	Recreational Substance use or Experimental Substance use	Discuss with the adolescent how to quit	Follow up after 2 weeks
Has a friend or relative or anyone else ever expressed concern about your substance use?	Nasopharynx nasal mucosal injury	May or may not have changes in emotional state or behavior		Provide Social or Family Support	Provide information on substance use
Has a friend or relative or anyone else ever expressed concern about your substance use?	GIT -weight loss -vomiting -constipation/ diarrhea -abdominal pain	No strong urge or desire to use the substance			Provide information on healthy behavior and lifestyle
Have you ever tried and failed to control, cut down or stop using the substance?	Musculoskeletal - tremors:	No health, social, legal or financial problems due to substance use			
Do HEADSS assessment		Able to fulfill obligations at home, school or work			
		Has knowledge of adverse effects of drugs			
		Does not use any substance	Non-User	Praise Decision Provide Preventive Health Guidance	Provide information on substance use Provide information on healthy behavior and lifestyle

Information to be given to the adolescent and accompanying adult(s)

1. What is a drug?

A drug is any chemical substance which when taken affects the normal way that a person’s mind or body works.

2. What is experimentation?

Most adolescents usually try alcohol, cigarettes, inhalants, or other drugs one or more times. However, many of these teens never go any further than experimenting, and they usually do not have any problems as a result of their substance use.

3. What is substance abuse?

For some adolescents, experimenting leads to regular or frequent use (abuse). Substance abuse is the overuse of a drug, with no due regard to accepted medical practices resulting in the individual’s physical, mental, emotional, or behavioral impairment. This results in problems at home (such as more arguments with parents), at school (such as failing grades), or with the law (such as driving under the influence or possessing illegal substances).

4. What is substance dependence (addiction)?

Adolescents can become physically and/or psychologically dependent on the substance. At this stage, use of the substance takes up a significant portion of the teen’s activities, continues despite causing harm, and is difficult to stop. Addiction is an ongoing (chronic), progressive, and possibly fatal disease.

5. Why is it important to recognize and deal with adolescent substance use?

Many parents believe that teen substance use is just part of growing up and is not a problem unless it "gets out of hand." It is true that most teens do not have problems after experimenting with alcohol, cigarettes, inhalants, or other drugs. However, all substances abused by teens stimulate the part of the brain that regulates pleasure, memory, learning, and emotions. The effects cause changes in a teen’s alertness, perceptions, movement, judgment, and attention. These make the teen more likely to engage in risk-taking behaviors.

Additional information on the recommendations made in the management column

Assess adolescents if at higher risk for chemical/substance dependency, if:

- 1. Child of alcoholics or addicts
- 2. Physically disabled
- 3. Gay
- 4. Engaged in other high-risk behavior (gang, crime, prostitution)
- 5. A history of depression; learning disability; hyperactivity; peers or siblings who use drugs; low self-esteem; physical or sexual abuse, runaway behavior, a significant loss such as divorce or death in the family; or a move to a new community; and a psychiatric disorder.

C3 - Smoking and Tobacco Use

PRESENTING COMPLAINTS / QUESTIONS:

Parent: I want to know / I think my son/daughter is smoking.

Adolescent: Many of my friends smoke. I can handle my smoking.

ASK	LOOK/LISTEN/FEEL	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW-UP
Have you tried smoking? YES NO	Do a ‘HEADS’ assessment and a general examination before proceeding further	Daily use of tobacco Smokes more than ½ pack per day Smokes within 1 hour upon awakening 4 or more withdrawal symptoms during a quit attempt	Nicotine Addiction	Advise to quit smoking Social and Family support Needs emergency referral Needs urgent referral depending on adolescent’s condition. Educate regarding smoking cessation programs	Reassess after 2 weeks. Give adolescent and parent information on healthy behavior and lifestyle
If yes, - When did you start smoking? - How much are you smoking? - How often do you smoke? - Have you increased recently? - What effects does smoking have on you? - How do you pay for your cigarettes? - Do you plan to quit?		Regular use of tobacco No plan of quitting May or may not have withdrawal symptoms May or may not have friends/family who smoke	Committed Smoker	Advise to quit Give information on smoking cessation Social and Family support	Follow-up after 2 weeks Give adolescent and parent information on healthy behavior and lifestyle
Do you have friends who smoke?		Occasional use of tobacco Use may be due to curiosity or social pressure May or may not have plans to quit May or may not have friends/family who smoke.	Experimental Smoker	Give information on smoking cessation Advise to quit Social and Family support	Follow-up after 2 weeks Give adolescent and parent information on healthy behavior and lifestyle
Do other family members smoke?		May or may not have plans to start smoking Presence/Absence of social pressure/ curiosity May or may not have friends/family who smoke	Potential Smoker Non-Smoker	Praise decision Offer preventive health guidance	Give adolescent information on healthy behavior and lifestyle
If no, Do you intend to smoke? HEADSS Assessment					

Information to be given to the adolescent and accompanying adult(s)

1. Why do adolescents smoke?

Adolescents smoke for the following reasons

- social norm (“to be cool”)
 - curiosity
 - advertising
 - social pressure
 - pleasure
 - addiction
2. What are the health effects of tobacco?

- Cardiovascular: ischemic heart disease, cerebrovascular disease, peripheral vascular disease
 - Cancer: lung, head and neck, esophageal, gastric, colorectal
 - Endocrine: menstrual disorders, decreased bone mineral density, erectile dysfunction
 - Pulmonary: COPD
 - Gastrointestinal: gastroesophageal reflux, peptic ulcer disease
 - Dermatologic: premature wrinkling
 - Ophthalmologic: macular degeneration
 - Immune system: effects on natural killer cells
 - Pregnancy complications: low birth weight, IUGR, SGA, spontaneous abortion, PROM, SIDS
3. Clinical Guidelines on Smoking Cessation

- Ask about smoking at each visit
Since adolescents come only sporadically for health care, tobacco use should be raised at every visit regardless of chief complaint.
 - Advise all smokers to quit
Give advice that is clear and personally relevant. Reinforce good behavior.
 - Assess willingness to quit
Ask the adolescent to describe thoughts or feelings about quitting.
 - Assist those who want to stop smoking
Set a quit date, keep a journal, change smoking routine, give alternatives, get rid of environmental cues, physical activities, money jar, elicit support from friends/family
4. Guide for adolescents:

- Quitting is not easy but millions of people have done it and so can you.
 - Getting ready to quit:
 - Take several days to monitor smoking patterns and identify times of likely temptation
 - Set a quit day that is personally meaningful and fit with smoking pattern
 - Try to break familiar pattern. Before lighting up, try doing something else
 - Identify ways in which family members and friends can assist in effort to quit
 - Make plans for rewarding self for achievement of sub-goals
 - On quitting day:
 - Get rid of all cigarettes
 - Change morning routine
 - When you get the urge, do something else
 - Carry substitutes to put in your mouth
 - Reward yourself at the end of the day
 - Staying smoke-free:
 - Don’t be upset if you feel sleepy or short-tempered
 - Exercise regularly
 - Think about the positive effects of not smoking
 - Eat regular meals
 - Put the money that you would have spent on cigarettes in a jar and watch it grow
 - Let other people know you have stopped smoking
 - If you feel bad, try to solve the cause of the problem, Tell yourself that smoking won’t make it better
 - If you break down and smoke, don’t give up. Quit again
- Arrange follow-up
Cessation rates increase with regular follow-up. See patient every 1 to 2 weeks during first 3 months.

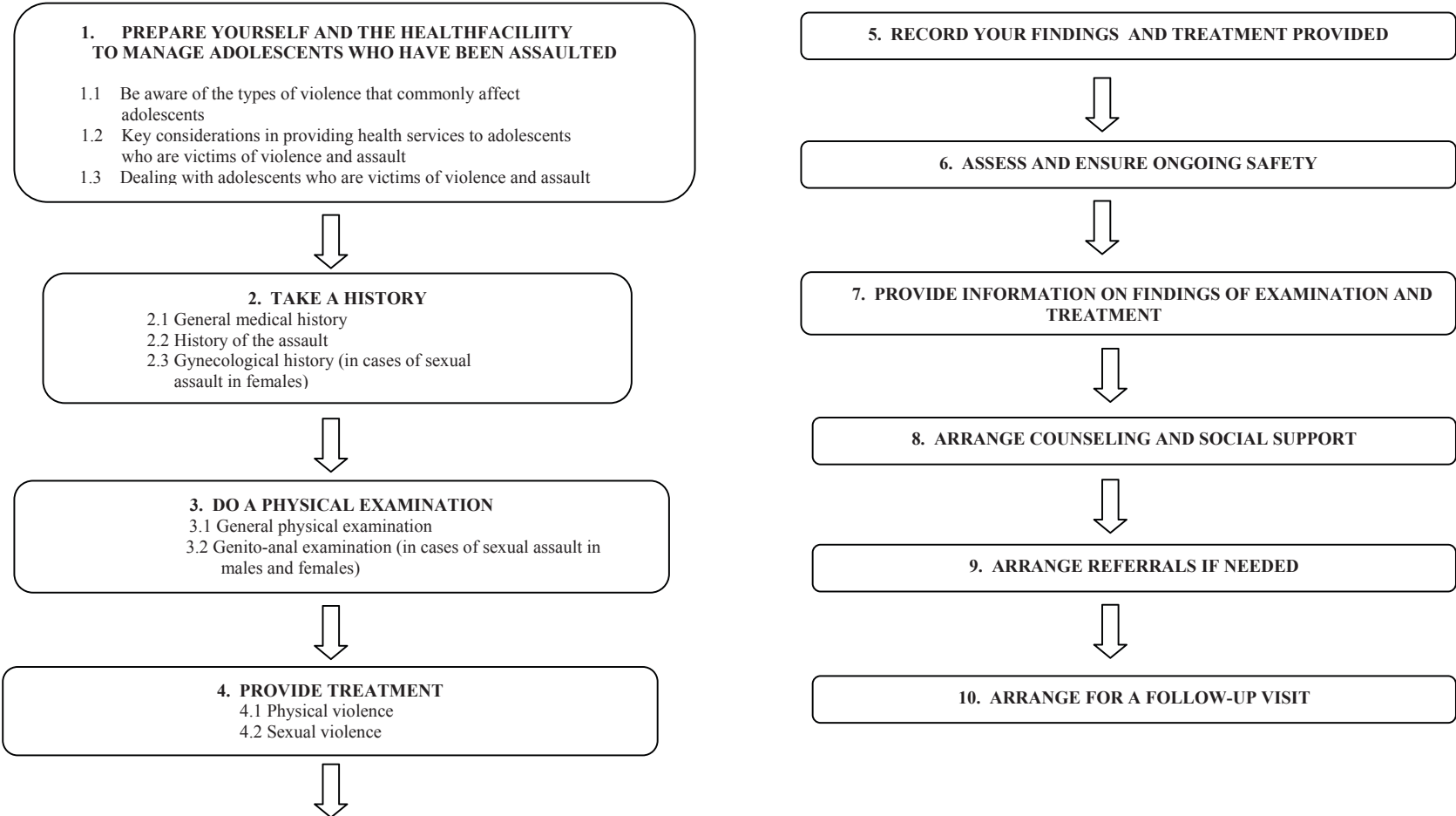
C4 - Physical and Sexual Abuse

PRESENTING COMPLAINTS / QUESTIONS:

Adolescent: I have been raped / abused.

Parent: I noticed some changes in behavior in my son / daughter.

APPROACH TO ADOLESCENT VICTIMS OF PHYSICAL AND SEXUAL ABUSE



1. PREPARE YOURSELF AND THE FACILIITYTO MANAGE ADOLESCENTS WHO HAVE BEEN ASSAULTED

- 1.1 Be aware of the types of violence that commonly affect ADOLESCENTS.
- a. Violence among adolescents**
Violence among adolescents includes a range of aggressive acts from bullying and physical fighting, to more serious forms of assault and homicide. In all countries, young males are the main perpetrators and the main victims of homicide.
- b. Child abuse and neglect by parents and other caregivers**
Violence by parents or other caregivers directed towards children and adolescents occurs in all countries, all cultures and at every level of society. Abuse by parents or caregivers includes physical, sexual and psychological abuse, as well as neglect.
- c. Violence by intimate partners**
Older adolescents, in particular females, can be victims of abuse and violence by intimate partners. This occurs in all countries, all cultures and at every level of society. Abuse includes physical, sexual and psychological abuse.
- d. Sexual violence**
Sexual violence encompasses a wide range of acts, including coerced sex in marriage and relationships without a formal union, sexual harassment and coerced sex by those in positions of authority over the adolescent, rape by strangers, and rape during armed conflict. Most acts of sexual violence are experienced predominantly by women and girls and perpetrated by men and boys. Nevertheless, rape of men and boys by men is an identified problem. Coercion of young men into sex by older women is also known to occur. In most cases, the perpetrator is someone the victim knows, and perhaps knows well, such as a current or former intimate partner, or a relative.
- e. Self-directed violence**
Self-directed violence included deliberate self harm as well as suicide. In much of the world, suicide is stigmatized – condemned for religious or cultural reasons – and in some countries, suicidal behaviour is a criminal offence punishable by law. Self harm and suicide is therefore a secretive act surrounded by taboo, and may be unrecognized, misclassified or deliberately hidden in official records.
- f. Collective violence**
In some settings, adolescent boys are involved in violent conflicts between nations or groups and gangs. Adolescent girls can be victims of rape as a weapon of war. Displaced populations are particularly vulnerable.

TIP TO HEALTH WORKERS

- Many deliberate acts of violence are reported as accidents. For example;
- an “accidental” fall may be the result of attempted suicide or homicide
 - an “accidental” burn in the kitchen may be the result of a deliberate attempt by a partner to burn his the victim.

1.2 KEY CONSIDERATIONS IN PROVIDING HEALTH SERVICES TO ADOLESCENTS WHO ARE VICTIMS OF VIOLENCE AND ASSAULT

- The health worker should have a good understanding of local protocols, rules and laws applicable to the field of assault and violence.
- The health workers' overriding priority must always be the health and well-being of the victim of assault.
- Health workers should be free of bias or prejudice in the provision of services to victims of assault.
- Victims of assault must be treated with respect and compassion. This can help aid their recovery.
- Privacy and confidentiality must be ensured. Others should not be able to view or hear any aspects of the consultation.
- The physical examination of assault victims must be thorough; it will inevitably be intrusive and time consuming. If forensic evidence is to be collected, in the interest of avoiding multiple examinations and further distress to the adolescent, the medical examination and forensic evidence collection should, when possible, occur simultaneously.
- Informed consent must be obtained for examination and treatment, and for the release of information to third parties.
- All parts of the examination must be explained in advance; during the examination, adolescents must be informed when and where touching will occur and should be given ample opportunity to ask questions. The adolescent’s wishes must be upheld at all times.
- **All findings must be documented carefully; to help ensure that no important details are omitted, the use of a standard examination form is recommended.**
- Review Republic Act No. 7610 (Special Protection of Children Against Abuse, Exploitation and Documentation Act)

1.3 DEALING WITH ADOLESCENTS WHO ARE VICTIMS OF VIOLENCE AND ASSAULT

You may find the following strategies and techniques helpful when dealing with victims of violence and assault:

- Establish rapport with your adolescent patients
- Maintain a calm demeanor; do not communicate your sense of shock, anger or distress. Take your time in dealing with the adolescent victim of assault; do not give the impression that you are in a hurry.
- Be empathetic and non-judgmental as the adolescent recounts their experiences. Probe gently to clarify issues that are not clear, but do so gently. Do not express disbelief bluntly. In your discussions, avoid victim-blaming statements such as, “*What were you doing out alone?*”, “*What were you wearing?*” or “*You should have known better than to go there.*”

2. TAKE A HISTORY

2.1 GENERAL MEDICAL HISTORY

- The purpose of taking a medical history is to:
- Obtain information that may guide the examination and assist in the clinical management of the adolescent.

Questioning the adolescent:
Do not start the discussion by asking the adolescent questions about the assault. Let the adolescent tell you *in their own words* what happened to them. Do not interrupt. If you need to clarify any details, ask questions after they have completed their account. Use open-ended, non-leading questions. Pay particular attention to avoid words and gestures that imply blame.

Be thorough, bearing in mind that some adolescents may intentionally avoid particularly embarrassing details of the assault (for example, they may omit details of oral sexual contact or anal penetration).

In case of sexual assault details of actual or attempted sexual activity should be carefully elicited, to ascertain the nature of any injury as well as the risk of pregnancy or STI. In particular whether or not vaginal, rectal or oral penetration of the victim occurred (by the offender’s penis, fingers or objects)

Introductory statements:

“Many teens your age experience threats, name calling, uninvited touching, sex or violence, so I ask all my patients questions about it. May I ask you some questions?”

If there are evidences of injury or unexplained or contradictory physical examination and history, state the following:“ Sometimes when I see an injury like yours, it’s because somebody got hit. How did you get this injury or bruise?”

Direct Questions:

- Have you ever been hurt- kicked, hit, slapped, shoved by a friend or person you know?
- Do you ever feel afraid or feel controlled by someone you are dating or a friend?
- Has anyone hit you at home or elsewhere?
- Were weapons involved?
- Have you ever been hurt or threatened by someone?
- Have you seen anyone, especially a loved one, being hurt at home or any place else? Have you also been hurt?
- Have you been forced to have sex without your consent?

2.2 THE ASSAULT ITSELF

- The purpose of obtaining an account of the violence inflicted is to:
- guide examination so that all injuries (including those that relate to sexual assault) can be detected and treated
 - assess the risk of adverse consequences, such as pregnancy and sexually transmitted infections and guide relevant specimen collection (in cases of sexual assault)
 - Guide documentation

In case of sexual assault, details of any symptoms that have developed since the assault should be obtained. These may include:

- genital bleeding, discharge, itching, sores or pain (which may indicate STI)
- urinary symptoms, such as burning (which may indicate urinary tract infection)
- anal pain or bleeding (which may indicate injury, foreign body or infection)
- abdominal pain (which may indicate internal trauma)
- any of the findings on examination could be a result of previous sexual intercourse, pregnancy or child birth.
- any complications during delivery

2.2 GYNECOLOGICAL HISTORY (in cases of sexual assault)

The purpose of taking a gynecological history in cases of sexual assault is to:

- Ascertain the risk of pregnancy and sexually transmitted infection
- Ascertain whether any of the findings on examination could be a result of previous sexual intercourse, pregnancy or child birth.

Ask the adolescent;

- When was the first day of your last menstrual period?
- Have you had any sexual relationship prior to this event?
- If so, when did you last have intercourse that you consented to? (Details may be required if forensic testing is to be performed).
- Do you use contraception? If so, what type do you use?
- Have you had any pregnancies? How many and when did you have them?
- Were there any complications during delivery?

3. DO A PHYSICAL EXAMINATION

3.1 GENERAL PHYSICAL EXAMINATION

LOOK/FEEL/LISTEN	SYMPTOMS AND SIGNS
<ul style="list-style-type: none">• General appearance• Look for injuries in the hands and wrists, forearms, inner surfaces of the upper arms and the armpits, face, including the inside of the mouth.• Examine the ears, including inside and behind the ears• Examine the head, neck• Look for injuries in the chest, ribs, including the breast• Examine the abdomen, buttocks, thighs, including the inner thighs, legs and feet	<ul style="list-style-type: none">• Evidences of injury, hematomas, bleeding, bruises, scars, fractures• Abrasions, lacerations• Evidence that hair has been pulled out, and recent evidence of missing teeth• Evidence of internal trauma in the abdomen• Ruptured ear drum• Vaginal/Penile discharge

3.2 GENITO ANAL EXAMINATION

In cases of sexual assault it will be necessary to do a genito-anal examination. This is a sensitive examination and the health worker needs to adhere to the principles outlined in Part 1: Section 5 “Doing a physical examination”.

The female adolescent should be placed lying on her back with her knees drawn up, heels together and legs gently flopped apart. A sheet should be placed over her body; it should be drawn up at the time of the examination.

Look at all the following	Look for
Genitalia (external) Genitalia (internal examination, using a speculum) Anal region (external)	<ul style="list-style-type: none">• Active bleeding• Bruising• Abrasions• Lacerations

4. PROVIDE TREATMENT
4.1 PHYSICAL VIOLENCE

Adolescents with severe, life-threatening injuries should be referred for emergency treatment immediately. Adolescents with less severe injuries, for example cuts, bruises and superficial wounds can usually be treated at the primary level.

The following may be indicated:

- medications for the relief of pain
- antibiotics to prevent wounds from becoming infected
- a tetanus vaccine (according to local protocols).

4.2 SEXUAL VIOLENCE

Injury

The principles of management of injuries are the same as for physical violence. In cases where there is trauma to the genital area, the health worker should consider referral to a gynaecologist.

Sexually transmitted infections

Victims of sexual violence may contract a sexually transmitted infection as a direct result of the assault.

Effective treatment options exist for these infections. Routine prophylactic treatment of patients who have been sexually assaulted is not recommended.

Where laboratory facilities are available for STI testing, this should be offered.

HIV

Follow local Post Exposure Prophylaxis (PEP) guidelines.

(also use the algorithm: HIV D8)

Hepatitis B

Victims of sexual violence may be at risk of being infected with hepatitis B virus and should therefore be offered testing and immunization. (See 4.2.1: Hepatitis B immunization after sexual assault).

Other STIs

Victims of sexual violence may also be at risk of contracting human papillomavirus (HPV), herpes simplex virus type 2 (HSV-2).

4.2.1 HEPATITIS B IMMUNIZATION AFTER SEXUAL ASSAULT

PATIENT IMMUNIZATION STATUS	TREATMENT GUIDELINES
Never vaccinated for hepatitis B	<ul style="list-style-type: none">• 1st dose of vaccine should be administered at the initial visit,• 2nd dose should be administered 1–2 months after the first dose, and• 3rd dose should be administered 4–6 months after the first dose.
Not completed a series of hepatitis B vaccinations	Complete the series as scheduled.
Completed a series of hepatitis B vaccinations	No need to re-vaccinate.

5. RECORD YOUR FINDINGS AND TREATMENT PROVIDED

Health workers are frequently required to respond to questions about injuries from police, lawyers or the courts. Careful documentation of your history and examination findings will make it easier for you to provide accurate information to the authorities. The issues that the police want to know about are:

- the type of injury
- the circumstances in which the injury was sustained
- whereabouts on the body the injury is
- the mechanism by which the injury was produced
- the immediate and potential long term consequences of the injury
- the treatment provided

6. ASSESS AND ENSURE ONGOING SAFETY

In many cases violence occurs in the home of the adolescent. The health worker must ascertain where the adolescent will be going to after leaving the health facility and with whom they will be residing.

- If it is not safe for the adolescent to return home, make arrangements for shelter or safe housing, or work with them to identify a safe place that they can go to.
- Discuss with them what could be done to prevent another assault.

7. PROVIDE INFORMATION ON FINDINGS OF EXAMINATION AND TREATMENT

It is important to discuss any findings, and what the findings may mean, with the adolescent. In particular:

Encourage the adolescent to ask questions, and respond to them in detail

- Give the adolescent ample opportunity to voice questions and concerns. Respond to them in detail, and check their understanding.

Care of injuries

- Teach the adolescent how to properly care for any injuries they have sustained.
- Explain how injuries heal and describe the signs and symptoms of wound infection.
- Explain the importance of completing the course of any medications given and discuss any likely side effects.

Management of STIs resulting from sexual assault

- Discuss the signs and symptoms of STIs, including HIV, and the need to return for treatment if any signs and symptoms should occur.
- Stress the need to use a condom during sexual intercourse until their STI/HIV status has been determined.
- Explain the need to refrain from sexual intercourse until all treatments or prophylaxis for STIs have been completed and until their sexual partner has been treated for STIs, if necessary.

Psychological support

- Explain to the adolescent and (with the adolescent’s permission) family members and/or significant others, that there is a wide range of normal physical, psychological and behavioral responses that the adolescent may expect to experience.
- Encourage the patient to confide in and seek emotional support from a trusted family member or friend.

8. ARRANGE COUNSELLING AND SOCIAL SUPPORT

The level of social support and/or psychological counseling required by victims of violence varies enormously, depending on the degree of psychological trauma suffered and the victim’s own coping skills and abilities. Some victims experience immediate psychological distress, others experience short-term and/or long-term psychological problems. The level of support required is best determined on a case-by-case basis.

Male victims tend to be especially reluctant to obtain counseling services, but in fact have much the same needs as women in terms of the support they need. Men should therefore be strongly encouraged to seek counseling.

Counseling services can be delivered through both individual and group sessions.

Where there is no formal counseling available, informal systems of social support are vital to the healing process and should be discussed with the adolescent.

9. ARRANGE REFERRALS IF NEEDED

Adolescents should be referred for support services as appropriate. This might include:

- shelters or safe houses
- organizations which provide counseling
- organizations which run support groups
- organizations which provide social - including financial - support
- organizations which provide legal support
- organizations which provide specialized support (e.g. victims of rape)

Health workers should be aware of the resources that are available locally for victims of violence and assault.

They should inform the adolescent what services they can get, and where and who they could get them from. They should also help the adolescent choose the most suitable option(s) for their particular requirements.

Providing information on the facility may make victims feel more comfortable in accessing follow- up services. Display posters and pamphlets about violence and where to go for help on the walls of your health facility.

10. ARRANGE FOR A FOLLOW UP VISIT

Follow-up visits are recommended at 2 weeks, 3 months and 6 months post assault

- Stress the importance of these follow-up visits.
- Tell the adolescent that they can come into the health facility at any time if they have any further questions, complications related to the assault, or other medical problems.

The 2-week follow-up visit

Injuries

- Examine any injuries for proper healing.

STIs / Hepatitis B

Depending on the circumstances of the case, enquire about symptoms and signs of STI.

- If available, carry out tests to screen for STIs. Do this after explaining and obtaining the consent of the adolescent.
- If prophylactic antibiotics were given at the initial visit, check if the adolescent has completed the course of medication.
- Remind the adolescentsto return for their hepatitis B vaccinations in 1 month and 6 months and HIV testing at 3 and 6 months.

Pregnancy

- Depending on the circumstances of the case, test for pregnancy if indicated. If pregnant, advise about options. (Use the algorithm: I am pregnant).

Psychological state

- Assess the adolescent’s psychological status, and encourage the adolescent to seek support if they not yet done so. Assist them in obtaining support.

The 3-month follow-up visit

STI / HIV

- Test for HIV. Make sure that pre- and post-testing counseling is provided on the spot or through referral.
- If available, carry out tests to screen for STI, if this was done earlier.

Pregnancy

- Assess pregnancy status and if appropriate provide advice and support. (Use the algorithm: I am pregnant)

Psychological state

- Assess the adolescent’s psychological status and encourage the adolescent to seek support if they have not yet done so. Assist them in obtaining support.

The 6-month follow-up visit

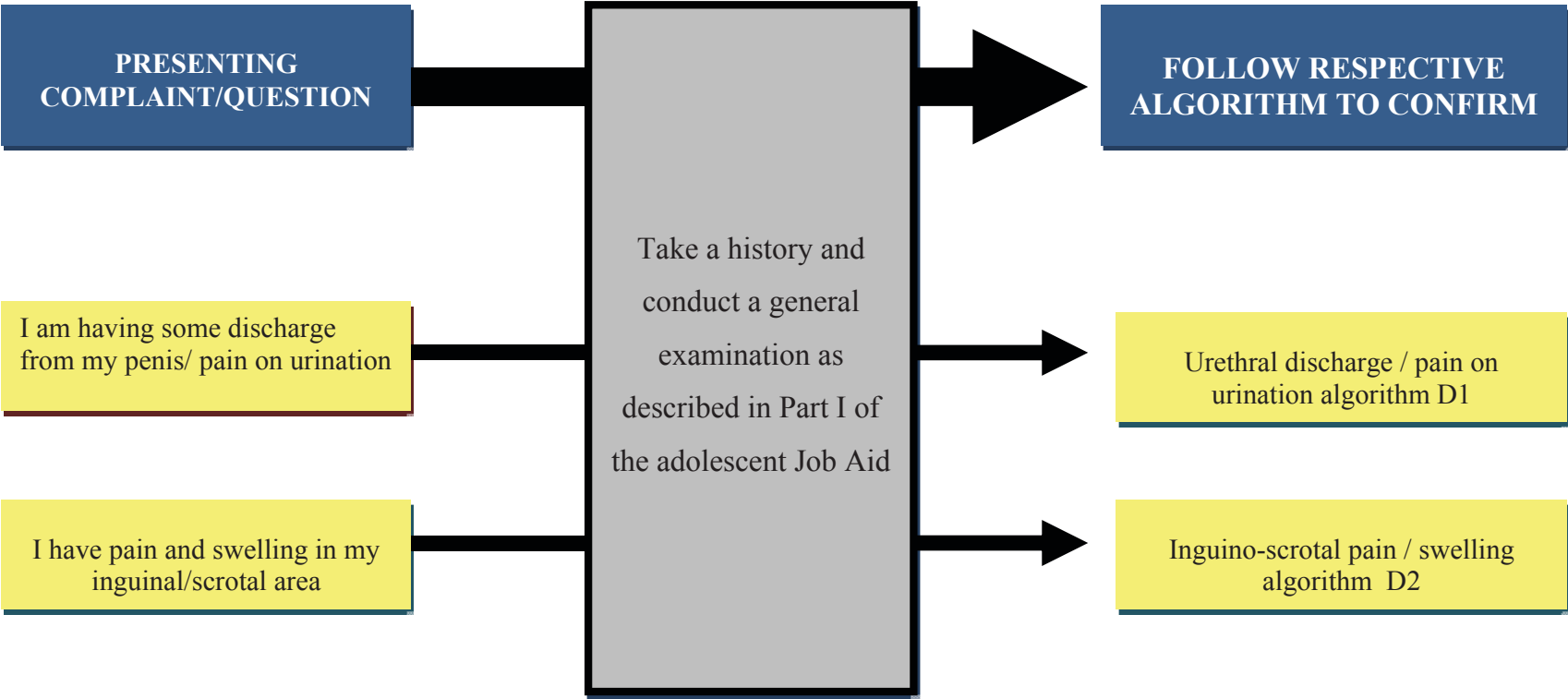
HIV / hepatitis B

- Test for HIV, if this was not done earlier. Make sure that pre- and post-testing counselling is available on the spot or through referral.
- Administer the 2nd dose of the hepatitis B vaccine

Psychological state

- Assess the adolescent’s emotional status and refer if necessary.

Decision Tree: Genital problems in male adolescent



D1 - Male Urinal Discharge / Pain on Urination

Presenting Complaints / Questions:
Parent: "My son has discharge from his penis / My son has pain on urination."
Adolescent: "I have discharge from my penis / I have pain with"

ASK	LOOK/FEEL/LISTEN	SYMPTOMS AND SIGNS	CLASSIFY	MANAGE	FOLLOW UP
<div>Communicate that you are going to ask him some personal questions and reassure him that all information will be confidential.</div> <div><ul style="list-style-type: none">Do you have a discharge from your penis? If yes, what is the color of the discharge?Do you have pain/ difficulty when you urinate?Have you had this problem before, or is this the first time?Do you have any other problems with your genitals<ul style="list-style-type: none">Ulcer/sore on genitalsSwelling in groinScrotal pain or swellingHas anybody violated or abused you in anyway?</div> <div>Do HEADSS assessment</div>	<div>Say that you are going to examine him. Ensure privacy of setting.</div> <div>Look for discharge from the urethra [if there is no discharge, ask patient to gently squeeze the penis towards the tip. Observe for discharge] Do Gram stain of urethral smear, if available Do Urinalysis</div> <div>Look for other signs of STI: -genital ulcer/vesicles -swelling in groin -scrotal swelling or tenderness</div> <div>Look for signs of abuse: -hematomas, bruises -scars -fractures</div> <div>General Physical Examination</div>	<div>Purulent urethral discharge on history and/or examination. Dysuria may or may not be present. Gram stain show intracellular gram-negative diplococci</div> <div>Note: History of purulent urethral discharge alone is enough to confirm diagnosis, even if discharge is not evident at the time of examination.</div> <div>Other signs of STI present</div> <div>History of Sexual abuse and/or Signs of Abuse on Physical examination</div> <div>No urethral discharge Dysuria present Pyuria on urinalysis</div> <div>No urethral discharge No pain on urination</div>	<div>Sexually Transmitted Infection:<ul style="list-style-type: none">GonorrheaChlamydia</div> <div>Possible other STI</div> <div>Possible Abuse</div> <div>Probable Urinary Tract Infection</div> <div>Normal</div>	<div>Ceftriaxone 250 mg IM single dose(125mg IM single dose for children) and Azithromycin 1g orally single dose (10mg/kg/day for 3 days for children)</div> <div>Alternative: Cefixime 400 mg orally single dose (or 8mg/kg if less than 12 years old), Ciprofloxacin 500mg orally single dose, Ofloxacin 400mg orally single dose AND Doxycycline 100mg orally BID for 7 days</div> <div>Offer HIV Testing</div> <div>Do Counseling</div> <div>Use appropriate algorithm</div> <div>Use Algorithm on Physical and Sexual Abuse</div> <div>Request for Urine Culture Treat as Urinary tract infection</div> <div>Reassure patient Do preventive health counseling</div>	<div>Reassess after 1 week</div> <div>If no improvement, refer.</div> <div>Reassess after 1 week</div> <div>Reassess after 1 week</div> <div>Follow up every 6 months</div>

Information to be given to the adolescent and accompanying adult(s)

1. What is the condition?

This is an infection of the urethra, the tube which carries urine from the bladder to the outside. It is likely that this infection has occurred as a result of unprotected sexual intercourse.

2. What are the causes of this condition?

The infection is caused by two kinds of organisms. Patients infected with *N. gonorrhea* are often coinfectd with *C. trachomatis*.

3. What are the effects of the condition on your body?

Immediate effects:

Gonorrhea is asymptomatic in about 10% of men after the usual incubation period. In others, the infection may cause a penile discharge (most marked in the morning), dysuria, and increased frequency of urination. There may also be itching and burning sensation around the urethra.

Long-term effects:

Infection can spread and cause prostatitis, epididymitis, seminal vesiculitis, periurethral abscess and fistula. The infection can also spread to other parts of the body like the joints and can cause inflammation.

4. What treatments are we proposing and why?

The aim of management is to determine the cause of the infection and to treat with the right medication. Patients treated for gonococcal infection can also be treated routinely with a regimen effective against uncomplicated genital *C. trachomatis* infection. Routine dual therapy without testing for Chlamydia can be cost effective

5. What can you do as a health provider?

For those patients classified as having urethral discharge from a sexually transmitted infection:

- Please complete the treatment as advised.
- Please come back after one week for review. No test-of-cure needed for patients with uncomplicated gonorrhea treated with one of the regimens in these guidelines. Treatment failure is most likely due to re-infection.
- Please avoid any sexual activities.
- Please discuss your condition with your partner. Sex partners should be referred for evaluation and treatment.
- Sexual activity should be delayed until one is emotionally and physically ready for it. Sexual activity should take place only within a mutually faithful relationship.
- Condoms must be used correctly in every sexual activity outside a mutually faithful relationship.
- Refer if patient’s symptoms are persistent or recurrent.
- Repeat urethral smear if symptomatic.



Frequently Asked Questions

Understanding the reasons for the question

In all these questions, the adolescent is anxious to know how a sexually transmitted infection may affect their future.

1. Will I be able to become a father in the future?

Points to make:

If an infection is detected early and treated properly, there is very little likelihood of any long-term problems. If the infection remains undetected and improperly/inadequately treated, it could affect your ability to have a child. To have a definite answer to this question, you have to be examined and tested further.

2. When could I have sex again?

Points to make:

You can have sex only after you have completed your treatment and are completely cured. It is very important that your partner also gets treatment and is completely cured. If not, you are likely to get the infection again. Avoid any sexual activities. Sexual activities should be delayed until one is emotionally and physically ready. Sexual activity should take place only within a mutually faithful relationship.

3. Will I become completely cured?

Points to make:

Sexually transmitted infections which are caused by bacteria and fungi can be completely cured. However, infections caused by viruses cannot be cured. Some of them, like Herpes, can recur causing discomfort. Others, like HIV, have serious long-term effects on health.



D2 - I Have Pain / Swelling in my Inguino-Scrotal Area

PRESENTING COMPLAINTS/QUESTIONS:

Parent: My son has a pain/swelling in my groin/ scrotum
Adolescent: I have pain/swelling in my groin

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<div>Communicate that you are now going to ask him some personal questions and reassure him that all information will be kept confidential</div> <div>Did the pain begin suddenly or did it begin gradually? Is the pain on one side or on both sides? Were you injured recently in your scrotum? Do you have local skin infections? Do you have fever? Do you have other genital symptoms? -genital sores -urethral discharge -scrotal swelling Are you sexually active?</div> <div>Do HEADSS</div>	<div>Communicate that you are now going to examine him. Ensure privacy of the examination setting.</div> <div>LOOK/FEEL -swelling in the inguinal/scrotal area (eq. warmth, redness, fluctuance) -swelling in one or both sides -signs of trauma (eq. cuts, bruises) -signs of local skin infections (eq. rashes, cuts in feet, legs, buttocks; boils) -presence of two testes (<i>Compare size between the right and left testes. A normal testis should be rubbery in consistency. The epididymis is in a posterolateral position</i>) -tenderness (pain on pressing the testes gently) -other signs of STI (eq. sores, urethral discharge) -check Cremasteric Reflex (<i>Done by stroking downward the upper inner thigh. A normal response is upward movement of the scrotum on the side stroked.</i>)</div>	Sudden onset of pain Unilateral pain and tender swelling Cremasteric reflex is not present	Mass with pain High probability of torsion of the testes Possible incarcerated hernia	Needs emergency referral for surgical opinion	Follow-up within 24 hours and secure feedback
		Sudden onset of pain Unilateral pain History of Injury/Trauma Signs of trauma may or may not be present Swelling may or may not be present Cremasteric reflex present	Likely due to trauma	Manage the pain Give pain killers Refer to specialist for further evaluation	Follow-up within 24 hours and secure feedback
		Slow onset Bilateral pain Not sexually active Signs of swelling present Cremasteric reflex present	Possible Orchitis or Epididymitis	Give pain killers Start broad spectrum antibiotics	Reassess after 2 days
		Inguinal swelling present Sexually active No local skin infection No other signs of STI	Infected Lymph Node (Bubo) Probable Chancroid and/or Lymphogranuloma venereum	Ciprofloxacin 500mg orally 2x/day for 3 days and Doxycycline 100mg orally 2x/day for 14 days	Follow-up every 2 days
		Sexually active Other signs of STI present	Probable STI	Use appropriate algorithm	
		Inguinal swelling Local skin infection present No other signs of STI	Infected Lymph Node due to local skin infection	Cloxacillin 500mg orally 4x/day for 14 days. Manage swelling	Reassess after 2 days
		Non-tender palpable mass in one or both scrotal sacs	Possible Varicocele, Spermatocoele, Hydrocoele, Inguinal Hernia	Referral to specialist for further evaluation	Follow-up within 1 week
		No inguinal swelling Small, mobile inguinal mass No signs of infection	Normal or Reactive Lymphadenopathy	Reassure patient	Follow-up within 6 months

Information to be given to the adolescent and accompanying adult(s)

1. What is the condition?

The condition could be due to:

- Torsion, meaning that the cord that contains the tube that carries the sperms from the testes to the urethra as well as the blood vessels get twisted;
- An injury to the testes;
- An infection of the testes.
- Others
 - Testicular cancer
 - Varicocele
 - Spermatocoele
 - Hydrocoele
 - Inguinal hernia

2. What are the causes for the condition?

- Torsion occurs because of incomplete or slightly faulty development of the tissues in the scrotum.
- An injury can result from an accident or from violence.
- Infections of the testes may or may not be sexually transmitted. Mumps is an example of an infection that is not sexually transmitted; gonorrhea is an example of a sexually transmitted infection.

3. What are the effects of the torsion?

A torsion may or may not be complete. In some cases, the torsion is reversible (i.e. the twisted tissue untwisted by itself). If the torsion is complete (meaning that the blood supply to and from the testes is completely cut off), this could have serious consequences including permanent damage to the testes.

Injuries can result in pain and discomfort. If severe, they could result in serious and permanent damage to the testes.

Infections too can result in pain and discomfort. If severe, and if left untreated, they could result in an inability of the testes to produce sperms.

4. What treatment are we proposing?

Suspected cases of torsion are treated with pain killers and observed carefully. If there is no relief in the torsion, surgery may need to be carried out promptly.

Mild injuries are treated with pain killers and dressings. Severe injuries may require surgery.

Infections are treated with pain killers and in case of bacterial infections with antibiotics.

5. What can the health provider do?

For all patients:

- Please complete the treatment and come back for review.

In addition, for patients who are classified as having a scrotal swelling resulting from a sexually transmitted infection, advise:

- (1) Please avoid sex until you are completely treated.
- (2) Please discuss your condition with your partner and try to ensure that (s)he also gets treated.
- (3) Using a condom correctly every time you have sex will protect you from getting another infection.

6. If not an emergency, are there some diagnostic tests that can be done?

An ultrasound of the scrotum to help visualize the testes and its other parts may be useful to localize the cause of the swelling. However, this is best handled by a specialist

D3 - “I have lot of pain during my period” (Dysmenorrhoea)

PRESENTING COMPLAINTS/QUESTIONS:

Parent: My daughter has a lot of pain during her periods
Adolescent: I have a lot of pain during my periods.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<div>Communicate that you are now going to ask some personal questions and reassure that all information will be kept confidential.</div> <div>Are you having your periods now? Do you have pain in your lower abdomen in the middle of your cycle? Are you able to continue with your daily activities? Do you have vaginal discharge? Do you think you could be pregnant? Are you sexually active? Are you using any methods to prevent pregnancy?</div> <div>Do HEADSS assessment</div> <div>Tip for the Health Worker: Even if she is pregnant, a urine pregnancy test can be negative for 2 weeks after her missed period. If a test done is negative and symptoms of pregnancy persist, the test should be repeated when it is more than 2 weeks after her missed period</div>	<div>Say that you are now going to examine her. Ensure privacy of the examination setting. Have a female colleague present if necessary.</div> <div>Feel the lower abdomen for swelling or tenderness Is there rebound tenderness? Feel for abdominal mass</div> <div>Look for any abnormal vaginal discharge</div> <div>Look for signs of pregnancy -palpable uterus in the lower abdomen -do a Pregnancy test</div> <div>Look for signs of STI</div> <div>General Physical Examination</div>	<div>In pain now or bleeding now and Pregnant or Possibly Pregnant<ul style="list-style-type: none">sexually activenot using any contraceptionany sign or symptom of pregnancy presentOR Abdominal tenderness<ul style="list-style-type: none">moderate/severe or rebound tendernessOR Abdominal mass present</div> <div>Has had pain with periods or in mid-cycle In pain now or bleeding now -unable to do daily activities Not possibly pregnant Mild or no abdominal tenderness and no rebound tenderness No abdominal mass No signs of STI</div> <div>In pain now or bleeding now Abnormal vaginal discharge Swelling and/or tenderness in the lower abdomen or around the uterus Pain during sexual intercourse</div> <div>Signs of STI present</div> <div>In pain now or bleeding now -able to do daily activities Not possibly pregnant Mild or no abdominal tenderness</div>	<div>Possible Surgical or Pregnancy related condition</div> <div>Severe Dysmenorrhea or Mid-Cycle Pain</div> <div>Secondary Dysmenorrhea</div> <div>Possible STI</div> <div>Primary Dysmenorrhea (Mild to Moderate)</div>	<div>Needs emergency referral to a hospital for surgical opinion</div> <div>Manage pain with NSAIDs -Ibuprofen -continue medication until pain subsides Hot fomentation when she gets pain Advise to continue with normal daily activities as much as possible</div> <div>Advise hot compress If pain persists, may give NSAIDS Advise to continue with normal daily activities</div> <div>Use appropriate algorithm</div> <div>Refer to a specialist for further evaluation</div>	<div>Follow-up within 24 hours and secure feedback</div> <div>Follow up after 3 months</div> <div>Follow up after 3 months</div> <div></div> <div>Follow up after 3 months</div>

Information to be given to the adolescent and accompanying adult(s)

1. What is the condition?

This is a pain that occurs just before or during the menstrual periods. The pain could be continuous or could come in bouts. It generally starts in the lower abdomen and moves to the lower part of the back and the inner part of the thighs. It is most severe in the early days of the period and gradually reduces in severity as the period continues.

2. What are the causes of the condition?

In adolescent girls, in the majority of the cases, the pain is not associated with an underlying medical problem. The pain is due to a chemical substance produced in the body called prostaglandins, which cause the muscles of the uterus to contract. The level of prostaglandins in the body is higher in the first 2-3 days of the period; that is when the pain is most severe.

3. What are the effects of the condition on your body?

If the pain is very severe, it may be accompanied by headache, diarrhea, nausea and vomiting. These symptoms too are caused by the action of the prostaglandins. If the pain is severe it can make it difficult for one to carry out daily activities. It can also affect one’s mood. However, there are no long-term negative effects.

4. What treatments are we proposing and why?

In cases where no pelvic pathology is likely:

The aim of the treatment is to reduce the pain. This is done through medicines that counteract the effect of the prostaglandin pain. This treatment is very effective and so further examination and laboratory tests are not needed in most cases.

In cases where pelvic pathology is likely:

In this case, further tests are required to find out what is causing the pain so that the right treatment can be provided.

5. What can you do?

Hot fomentation (i.e. the application of a hot water bottle or a warm pad of cloth on the abdomen and back) can help soothe the pain. If that does not help, you will need to take some medicines to reduce the pain. Rest if the pain is really severe. Once it subsides, try to continue with your daily routine. If there is no improvement, please come back to us.

Frequently asked questions

1. Will I be able to have a child normally in the future?

Points to make in the response

If based on the history and the physical examination, there is no likelihood of pelvic pathology, assure her that this problem will no prevent her for having a child in the future. If some pelvic pathology is likely, tell her that she will need to be checked and undergo further tests before a clear answer can be given to her question.

2. My friends say this problem becomes less after marriage or childbirth. Is that right?

Understanding the reason for the question

The adolescent wants to know whether this is true.

Points to make in the response

The pain may occur less commonly when a woman is married or enters a less formal union in which she has regular sexual activity. It usually tends to disappear after a woman bears a child.

D4 - Excessive Vaginal Bleeding (Menorrhagia)

PRESENTING COMPLAINTS/QUESTIONS:

Parent: Is the menstrual flow of my daughter normal?

Adolescent: I bleed too much during my periods. My menstrual period is longer.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<p>How many days do you have your period? How many pads do you consume each day during your periods? Are you having your periods now?</p> <p><u>Anemia</u> Do you feel tired most of the time?</p> <p><u>Bleeding disorder</u> Do you have -nose bleeding? -gum bleeding? -easy bruising?</p> <p><u>Hypothyroidism</u> Do you -have skin dryness? -feel colder? -have constipation?</p> <p><u>Pregnancy/Contraception</u> Do you think you could be pregnant? Are you sexually active? Do you use any method to prevent pregnancy?</p> <p>Do HEADSS</p>	<p>Determine Vital signs including weight and height</p> <p>Check for</p> <ul style="list-style-type: none">• Palmar pallor• Lower conjunctival pallor <p>Do hemoglobin test (if available)</p> <p>Check for signs of bleeding</p> <ul style="list-style-type: none">• bruises• blood clots <p>Look for</p> <ul style="list-style-type: none">• cold, dry skin• decreased sweating• edema of face and eyelids• pubertal delay (use Tanner’s Sexual Maturity Staging) <p>Look for signs of pregnancy</p> <ul style="list-style-type: none">• palpable uterus <p>Do a Pregnancy test (if available)</p> <p>If an IUD has been inserted previously, check to see or feel the thread (use a vaginal speculum if available)</p> <p>Check for signs of STI</p> <p>General Physical Examination</p>	<p>Bleeding now And Pregnant Or Possibly Pregnant -sexually active -not using contraceptives -signs of pregnancy</p>	<p>Possible Pregnancy Related Bleeding</p>	<p>Needs emergency referral to a hospital</p>	<p>Follow-up within 24 hours and secure feedback</p>
		<p>Bleeding now And signs of bleeding disorder or Hypothyroidism Hemoglobin < 9gm% Not possibly pregnant</p>	<p>Excessive bleeding due to a possible Systemic Illness</p>	<p>Needs emergency referral to a hospital</p>	<p>Follow-up within 24 hours and secure feedback</p>
		<p>Periods lasts more than 7 days Or needs 7 pads/day Hemoglobin <12 gm% Or any signs of anemia Not possibly pregnant Does not use IUD or DMPA</p>	<p>Menorrhagia with Anemia</p>	<p>Regulate bleeding -NSAIDS -Tranexamic acid 1gm orally 3x/day -Combined Oral Contraceptive Pills Treat Anemia -Iron-Folic Acid tablets 200mg orally 3x/day</p>	<p>Review after 3 months</p>
		<p>Periods lasts more than 7 days Or needs >7 pads/day Hemoglobin > 12gm% Or No signs of anemia Does not use IUD or DMPA</p>	<p>Menorrhagia without Anemia</p>	<p>Regulate bleeding -as above Prevent Anemia -Iron-Folic acid tablets 200mg orally once/day</p>	<p>Review after 3 months</p>
		<p>Period lasts more than 7 days Or needs >7 pads/day Uses IUD or DMPA</p>	<p>Menorrhagia possibly associated with IUD or DMPA</p>	<p>Regulate bleeding -heavy bleeding in first 6 months of DMPA use Treat/Prevent anemia -as above</p>	<p>Review after 3 months</p>
		<p>Periods lasts less than 7 days And needs <7pads/day</p>	<p>Normal Menstrual bleeding</p>	<p>Reassure the patient Prevent anemia</p>	<p>Follow-up within 6 months</p>

Information to be given to the adolescent and accompanying adult(s)

1. What is the condition?

In this condition, one’s menstrual periods are regular but the bleeding is heavier than normal.

2. What are the causes of the condition?

In adolescents, the most common reason for this is a developing and not optimally functioning reproductive system. In the first few months after the menstrual periods begin, the mechanisms which regulate the periods are still not functioning as well as they should. It can take several months for them to do so. In this situation, it is not uncommon for the bleeding to be heavy.

Another cause of excessive bleeding is when an intrauterine, device is placed in the uterus for contraception. It takes some time for the body to adjust to this, resulting in excessive bleeding in the first few cycles.

Less commonly, diseases such as reduced functioning of the thyroid gland (hypothyroidism) or bleeding disorders can cause excessive bleeding.

3. What are the effects of the condition on my body?

Excessive bleeding during one’s periods can lead to a condition called anemia in which the ‘thinned’ blood is not able to carry adequate oxygen to the different parts of the body leaving the person feeling tired and weak.

4. What treatment are you proposing and why?

For patients who are not sexually active:

The aim of the treatment is to reduce the bleeding during the periods. The medication needs to be taken during every cycle (as advised). Gradually, the bleeding during the periods will become normal and the medication will not be needed.

For patients who are sexually active and want to avoid pregnancy:

In this situation, the aim of the treatment is to reduce the bleeding and to prevent an unwanted pregnancy. The treatment will need to be continued for a period of 3-6 months and will eventually reduce the bleeding.

5. What can I do?

When the bleeding is heavy you will need to change your sanitary pads frequently and may be tired. In that case take some rest. As far as you can, continue with your daily activities.

Frequently asked questions

1. Am I bleeding like this because something is seriously wrong with my body?

Understanding the reason for the question

The adolescent wants to know if there is something wrong with her body.

Points to make in responding to the question

Excessive menstrual bleeding occurs fairly commonly in early and middle adolescent. In most cases, it is not associated with any serious underlying condition.

2. How do I know that my periods are normal?

Understanding the reason for the question

The adolescent wants to know whether her periods are normal.

Points to make in responding to the questions

There are three issues to look for:

Firstly, how many days each period normally lasts. (Normally periods last between 2-7 days.)

Secondly, how much bleeding occurs on each day of the periods. (A ‘thumb rule’ is that normally, five or less pads are soaked daily and need to be changed over a five day period).

Thirdly, whether the periods occur in a cyclic manner. (Normally, the duration if a cycle is between 21-35 days.)

D5 - Irregular Period

PRESENTING COMPLAINTS/QUESTIONS:
Adolescent: I don't have my periods monthly.
Parent: Is the menstrual flow of my daughter normal?

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
How old were you when you had your first period? When was your last period? How many days are there usually between your periods? Do you have spotting in between your periods? Do you use contraception to regulate your periods? <u>Chronic Illness</u> Do you have any long-standing illness? <u>Pregnancy/Contraception</u> Do you think you could probably be pregnant? Are you sexually active? Do you use any contraceptive method to prevent pregnancy? Do HEADSS	State that you are going to examine her. Ensure privacy of the examination setting. Have a female colleague if necessary Check -weight -height Calculate BMI Look for signs of possible pelvic pathology -excessive hair growth -acne -oily skin -lower abdominal swelling or tenderness Look for signs of pregnancy -palpable uterus in the lower abdomen -do a pregnancy test (if available) -enlarged uterus on vaginal examination General Physical Examination	Pregnant OR Possibly Pregnant -missed/delayed periods -sexually active -not using contraceptives -any signs/symptoms of pregnancy	Pregnant OR Possibly Pregnant	Use algorithm "Suspected pregnancy?" D6	
		More than 2 years since her first period AND Irregular Periods -no periods for last 3 months -menstrual cycle <21 days or >35 days -frequent spotting/bleeding between periods Not using hormonal contraception Signs and Symptoms of under nutrition, chronic illness or possible pelvic pathology	Irregular Periods OR Bleeding between periods possibly due to undernutrition, chronic illness or possible pelvic pathology	If underweight, use algorithm on "Nutritional concerns" A4 If with chronic illness, treat it or refer If with possible pelvic pathology, refer to specialist for further evaluation	Review within 3 months
		Within last 6 months of using hormonal contraception AND Irregular periods	Irregular Periods OR Bleeding between periods associated with use of hormonal contraceptives	If taking OCP >4months, refer. If taking DMPA >6months, refer.	Review within 4 months
		Less than 2 years since her first period AND Irregular periods	Menstrual Irregularity of Early Adolescence	Reassure the patient that irregular bleeding is common in first 2 years after first period.	Advise to return if still irregular
		Menstrual cycle between 21 days and 35 days AND Infrequent spotting between periods	Normal Menstrual Periods	Reassure her that her menstrual pattern is normal	Follow-up within 6 months

Information to be given to the adolescent and accompanying adul(s)

1. What is the condition?

Menstrual periods are considered irregular if the interval between the first day of one period and the first day of the subsequent period is less than 21 days or more than 35 days.

2. What are the causes of the condition?

After the start of the menstrual periods, it takes some time for them to become regular. In some cases, this may take up to 18 months. This is perfectly normal as the body of the adolescent girl matures. In a small number of cases, the irregular bleeding can be due to a disease in the reproductive system. This needs to be checked further and appropriately treated.

3. What are the effects of the condition on your body?

If the irregular bleeding is not associated with other menstrual problems and/or pelvic pathology, there are usually no adverse effects.

4. What treatments are we proposing and why?

For those patients classified as follows: "Irregular bleeding possibly due to pelvic pathology":

- Refer the patient for further investigation to determine the cause of the pathology.

For those patients classified as 'irregular periods with other associated menstrual problems but no symptoms and signs of pelvic pathology':

- The aim of the treatment is to regularize the periods and the associated symptoms of pain and/or excessive bleeding.

For those patients classified as 'Irregular periods with no other associated menstrual problems or symptoms and signs of pelvic pathology':

- Reassure the patient that the periods will become regular with time.

For those patients classified as 'Normal menstrual periods':

- Reassure that all is well.

6. What can you do?

For those patients classified as 'Irregular periods or Bleeding with Period possibly due to undernutrition, chronic illness or pelvic pathology.":

- Please complete the treatment and come back for review as advised.

For those patients classified as 'Normal Menstrual Periods' or Menstrual Irregularity of Early Adolescents.

- There is no reason to be anxious about this and there is nothing that you need to do.

7. When should you have a pelvic examination?

See page 96.

D6 - Suspected Pregnancy

PRESENTING COMPLAINTS/QUESTIONS:

Parent: My daughter has missed periods. Could she be pregnant?
Adolescent: My menses are delayed, could I be pregnant?

ASK	LOOK/FEEL/LISTEN	SYMPTOMS AND SIGNS	CLASSIFY	MANAGE	FOLLOW UP
<div><i>Tips for the health worker: Say that you will be asking personal questions and reassure her that all information will be kept confidential . Denial of sexual activity is not a reliable statement to exclude pregnancy.</i></div> <p>Why do you think you may be pregnant? Are you sexually active? (Make sure that the adolescent understands that “having sex” refers to insertion of the penis into the vagina, anus or mouth.) If sexually active, ▪ Do you do anything to prevent pregnancy? If using contraception, ▪ What method do you use? ▪ Have you been using a reliable contraceptive method consistently and correctly? Have you had unprotected sex after your last period? Is your period late? Do you have nausea, vomiting in the morning; Breast swelling or soreness</p> <p>Do HEADSSS</p>	<div><i>Tip for health worker: Say that you are going to examine her. Ensure privacy of examination setting. Have a female colleague nearby.</i></div> <p>Look for palpable uterus in the lower abdomen: (A 12 week uterus is just palpable at the symphysis pubis; a 20 week uterus, at the level of the umbilicus; and a 16 week uterus, midway between the symphysis pubis and umbilicus) Listen for fetal heart tones at about 20 weeks. Do a Pregnancy Test If pregnancy test is not available and uterus is not palpable, Check for enlarged uterus and soft cervix on vaginal examination</p> <p>General Physical Exam</p>	<p>Positive Pregnancy test or Uterus enlarged Cervix soft on vaginal examination Fetal heart tones present</p> <p>Has had unprotected sex in the month prior to the first missed period Has not been using contraceptives consistently and correctly With or without symptoms and signs of pregnancy Not able to determine if uterus is enlarged Pregnancy test not available</p> <div><i>Tip for health worker: If a pregnancy test can be done in your health facility, avoid doing a vaginal exam</i></div>	<p>Pregnant</p> <p>Unprotected sex with symptoms of pregnancy but too early to be certain</p>	<p>The adolescent wants to continue with the pregnancy - refer for counseling and antenatal care (high risk pregnancy) The adolescent does not want to continue with the pregnancy - Counsel on available options (This could include handing over the child for foster care or adoption and referral to homes that care for single/teen pregnant patients)</p> <div>Abortion is illegal</div> <p>Counsel regarding likelihood of pregnancy. If possible, refer for pregnancy testing.</p> <p>Discuss ways to prevent pregnancy until it is determined whether she is pregnant or not. Refer to next page for recommended Methods.</p> <div>A urine pregnancy test can be negative for up to 2 weeks after a missed period even if one is pregnant. If a pregnancy test done before this time is negative and if symptoms of pregnancy persist, the test should be repeated more than 2 weeks after the missed period.</div>	<p>After 1 week</p> <p>Do prenatal checkups</p> <p>Refer to Integrated Management of Pregnancy and Childbirth (IMPC)</p> <p>Review in 4 weeks to assess possible pregnancy</p> <p>If pregnant, manage as above.</p>

ASK	LOOK/FEEL/LISTEN	SYMPTOMS AND SIGNS	CLASSIFY	MANAGE	FOLLOW UP
	<div><i>Tip for the health worker: Some teens deny the possibility of pregnancy after a missed period. They are falsely reassured by light bleeding in the first trimester commonly caused by implantation of the blastocyst in the uterus.</i></div>	<p>Using contraception appropriately and consistently</p> <p>No symptoms and signs of pregnancy</p>	<p>Pregnancy unlikely</p>	<p>Advise her that she is unlikely to be pregnant</p> <p>Discuss ways to prevent pregnancy. If she does not want to become pregnant, advise her to abstain from sex. D6-1</p>	<p>Follow-up after 6 months</p>
		<p>Not sexually active</p>	<p>Not Pregnant</p>	<p>Discuss ways to prevent pregnancy. Advise her to abstain from sex.</p>	<p>Follow-up after 6 months</p>

<p>GENERAL CONSIDERATIONS:</p> <ol style="list-style-type: none">All adolescents are advised to practice abstinence until they reach the proper age to prepare for a family.If sexually active, abstinence should still be advised subsequently as the best option to prevent STIs and pregnancy.If they opt to remain sexually active, all adolescents should be advised from several methods available.Assess behavioral and social factors in the choice of contraception	<ol style="list-style-type: none">Group settings are also important. Some groups of adolescents everywhere, and in some settings, are more vulnerable to the risk of STIs, including HIVProper education and counseling both before and at the time of method selection can help adolescents make well-informed choices.The cost of obtaining contraception must be considered.Medical conditions and contraindications may exist. Refer to The Philippine Clinical Standards Manual in Family Planning, DOH, 2006.
<p>RECOMMENDED METHODS:</p> <ol style="list-style-type: none">Fertility awareness-based methods Adolescents who can effectively monitor body changes to determine the woman;s fertile period, and follow the rules on when to abstain may readily and effectively practice fertility-awareness based methods. If they are unable to do so, they have to consider other effective methods.Oral contraceptives Low-dose combined oral contraceptives are a good choice for this age group because of their high efficacy and low frequency of side effects.Progestogen-only pills have a higher failure rate than combined oral contraceptives (COCs). They may induce breakthrough bleeding. It can be used by young mothers who are breastfeeding.Male condoms, if used correctly and consistently, are one of the most important methods of contraception. A major advantage of condoms is their safety. In	<p>addition to protection against unwanted pregnancy, they can provide protection against STIs including HIV. A disadvantage is lower use-effectiveness compared with hormonal methods and IUDs.</p> <ol style="list-style-type: none">Other hormonal methods Progestogen-only injectables may be suitable alternatives since they do not require daily action by the client. There may be menstrual irregularities and bone mass loss, because the peak of bone mineral density (BMD) takes place during adolescence. She needs to be informed of the possible delay in the return of fertility.Intrauterine devices The IUDs is not a good choice for women who are at high risk for STIs. An IUD may be an adequate option for parous adolescents who require long-term protection against pregnancy and have low risk for STIs.Other barrier methods Diaphragms, spermicides, and female condoms provide protection against pregnancy and STI but require preplanning and motivation for proper use. It is better used only as a back-up method.

Adapted from The Philippine Clinical Standards Manual on Family Planning (DOH, 2006)

Information to be given to the adolescent and accompanying adult(s)

1. What is the condition?

Pregnancy is a normal condition in which a baby grows and develops in the womb of a woman. Pregnancy normally lasts for 9 calendar months.

2. How does someone get pregnant?

Pregnancy occurs when a man inserts his penis into a woman’s (or a girl’s) vagina and discharges semen there. The sperms in the semen travel up the vagina and into the uterus seeking to find and fertilize an egg that is released by the woman’s ovary. The few drops of liquid which leave the penis before a man discharges semen contain sperms, and so pregnancy can occur when a couple have sex without a condom, even though the penis is withdrawn before ejaculation.

2. How is it that some people have sex many times and do not get pregnant whereas others get pregnant after having sex only once?

Points to make in responding to the question

During the fertile period in a woman’s life (i.e. from the time her menstrual periods begin to the time they cease), her ovaries release an egg every month, about 14 days before she had completed a menstrual period. This tiny egg travels through one of the tubes that lead from each of her ovaries to her uterus. If, at the time the egg is nearing or in the uterus the woman has sexual intercourse with a man, one of the sperms that is discharged in her vagina can travel into the uterus and fuse with the egg to form a tiny ball of tissue which gets embedded in the wall of the uterus and over time grows and develops into a baby. What this means is that a woman can become pregnant through one single act of sexual intercourse. On the other hand, even a woman and her partner are completely fertile and well, pregnancy may not occur if sexual intercourse occurs at the time when the egg is not nearing or in the uterus.

3. How is pregnancy test done? How does it detect someone is pregnant?

Pregnancy tests that are commonly used test the presence of certain chemicals in the urine (antibodies to the presence of hormones secreted by the mother’s womb).

4. Can the pregnancy test result be negative even though someone is pregnant?

Yes, a pregnancy test can show negative results even when a pregnancy exists. This is because it takes some time for the pregnancy test to become positive (i.e. 7-10 days after the missed period).

5. What options can an adolescent avail of when found to be pregnant?

- a. Birth planning: Delivery in a hospital or health center is highly recommended. It is important to know and understand why this is important and to decide to do it.
- b. Prevention of STI/or HIV/AIDS is important for the pregnant adolescent and the baby. If she or her partner are at risk of STI or HIV/AIDS, they should use a condom in all sexual relations. Advice on how to use the condom.
- c. Spacing on the next pregnancy – It is recommended that the next baby be spaced 3 years apart. Advice on family planning counseling

Information for the health worker on classification and management of vaginal discharge

A complaint of abnormal vaginal discharge – abnormal in terms of quantity, color or odor – most commonly indicates a **vaginal infection (vaginitis)** whether sexually transmitted (trichomoniasis) or not (bacterial vaginosis, fungus). Less often, vaginal discharge can be a result of sexually transmitted **cervical infection (cervicitis)** caused by gonorrhea or chlamydia. It is difficult to identify cases of cervicitis without appropriated diagnostic tests (which are expensive and are not readily available) or a speculum examination.

All non-pregnant adolescents with any history of not having had sex and presenting with abnormal vaginal discharge should receive treatment for bacterial vaginosis and trichomoniasis. Additional treatment for candidiasis is indicated if signs are present.

Additional treatment for cervical infection is indicated if signs or risk factors are present or if the patient is from a population group or area with high gonorrhea /Chlamydia prevalence.

For those treated for gonorrhea and Chlamydia - all sex partners within the past 2 months should be treated with the same treatment regimen whether they are symptomatic or not.

Please note that there are special considerations in the pregnant patient with vaginal discharge:

- Normal discharge is abundant during pregnancy
- Candidiasis is more common during pregnancy
- Discharge and spotting may indicate ectopic pregnancy or threatened abortion. Fever , bleeding, abdominal pain, and amniotic fluid leakage are signs of infection of the amniotic sac or sepsis. If pregnancy complications have been ruled out, treat all women with abnormal vaginal discharge for candidiasis, trichomoniasis, and bacterial vaginosis (note that treatment for bacterial vaginosis is different in pregnancy - metronidazole 200-250mg orally 3 times a day for 7 days). Recurrence in a patient who has appropriately completed therapy should be treated again for candidiasis again.

D7 - Vaginal Discharge

PRESENTING COMPLAINTS/QUESTIONS:

Parent: My daughter says she has vaginal discharge. / Burning / itching sensation in her vagina.

Adolescent: I have vaginal discharge. / I have a burning / itching vagina.

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<div>Tip for health worker- Communicate that you are now going to ask her some personal questions and reassure her that information will be kept confidential .</div> <div>Vaginal discharge Could you please describe the nature of your vaginal discharge?<ul style="list-style-type: none">• Colour: Is the discharge clear, white or green/grey/yellowish?• Consistency: Is the discharge thin, curdy or thick? <ul style="list-style-type: none">• Odor: Does the discharge have a bad smell?• Itching or burning: Do you have itching or burning sensation in the vagina?Lower Abdominal Pain<ul style="list-style-type: none">• Do you have pain in the lower abdomen? <i>If lower abdominal pain is present:</i> Assess whether she is pregnant. Use the algorithm: "Suspected Pregnancy D6"</div>	<div>Tip for health worker- Communicate that you are now going to examine her. Ensure privacy of the examination setting. Have a female colleague present if needed.</div> <div>Vaginal discharge Look at the opening of the vagina and surrounding area (vulva). Look for<ul style="list-style-type: none">• Discharge<ul style="list-style-type: none">– Colour– Consistency– Odour <ul style="list-style-type: none">• Inflammation<ul style="list-style-type: none">– Redness, swelling or scratchesFeel for<ul style="list-style-type: none">• Tenderness of the lower abdomen <i>If lower abdominal pain is present</i> Assess surgical / gynaecological risk Feel for<ul style="list-style-type: none">-Guarding-Rebound tenderness</div>	<div>Lower abdominal pain or tenderness <i>and</i> Possibly pregnant</div> <div>Abnormal discharge<ul style="list-style-type: none">– Colour - white/ green/grey/yellowish– Odour bad <i>or</i>– Consistency thick or curdy <i>and</i>Lower abdominal pain <i>or</i> Cervical motion tenderness</div> <div>Abnormal discharge (as above) <i>and</i> No lower abdominal pain <i>and</i> No cervical motion tenderness <i>and</i> Cervical discharge or friability present on speculum exam <i>or</i> Any risk factors for gonorrhoea / chlamydia</div>	<div>Possible pregnancy related emergency</div> <div>Pelvic Inflammatory Disease (PID) Gonorrhoea Chlamydia and / or Anaerobic Bacteria Probable</div> <div>Cervicitis Gonorrhea or Chlamydia Probable</div> <div>Bacterial Vaginosis and Trichomoniasis also likely</div>	<div>Refer to hospital</div> <div>Treat for Gonorrhoea<ul style="list-style-type: none">-Ceftriaxone 250mg intramuscularly <i>and</i> Chlamydia-Azithromycin 1g orally <i>and</i> Anaerobic Bacterial Infection-Metronidazole 500mg twice daily for 14 days</div> <div>Treat for Gonorrhoea <i>and</i> Chlamydia <i>And</i> Bacterial Vaginosis / Trichomoniasis -Metronidazole 2g orally as single dose</div>	<div>Follow-up within 24 hours and secure feedback</div> <div>Advise to return in 1-2 days If no improvement: Refer</div> <div>Advise to return after 1 week if symptoms persist.<ul style="list-style-type: none">• If patient did not complete full course of medication: Treat again• If patient was possibly reinfected or partner(s) were not treated: Treat patient again and treat partner(s)• If patient and partner(s) completed full course of medication: Refer</div>

ASK	LOOK/FEEL/LISTEN	SIGNS AND SYMPTOMS	CLASSIFY	MANAGE	FOLLOW UP
<div>Risk for gonorrhoea / chlamydia Probe whether:<ul style="list-style-type: none">• She believes she has been exposed to STI• Her partner has a discharge from the tip of the penis• She has had multiple recent sexual partners• She is from a population group or comes from an area with known high prevalence* *: This needs to be based on local epidemiology Symptoms of other STI syndromes<ul style="list-style-type: none">• Genital ulcer• Inguinal swelling Do a general sexual and reproductive health assessment Do HEEADSSS Assessment</div>	<div>If sexually active <i>Only if appropriate</i> do a manual vaginal examination <i>Feel for</i><ul style="list-style-type: none">• Tenderness on movement of the cervix <i>Only if appropriate</i> do a vaginal speculum examination Check<ul style="list-style-type: none">• the mouth of the cervix for discharge• friability (easily bleeds when touched) and redness of the cervix Signs of other STI syndromes<ul style="list-style-type: none">▪ Genital ulcer▪ Swelling in groin General Physical Examination</div>	<div>Abnormal discharge (as above) <i>and</i> Vaginal burning/itching or vulvar erythema, <i>and</i> No lower abdominal pain, <i>and</i> No cervical motion tenderness <i>and</i> No cervical discharge or friability on speculum exam, <i>and</i> No risk factors for gonorrhoea / chlamydia</div> <div>Abnormal discharge (as above) <i>and</i> No vaginal burning/itching or vulvar erythema, <i>and</i> No lower abdominal pain <i>and</i> No cervical motion tenderness, <i>and</i> No cervical discharge or friability on speculum examination, <i>and</i> No risk factors for gonorrhoea / chlamydia</div>	<div>Vaginitis Candidiasis probable Bacterial vaginosis and Trichomoniasis also likely</div> <div>Vaginitis Bacterial Vaginosis and / or Trichomoniasis probable</div>	<div>Treat for Bacterial Vaginosis <i>and</i> Trichomoniasis <i>and</i> Candidiasis <i>-Fluconazole 150mg orally as single dose</i></div> <div>Treat for Bacterial Vaginosis <i>and</i> Trichomoniasis <i>As above</i></div>	<div>Advise to return after 1 week if symptoms persist.<ul style="list-style-type: none">• If patient did not complete full course of treatment: Treat again• If patient completed full course of treatment: Treat for gonorrhea and chlamydia• Reassess in 1 more week. If no improvement: Refer</div> <div>Advise to return after 1 week if symptoms persist.<ul style="list-style-type: none">• If patient did not complete full course of treatment: Repeat treatment.• If patient completed full course of treatment, Treat for candidiasis or gonorrhea and chlamydia.• Reassess in 1 more week. If no improvement: Refer</div>
<div>Tip for the health worker: Treat all classified STI syndromes using DOH guidelines. Encourage adolescent to have all partners for the last 2 months assessed whether symptomatic or not. For any patient who is sexually active, regardless of diagnostic classification, offer HIV counseling and testing on site if available or through referral. Counsel regarding safe sex, abstinence, and contraception.</div>		<div>Clear discharge with thin consistency, <i>and</i> no vaginal pain, itching or burning, <i>and</i> The discharge is cyclic (it increases in amount and becomes more watery during the middle of the cycle), <i>or</i> The adolescent has not yet started menstrual periods but is pubescent (has some breast development and some pubic hair),</div>	<div>Normal / Physiologic Vaginal Discharge</div>	<div>Reassure the patient.</div>	<div>Follow up after 6 months</div>

Frequently asked questions by adolescents:

1. Why should I have a pelvic exam?

A pelvic examination is a physical examination just for women. It may be done when a woman or girl has problems such as:

- Vaginal infection. Signs of a vaginal infection include itching, burning, or unusual discharge.
- Vaginal bleeding that is not part of the normal menstrual period
- Pain in her belly or pelvis

Once you become sexually active, you will need periodic pelvic examination. A pelvic examination is a way for your doctor to examine your pelvic organs to see if:

- You might have been exposed to a sexually transmitted disease (STD)
- You are pregnant

If you have been sexually assaulted, a pelvic examination will allow your doctor to collect evidence and check for STDs.

2. What is a Pap smear?

Probably the most important reason why a pelvic examination should be done is to be able to have a Pap smear (also called a Pap test) done. A Pap smear is a test that involves collecting cells from your cervix and then looking at them through a microscope to make sure they are normal and healthy. Experts recommend having this test done within three years of becoming sexually active, or by age 21. It is a good idea to have an annual Pap smear throughout your life because they can be invaluable in detecting cervical cancer, which if caught early is highly curable.

3. Can douching my vagina (i.e. washing it with water and in some cases with products such as soap) help to prevent any infections or other problems?

It is better to avoid douching as it tends to wash away the body’s natural protective secretions.

- Using products such as soap inside the vagina can cause irritation and lead to pain and discomfort. Just wash the outer part of the genitalia every time you go to the toilet and pat it dry with a clean cloth or paper towel.

4. I have some vaginal discharge. How can I know whether it is normal or not normal?

Normal vaginal discharge is clear, thin in consistency, becoming thicker during the middle of the menstrual cycle and cyclic (there is some increase in the discharge about one week after the menstrual period begins). It also has a mild smell. Normally, there should be no pain, itching or burning in the vagina. Any change in the color, consistency, quantity, and smell may be due to an infection. If in doubt, see a health worker for advice.

*Sample of a consent for Pelvic examination (See page 97) – should be obtained in all cases where the patient is a minor .

TOILETS	Score	CLOTS	Score
	1ml		1ml
	3ml		3ml
	5ml		5ml

Adapted from Wyatt et al, Review, The Obstetrician & Gynaecologist, 2004;6:88-02

NAPKIN	TYPE	Score
	Day time	1ml
	Night time	1ml
	Day time	2ml
	Night time	3ml
	Day time	3ml
	Night time	6ml
	Day time	4ml
	Night time	10ml
	Day time	5ml
	Night time	15ml

Consent for Pelvic Examination

This is to certify that the procedure (pelvic examination) has been fully explained to me by Dr. _____. I have been given the opportunity to ask questions and have been answered satisfactorily. I therefore authorize Dr. _____ to perform the said procedure.

Name of Patient _____
Signature _____
Date: _____

Name of Witness/Parent/Guardian _____
Signature _____
Date: _____

(for the Health Professional):

I have confirmed with the patient that she has no further questions and wishes the procedure to go ahead.

Name of Health Professional _____
Signature _____
Date: _____

D8 - HIV

PRESENTING COMPLAINTS/QUESTIONS:

Parent: Could my son/daughter have HIV?
I have learned that my son/daughter is having sex/injecting drugs.

Adolescent: Could I have HIV? I had sex without condom. I have injected drugs. Used a public toilet. I think my partner is having sex with others. I have kissed someone

ASK	LOOK/FEEL/LISTEN	SIGNS/FEATURES	CLASSIFY	MANAGE	FOLLOW UP
<div><div>Tip for health worker</div><div>Communicate that you are now going to ask some personal questions and reassure him/her that all information will be kept confidential.</div><div>Make sure that the adolescents understands that 'having sex' refer insertion of the penis into the vagina, anus, mouth</div></div> <div>Why do you think you could have HIV?</div> <div>Symptoms associated with HIV infection<ul style="list-style-type: none">Do you have / have you had recently<ul style="list-style-type: none">Noticeable weight lossProlonged diarrhoeaProlonged coughProlonged feverPainless purple bumps on your skin or in your mouthWhite patches in your mouth</div>	<div><div>Tip for health worker</div><div>If there are symptoms and sign of a physical illness use the appropriate algorithm</div></div> <div>Signs associated with HIV infection</div> <div>Check for<ul style="list-style-type: none">Weight loss of more than10% (if previous weight is available)</div> <div><div>% Weight Loss = (Old Weight - New Weight) x 100 Old Weight</div></div> <div><ul style="list-style-type: none">Kaposi lesions (painless purple lumps on the skin of the palate in mouth)Fungus infection in the mouthGeneralized lymphadenopathyEvidence of serious infection (e.g. respiratory infection)</div> <div>Signs of STI syndromes</div> <div>Check for<ul style="list-style-type: none">Genital ulcerSwelling in the groinDischarge from the vaginaDischarge from the penisScrotal swelling</div>	<div>Any symptom associated with HIV infection or Any sign associated with HIV infection or Any illness associated with HIV infection (With or without identified risk factors)</div> <div>Any risk factor for HIV infection and No symptoms associated with HIV infection And No signs associated with HIV infection And No illness associated with HIV infection</div>	<div>Possible HIV infection causing symptoms, signs or illnesses commonly associated with HIV infection</div> <div>At risk for HIV infection</div>	<div><ul style="list-style-type: none">An HIV test is recommended but adolescent should receive pre-test counseling first.If the adolescent accepts the test, carry it out or refer the patient to a place where he/she could have a test.If the adolescent refuses the test, stress the need for testing and invite him/her to comeback another time.Provide counselling on safer sex / HIV risk reductionIf not available on site refer to a facility that offers HIV counselling and testing</div> <div><ul style="list-style-type: none">Explain the classificationProvide counselling on safer sex / HIV risk reductionIf available on site, provide HIV testing and counsellingIf not available on site refer to a facility that offers HIV counselling and testing</div>	<div>Agree on a follow-up visit or refer the adolescent to HIV/AIDS facility.</div> <div>Agree on follow up visit or refer adolescent to HIV/AIDS facility</div>

ASK	LOOK/FEEL/LISTEN	SIGNS/FEATURES	CLASSIFY	MANAGE	FOLLOW UP
<div>Illness associated with HIV infection<ul style="list-style-type: none">Have you ever been diagnosed with tuberculosis?</div> <div>Risk factors for HIV infection<ul style="list-style-type: none">Do you use a condom every time you have sex?Do you have/had you had many sexual partners?Does your partner have/has your partner had other partners?Have you had unprotected sex in last 72 hours?Do you / have you inject(ed) drugs?</div> <div>Symptoms of STI syndromes<ul style="list-style-type: none">Do you have / have you had?<ul style="list-style-type: none">Sore / ulcer on your genitalsDischarge from your vaginaDischarge from your penisScrotal pain / swelling</div> <div>Do a Sexual and Reproductive Health Assessment</div> <div>Do HEADSSS Assessment</div>	<div>Do a general physical examination</div> <div><div>TIP FOR HEALTH WORKER:</div><div>Current or past STI constitutes a risk factor for HIV infection</div></div>	<div>No risk factor for HIV infection and No symptoms associated with HIV infection And No signs associated with HIV infection And No illness associated with HIV infection</div>	<div>HIV infection unlikely</div>	<div>Explain the classification</div> <div>Provide the follow messages:</div> <div><div>■ HIV risk can be reduced if:</div><ul style="list-style-type: none">Sexual debut is delayed till one is emotionally and physically ready for it, and sexual activity takes place only within a mutually faithful relationship, where both partners do not have HIV;Condoms are used correctly in every act of sexual intercourse outside a mutually faithful relationship.</div>	<div>Follow-up after 6 months</div>

Tips for the health worker

- Treat all classified STI syndromes using the appropriate algorithm.
- Encourage the adolescent to ask all partner(s) within the last two months to have themselves checked by a health worker whether they are symptomatic.
- Counsel regarding contraception and safer sex.

Information to be given to the adolescent and accompanying adult(s)

What is HIV?

The HIV test is a blood test which detects the presence of chemicals that the body produces in the presence of HIV (i.e. antibodies). These antibodies are produced by the body 8-12 weeks after being infected with HIV.

What does a positive or a negative HIV test result mean?

And HIV-positive test result means that the person who has been tested has HIV infection. An HIV negative result means that the person who has been tested does not have HIV infection. As indicated above, the antibodies that are detected by the HIV test are produced by the body 8-12 weeks after infection with HIV and so in the first few weeks after infection occurs, the HIV test can still be negative although the person tested has HIV infection.

Why should you consider having an HIV test?

There are at least three good reasons for having a HIV test. Firstly, there are effective medicines to prevent the germ that causes HIV from multiplying in the body. In addition, health workers can provide medicines and advice to prevent or treat other problems resulting from effects if HIV on the body (e.g. Tuberculosis). Secondly, if a woman who is infected with HIV wants to have a baby, she can be given medicines to reduce the likelihood of the HIV infection passing from her body to that of the baby (in her womb). Thirdly, knowledge of one’s HIV status can enable one to take the necessary steps to protect others from infection

If you decide to have an HIV test what can we assure you?

Firstly, we ensure that we will not share the results of the test with anyone. Secondly, we assure you that we will provide you with all the care and support that we can, and in addition will direct you to other sources of care and support in the community.

One issue that you will need to consider!

It would be useful to consider who you would inform if you were found to have HIV. Parent and other members of your family as well as friends can be a valuable source of support. Try to identify one or two persons whom you like and trust, and could turn to for help.

Checking the adolescent’s understanding:

If you have the time, it would be useful to check the adolescent’s knowledge and understanding on the following issues.

- What is HIV?
- How is HIV spread (and how it is not spread)?
- How could HIV be prevented?
- What are the effects of HIV on the body?
- What is it that health workers can offer to people who have been found to have HIV?
- Recall the discussion on the meaning of a positive and negative test result.
- Inquire whether the adolescent has considered whom to share the result with.
- Empathize with the adolescent, saying that you are aware that waiting for the test result must have been hard. Assure him/her of your support.

If the result is positive:

- Share the test result.
- Learning the ‘bad’ news is likely to trigger a strong reaction; empathize with the comfort the adolescent.
- Check the adolescent’s understanding on the implication of the test result and provide further explanation if needed.
- Discuss who they would share the result with.
- Explain what support services could be provided.
- Explore what immediate support (s)he needs.
- Indicate when (s) he could come back for further discussion

If the test result is negative:

- Share the test result
- Learning the news – even the good news – is likely to trigger a reaction; give the adolescent some time to claim down.
- Check the adolescent’s understanding on the implications of the test result and provide further explanation if needed.
- Stress the importance of taking steps to continue staying HIV negative by protecting himself/herself and indicate what support you could provide for this.

PART III

Maintaining a Healthy Lifestyle

Sexual Activity

Messages for Adolescents:

- 1. Many adolescents become sexually active before they are ready to do so, and before they know how to avoid problems such as unwanted pregnancies, and sexually transmitted infections (including HIV).
- 2. Learn to say NO. Wait till you feel mentally and emotionally prepared to have sex. Do not be pressured by anyone to do so.
- 3. Learn to respect your bodies and demand that others respect your body.
- 4. Know your limits. Avoid situations that will lead to unwanted pregnancies or in acquiring sexually transmitted diseases. The only 100% sure way of not getting pregnant or acquiring Sexually Transmitted Infections is by not having sex at all.
- 5. Avoid situations where you will be meeting strangers like eyeballing, chatting to strangers through the computer or texting.
- 6. If you are to have sex, you must use the condom at all times to protect yourself from sexually transmitted infections and HIV.
- 7. If you have had sex without a condom, check with your health provider on what to do to screen you from having acquired STI or from being pregnant.
- 8. If you suspect that you might be pregnant, or that you might have a sexually transmitted infection, seek help from a health worker. Firstly, they can confirm whether you are pregnant or have a sexually transmitted infection; and secondly, they could help you deal with it.
- 9. If you are living-in with your partner, it would be advisable for you to attend a parenting / and values education seminar.

Messages for Parents:

- 1. Sexual activity often begins during adolescence within or outside marriage.
- 2. Many adolescents are unprepared to protect themselves from these problems.
- 3. Adolescents need help to understand the changes that their bodies are going through, as well as support to deal with the thoughts and feelings that accompany their growing maturity.
- 4. Adolescents need to be aware of the problems they could face through too-early and unprotected sexual activity, and about what they need to do to stay healthy and well. They also need to be able to obtain the health services they need to avoid health problems, and to get back to good health if and when they face the problems.
- 5. Finally, they need advice and support to resist pressure to have sex before being ready for it.
- 6. Teach your adolescent to respect his/her body and demand that others respect his/her body too.

What the health provider should do:

- 1. Be able and willing to provide information, advice and support.
- 2. Discuss the problems he or she could face, and how to avoid them.
- 3. Discuss the pressures that he or she could face to have sex before being ready for it and teach him or her how to resist this pressure.
- 4. Encourage him or her to come to you at any time with a question, a concern or a problem.
- 5. Encourage him or her to seek help from a health worker for advice and support, when needed.
- 6. If pregnant, link to a health facility for antenatal care.
- 7. If one or both adolescents are minors and are already living-in, refer to the social worker for evaluation.

The use of tobacco, alcohol and other substances

Message for adolescent

- 1. Adolescence is a time of curiosity and experimentation. It is a time when many adolescents experience with tobacco, alcohol, and other substances.
- 2. Tobacco use has negative consequences on health both in the short and long term. Heavy alcohol use and the use of other substances can have very negative consequences during adolescence. The use of alcohol and other substances increases the likelihood of behaviors with potentially harmful consequences such as unprotected sexual activity, dangerous driving and violence. Injecting substances such as heroin greatly increases the likelihood of getting HIV. The early initiation and heavy use of tobacco and alcohol in adolescence increases the likelihood that their use will continue into adulthood with negative and social consequences.
- 3. Do not be pressured into using substances by your peers or by images on television, magazines, etc.
- 4. If you are using substances, do not hesitate to seek help from a health worker.

Message for parents

What you should know:

- 1. Adolescence is a time of curiosity and experimentation. It is a time when many adolescent experiment with tobacco, alcohol and other substances.
- 2. For many adolescents, experimentation does not lead to regular use. However, some adolescent become occasional or regular users, and a small but significant proportion of adolescents become heavy users of one or more substances, and become dependent on them.
- 3. Tobacco use has negative consequences on health both in the short- and long-term. Heavy alcohol use and the use of other substances (such as cocaine) can have very bad consequences during adolescence. The use of alcohol and other substances increases the likelihood of behaviors with potentially harmful consequences such

as unprotected sexual activity, dangerous driving and violence. Injecting substances such as heroin greatly increases the likelihood of getting HIV. The early initiation and heavy use of tobacco and alcohol in adolescent increases the likelihood that their use will continue into adulthood with negative health and social consequences.

- 4. Increasing the awareness of adolescents to the dangers of substance use, and building their ability to resist pressure from their peers and the media (i.e. television, magazines, etc.) can help reduce substance use.
- 5. Early detection of substance use, followed by counseling by health workers has been shown to be effective in motivating adolescents to give up substance use or to reduce the harm it could cause them.

What you should do:

- 1. Discuss the dangers of substance use with your son or daughter.
- 2. Teach him or her to resist pressure to use substances from their peers
- 3. Clarify what your expectations are, and provide a good role model through your behavior.
- 4. Be watchful for signs of substance use by your son or daughter if and when you discuss it with him or her, and do not hesitate to seek help from a health worker if in doubt.
- 5. Early detection of substance use, followed by counseling by health workers has been shown to be effective in motivating adolescents to give up substance use or reduce the harm it could cause them.

What the health provider should do:

- 1. Discuss the dangers of substance use with the adolescent.
- 2. Teach him or her how to resist pressure to use substance from their peers.
- 3. Clarify what the expectations of the adolescent and parents are.
- 4. Evaluate the support system.
- 5. Refer immediately if needed.

Mental Health

Message for adolescents

- 1. Adolescence is a time of enormous change in one’s life. These changes can be stressful
- 2. Try to prevent/reduce stress by spending some time every day doing activities that you enjoy, being with people you like and doing some physical activity.
- 3. Do not use tobacco, alcohol or other substances, or act impulsively when you are upset (e.g. riding a motorcycle fast or picking a fight).
- 4. If you find it hard to deal with challenges at home or at your place of study, work or elsewhere, talk to a trusted adult or peer: They could give you comfort and support and help you think through clearly.
- 5. Feeling anxious or sad from time to time is normal. If you find these thoughts and feelings are bothering you, seek help from a health worker.

Message for parents

What you should know:

- 1. Adolescence is a time of enormous physical, psychological and social changes in an individual’s life. These changes can be stressful.
- 2. Adolescents need to learn how to deal with this stress in a healthy manner. They also need to feel valued and supported by those around them.
- 3. Adolescence in many countries face mental health problems. These problems cause them pain and suffering. They also impair their ability to carry out everyday activities. Sadly, in some cases, they can also lead to premature death through suicide.

- 4. Mental health problem may become apparent differently in girls and boys. In the former mood changes may be more apparent, whereas in the latter, behavioral changes may bring the problem to attention.
- 5. Close family attachment and community involvement can protect adolescents from developing mental health problems.
- 6. With prompt diagnosis and effective treatment, adolescents with many mental health problems can get back to good health and to productive lives.

What you should do:

- 1. Teach you son or daughter about the importance of coping with stress and strain in a healthy manner, and stress the importance of asking for help when needed.
- 2. Give him or her the love and support you can and encourage him to get involved in community activities.
- 3. Be watchful for changes in his or her moods or behavior.
- 4. If these changes drag on and seem to affect his daily activities, seek help from a health worker.



Accidents and Injuries

Messages for adolescents

- 1. Many adolescents die or are seriously injured as a result of road traffic accidents, drowning, burns, falls, burns and poisoning in their homes, places of study and work, on the roads and elsewhere in their communities.
- 2. Learning how to, and taking care to protect oneself can prevent many accidents.
- 3. Providing first-aid promptly and seeking medical help can save lives.

Messages for parents

What you should know:

- 1. Many adolescents die or are seriously injured as a result of road traffic accidents, drowning, burns, falls, burns and poisoning in their homes, places of study and work, on the roads and elsewhere in their communities.
- 2. Making your home and community safe will reduce the likelihood of your son or daughter being injured in an accident.
- 3. Ensuring that your son or daughter is well aware of what to do to avoid accidents will help them stay safe.
- 4. Ensuring that they know how to respond if and when accidents occur could help save the lives of members of your family and community.

What you should do:

- 1. Take steps to reduce the risk of accidents in your home and contribute to efforts to reduce accidents in your community.
- 2. Discuss the risk of accidents with your son or daughter.
- 3. Teach him or her how to avoid them, how to give first-aid and how and where – to call for help when someone is seriously injured.



Violence

Messages for adolescents

- 1. Many adolescents experience physical and psychological violence. Many girls – as well as boys – experience sexual violence.
- 2. Try to deal with disagreements and disputes in a non-violent manner; restrain yourself from responding to provocation with violence.
- 3. Try to avoid being in places or in situations in which you could be assaulted.
- 4. If you find that you are in a situation where you feel threatened, try to leave as quickly as you can, calling for help if necessary. Inform your parents or other responsible adults so that they could take the actions needed to prevent this from happening again.
- 5. If you have been physically or sexually assaulted or coerced into doing something you do not want to, bring this to the attention of your parents or other responsible adults, so that they could give you the care and support you need, as well as bring the perpetrators to justice.

Messages for parents

What you should know:

- 1. Many adolescents experience physical and psychological violence. Many girls – as well as boys – experience sexual violence. This violence often occurs in their communities, and sometimes even in their homes. It is perpetrated both by adults and by adolescents themselves. In addition to physical effects, violence can have psychological effects that are severe and long-lasting.
- 2. Working with members of your community to create awareness of the dangers of violence, to prevent it from occurring and to bring the perpetrators to justice, can make a real difference not only to the lives of your son or daughter but also to many other children and adolescents.
- 3. Ensuring that your son or daughter is well aware of the risks of violence, how to avoid it, and what to do if and when it occurs,

means that they are better prepared to deal with unpleasant surprises.

What you should do:

- 1. Contribute to efforts in your community to reduce violence and to bring perpetrators of violence to justice.
- 2. Discuss violence with your son or daughter. Make sure that he or she knows how to prevent it, avoid it and to deal with it if and when it occurs to or around them.

What the health provider should do:

- 1. Help raise awareness among health care staff about violence against women and its prevalence in the community.
- 2. Improve the skills of the health care staff on how to handle victims of violence.
- 3. Display posters, leaflets, and other information that condemn violence, and information on groups that can provide support
- 4. Contact organizations that address victims of violence. Contact church groups and women’s groups and discuss the support that they can provide.
- 5. Ensure that your health center has a list of resources.



Health-giving foods and healthy eating

Messages for adolescents

Eating health-giving foods and eating healthily is crucial for good health both during adolescence and later in life.

- 1. Your body needs healthy foods to grow and develop. And to function optimally. Carbohydrates (e.g. cereals such as rice and tubers such as potatoes) provide the ‘fuel’ your body needs for daily activities.
 - Proteins (from animal sources such as meat, eggs and milk, and from vegetable sources such as lentils) are necessary to build muscles, bones and other tissues.
 - Vitamins and minerals that are found in vegetables and fruits, and in meat and milk, are essential for the body to function properly (e.g. to digest and absorb food, to produce blood and to fight infections).
- 2. Healthy eating means:
 - Eating the right amounts of healthy foods (neither too little nor too much)
 - Having regular meals and avoiding having snacks at different times
 - Limiting fatty, sugary or salty foods
 - Consuming adequate fluids (such as clean water) daily, to replace the fluids lost through sweat, urine etc.
 - Limiting sugary drinks

Messages for parents

What you should know:

- 1. Eating healthy foods in a healthy manner is crucial for the growth and development and the good health of your son or daughter.

- 2. Forming and maintaining healthy eating habits will prevent your son or daughter from being underweight or overweight during the adolescent years; it will also help prevent health problems resulting from poor nutrition in adulthood.

What you should do:

- 1. Educate your son or daughter about health-giving foods and healthy eating.
- 2. Support your son or daughter to form healthy eating habits.
- 3. Provide your son or daughter with a good role model, by eating healthily yourself.



Physical Activity

Physical activities include sports such as tennis or football, and exercise such as walking or jogging. It also includes work done at home (e.g. fetching water) or at work (painting a room).

Messages for adolescents

1.Regular physical activity has important physical, mental, and social benefits both during adolescence and later in life.

Physical activity has important physical benefits.

- It will help your bones and muscles grow and develop.
- It will help you remain (or become) fit and trim.
- It will improve your appearance.

Physical activity has important mental benefits.

- It can help to build your self-confidence and self-esteem.
- It can help you study and work better.
- It can help you calm down when you are anxious, sad or angry.

Participating in sports has important social benefits:

- It can help you meet people and develop a sense of camaraderie.
- It can help you learn:
 - how to play by the rules
 - how to cooperate with members of your team
 - how to deal with both victory and defeat.

What the adolescent can do:

1. **Avoid sedentary activities by:**
 - Limiting computer use to 2 hours a day

- Limiting television viewing

Messages for parents

1. Regular physical exercise can have important physical, mental, and social benefits for your son or daughter during their adolescence.
2. Developing this habit in adolescence and maintaining it into adulthood will help him/her prevent health problems that inactivity contributes to, such as high blood pressure and diabetes.

Philippine National Guidelines on Physical Activity for Adolescents to Young Adults 13 -21 years old

Filipino adolescents and young adults should engage in at least 60 minutes of daily physical activity consisting of any or a combination of the following:

Active Daily Tasks

1. Active travel (walking, cycling, stair climbing) and active daily tasks (household and school chores)

Exercise, Dance or Sports

2. At least 40 minutes of programmed physical activities such as fitness related, rhythmic, or sports activities.
3. For fitness goals, advise continuous 20 – 30 minutes minimum for at least 3 -5 times a year.

High Impact play/ recreational activities

4. At least 20 minutes of sustained moderate to vigorous physical activities resulting in rapid breathing such as brisk walking, jogging, indigenous games (tumbang preso, taguan, etc.), and dancing.

Muscle strengthening and Flexibility Activities

5. At least 2 – 3 times a week of activities that build muscle and bone strength and flexibility such as weight bearing calisthenics and other load bearing exercises involving major muscle groups.

Adolescent Immunizations

Obtaining the immunization history and completing the proper immunizations is an increasingly important area in the care of adolescents because of a variety of reasons:

- a. High prevalence of common childhood illnesses appearing during adolescence
- b. Lack of prior immunization or incomplete immunization
- c. Vaccine failure

The challenge of ensuring that adolescents’ immunizations are up-to-date is further compounded by inadequate documentation of previous vaccination. This can be resolved by proper documentation and use of vaccine registries. Immunization schedules are always changing, so health care providers are advised to keep abreast of the latest vaccine recommendations.

SUGGESTED IMMUNIZATIONS:

- Hepatitis B vaccine

All adolescents who have not been immunized against Hepatitis B should begin the vaccination series during any visit. The following should be vaccinated:

- Persons with lifestyle risk:
 - Heterosexual partners with multiple partners
 - Homosexual/bisexual men
 - Injecting drug users
- Persons with occupational risks
- Special patient groups:
 - Hemodialysis treatment
 - Clotting factor recipients

- Adolescents aged 10 -18 yrs should receive a single dose of

Tetanus and Diphtheria toxoid (Td) booster and every 10 years **thereafter.**

- Flu vaccine is now recommended yearly
- Measles, Mumps, Rubella

Those who have not previously received the second dose of MMR should complete the schedule by age 11-12 years.

- Varicella vaccine is recommended to be given similar to MMR
- HPV – may be given to all women starting at age 9 (3 doses – 0,1,6) or age 10 (3 doses – 0, 2, 6).

PRECAUTIONS:

- Vaccine is contraindicated in persons with hypersensitivity to any components for the vaccine.
- Caution and appropriate care should be exercised in administering to individuals with severely compromised cardiopulmonary status or to others in whom a febrile or systemic reaction could pose a significant risk.
- Adverse reactions may occur and should be explained to recipients.

MESSAGE FOR ADOLESCENTS AND PARENTS:

- Many teens think they are finished with their vaccinations but there are plenty of young people who need vaccination against various illnesses.
- Vaccination of adolescents is safe.
- Vaccination should be seen as a priority for adolescents whose prior immunization is lacking or incomplete.
- Adolescents who have incomplete vaccination can have their **immunizations** completed without restarting the series.
- Vaccines will not be given more frequently than the recommended intervals.
- “Minor illnesses” such as upper respiratory tract infections are not contraindications for vaccinations.
- Vaccine information should be provided prior to vaccination.
- Getting immunized is a life-long, life protecting job. Make sure you keep your immunizations up-to-date.

Recommendations of the Society of Adolescent Medicine of the Philippines, Inc.

Recommended preventive services for adolescents*

RECOMMENDATIONS	Early Adolescence	Middle Adolescence	Late Adolescence
1. Annual health screening**	✓	✓	✓
2. Risk Assessment / Screening**	✓	✓	✓
3. Growth Monitoring and Promotion	✓	✓	✓
4. Physical Examination***	✓	✓	✓
5. Developmental Assessment	✓	✓	✓
6. Anticipatory guidance/ counseling	✓	✓	✓
7. Immunizations update	✓	✓	✓

* All above recommendations are also affirmed by the Society of Adolescent Medicine of the Philippines, Inc.

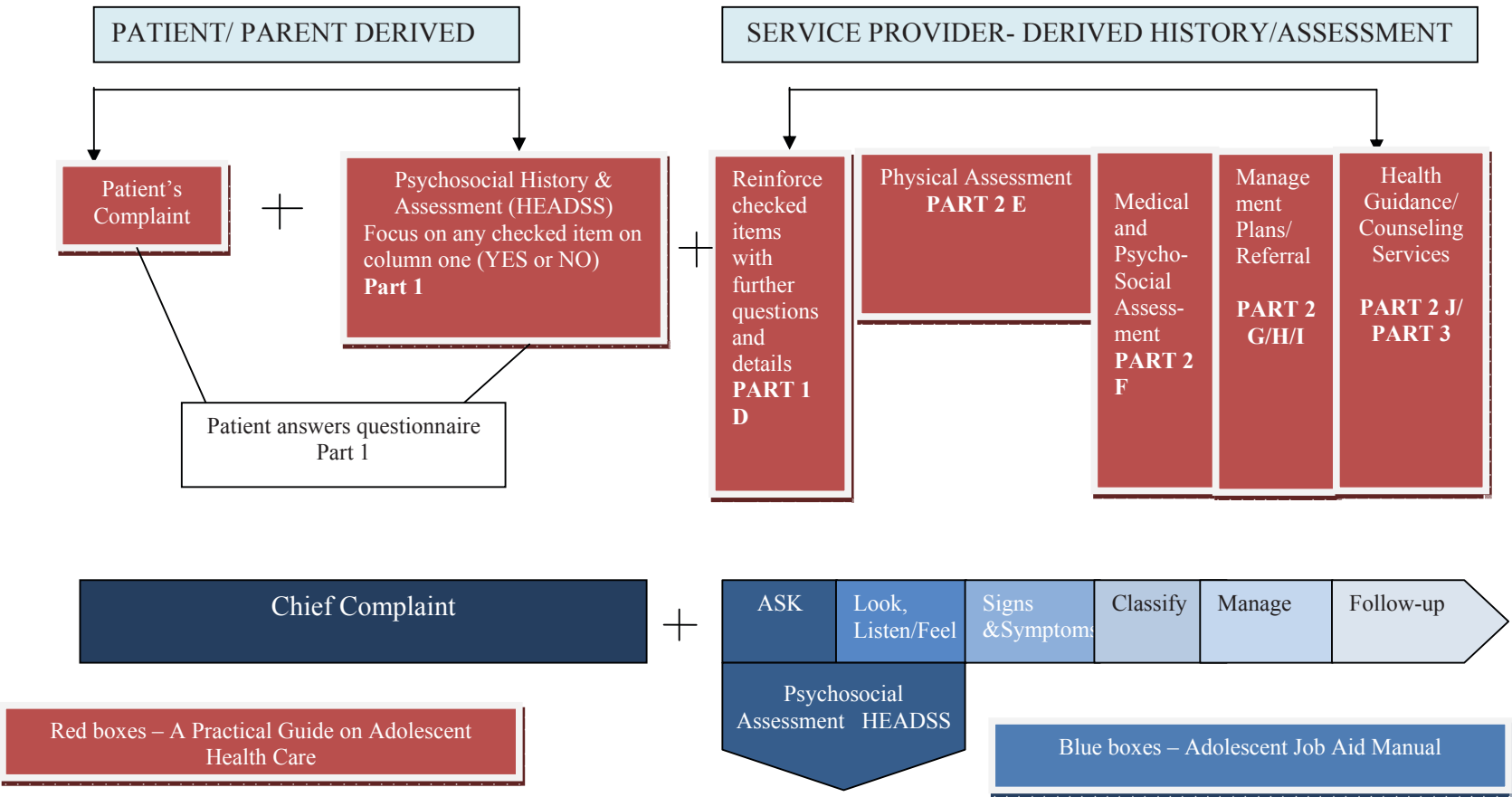
** All adolescents should undergo annual health screening and risk assessment every year.

*** Physical examination of the adolescent follows the same format as that of the pediatric physical examination with some special features.

See DOH, *A Practical Guide on Adolescent Health Care*. Manila: DOH, 2003

ANNEX A

ADAPTATION OF THE ADOLESCENT HEALTH ASSESSMENT FORM
Appendix 4A –A Practical Guide on Adolescent Health Care, pp 65-70
USING THE JOB AID MANUAL



ANNEX B

PSYCHOSOCIAL HISTORY and ASSESSMENT: These questions will help us know you better. Choose the best answer that best describes what you feel or do. Only your health provider and his/her assistant will see your answers.

HOME:

- Are there any problems within your family that directly or indirectly concerns you? *(Meron bang problema sa inyong pamilya kung saan ikaw ay maaaring naapektuhan?)* O NO O YES
- Do your parents/guardian listen to you and take your feelings seriously? *(Pinapakinggan ka ba ng iyong magulang/guardian?)* O NO O YES
- Have you ever seriously thought of running away from home? *(May pagkakataon bang naisip mong maglayas?)* O NO O YES
- In the past year, have there been any major family changes? *(Sa nakaraang taon, meron bang pagbabagong naganap sa inyong pamilya?)* O NO O YES

EDUCATION:

- Are you studying? *(Nag-aaral ka ba?)* O NO O YES
- Are you working? *(Ikaw ba ay nagtatrabaho?)* O NO O YES
- Are you having problems in school/work? *(May problema ka bas a iskwela o sa trabaho mo?)* O NO O YES
- Have you experienced bullying in school or at any other occasion? *(Nakaranas ka na b a ng bullying o pang-aapi sa iskwela o saan man okasyon?)* O NO O YES

EATING HABITS:

- Are you satisfied with the way you look/ your weight? *(Kuntento ka bas a iyong itsura/ anyo/ o sa iyong timbang?)* O NO O YES
- Have you tried to lose weight/ or maintain weight by vomiting, taking diet pills, laxatives, or starving yourself? *(Sinubukan mo na bang magbawas ng timbang sa pamamagitan ng pagsuka Ng kinain, uminom ng diet pills o pampadumi, o kaya ang di pagkain?)* O NO O YES
- Has somebody pointed out that you hae gained weight or lost weight? *(May nagpuna na ba na ikaw ay tumataba o pumapayat?)* O NO O YES

ACTIVITIES:

- Do you participate in any sports or activities in school? At work? At home? *(Mayroon ka bang sinasalinan sports/ actbidad s iskwela, trabaho o bahay?)* O NO O YES
- Do you exercise regularly? *(Regular ka bang mag-ehersisyo?)* O NO O YES
- Do you use the internet/computer? *(Gumagamit ka ba ng internet/computer?)* O NO O YES

DRUGS:

- Have you ever used any of the following? *(Nakagamit o sinubukan mo na bang)*
 - Tobacco *(Paninigarilyo)* O NO O YES
 - Alcohol *(Uminom ng alak)* O NO O YES
 - Street drugs/prohibited drugs *(Gumamit ng bawal na gamot?)* O NO O YES

SEXUALITY:

- Do you have any concerns regarding your health/ your body changes? *(Nababahala ka ba sa iyong kalusugan o mga pagbabago ng iyong pangangatawan?)* O NO O YES
- Have you ever had sex? *(Ikaw ba ay may karanasan na sa sex?)* O NO O YES
- If yes, how many partners have you had in the previous year? *(Kung OO, ilan na ang taong nakipag-sex ka sa taong nakaraan?)* O NO O YES
- Do you think you may be gay, lesbian, or bisexual? *(Iniisip mo ba na ikaw ay gay, tomboy, o bisexual?)* O NO O YES
- Have you ever been pregnant or gotten someone pregnant? *(Ikaw ba ay nakaranas ng magbuntis or makabuntis?)* O NO O YES
- Have you had a sexually transmitted infection? *(Ikaw ba ay nagkaroon na ng nakakahawang sakit dulot ng pakikipagtalik?)* O NO O YES
- Do you use any form of protection when you have sex? *(May ginagamit ka bang pangproteksyon kapag ikaw ay nakikipagtalik?)* O NO O YES

SAFETY/ WEAPONS/VIOLENCE:

- Have you ever been touched/ hit/ slapped/kicked/pushed or shoved in any way by any person? *(Ikaw ba ay nakaranas mahipuan/ masuntok/ masampal/ matulak ng kahit sino?)* O NO O YES

- Are you currently in a relationship where you are physically hurt, threatened, or made to feel afraid?
(Nakaranas ka na bang masaktan o takutin ng iyong karelasyon sa ngayon?)
 - Do you wear a seatbelt when riding a car? A helmet when riding a motorbike?
(Gumagamit ka bang seatbelt, o gumagamit ng helmet kapag sumasakay ng motorbike?)
 - Do you or anyone you live with have a gun, rifle, or firearm?
(May kasambahay ka bang nagmamay-ari ng baril o rifle?)
- O NO

O YES

O NO

O YES

O NO

O YES

SUICIDE/DEPRESSION:

- Are you anxious, sad, or depressed in any way?
(Ikaw ba ay balisa o malungkot?)
 - Have you thought of hurting yourself or ending your life in any way?
(Naisip mo na bang saktan ang sarili mo o tapusin ang buhay mo?)
 - Is there any member of the family with a history of suicide, depression, or anxiety?
(May miyembre ng pamilya na nagtangkang magpakamatay, matiniding kalungkutan o laging balisa?)
- O NO

O YES

O NO

O YES

O NO

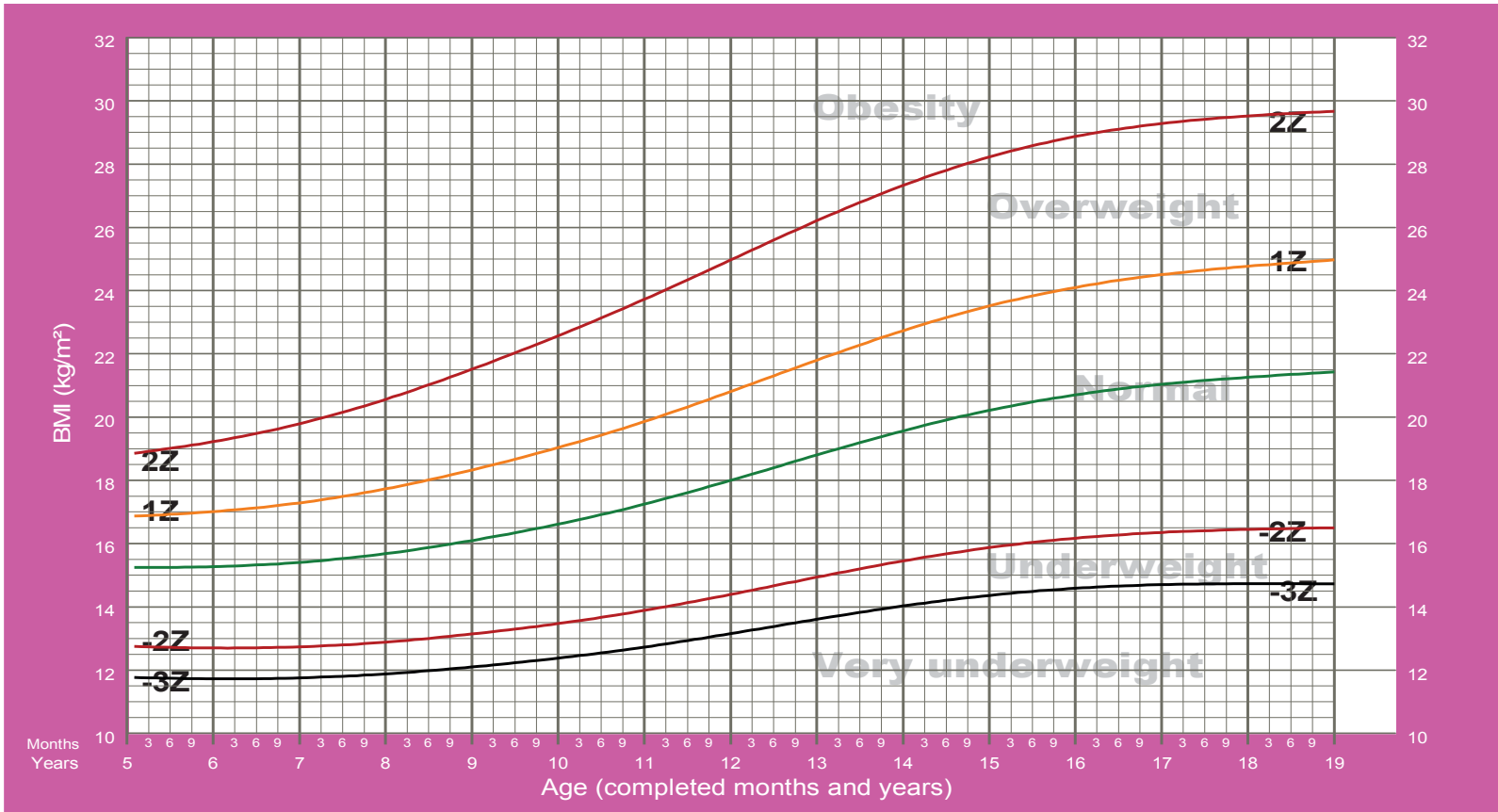
O YES

N.B. For the health provider: Go through the checklist during the interview. Note inconsistencies.

ANNEX C
BODY MASS INDEX GRAPHS
(World Health Organization)

BMI-for-age GIRLS

5 to 19 years (z-scores)

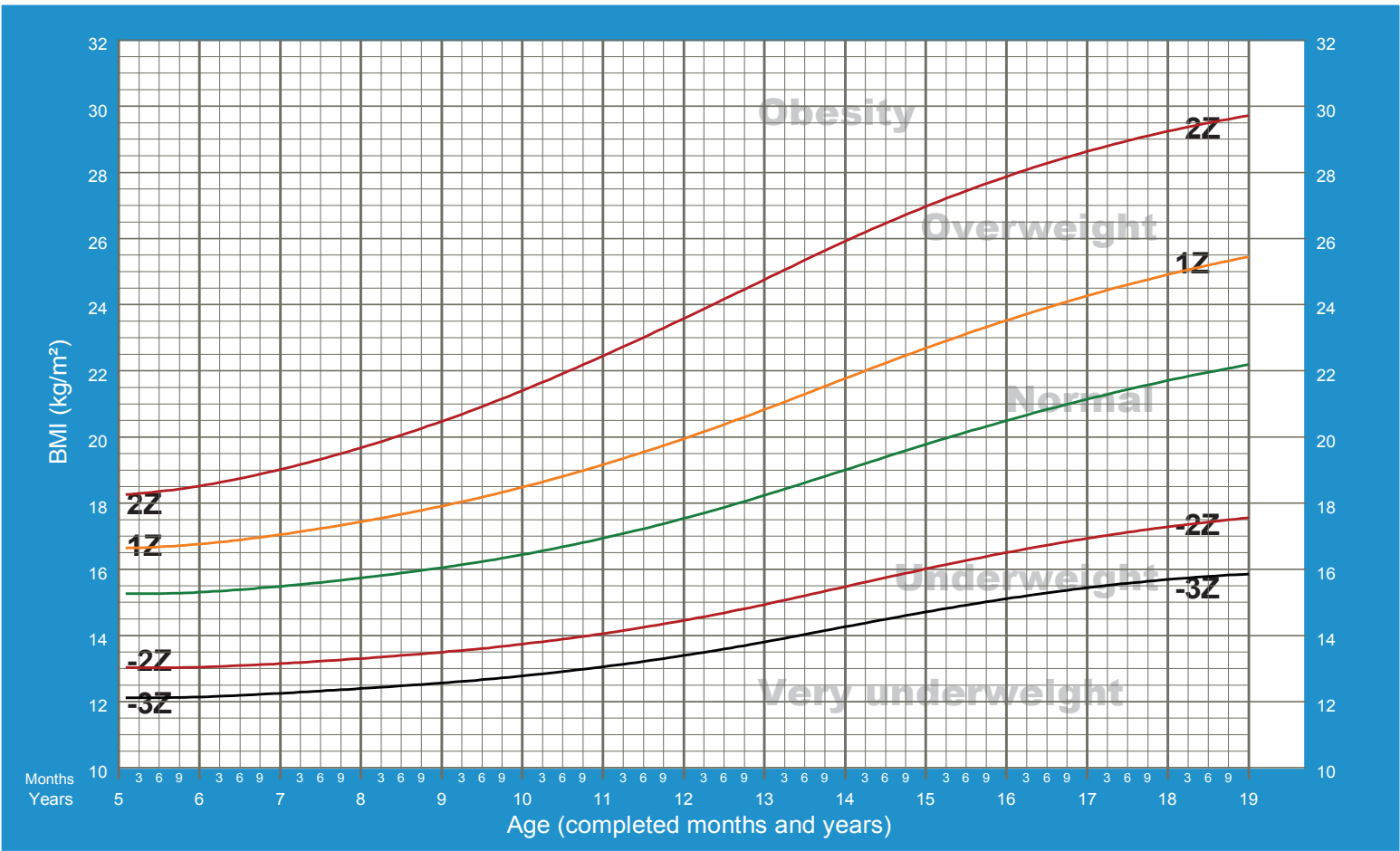


2007 WHO Reference

ANNEX C

BMI-for-age BOYS

5 to 19 years (z-scores)



2007 WHO Reference

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