Unit 11: STIs, HIV, and Adolescents

Adolescent-Friendly Language
Adolescents and young people navigate a complicated world of stereotypes, half-truths, and taboos when it comes to finding information about gender, sexuality, sexual health, STIs, and HIV. Even well-meaning adult sources of information for adolescents, such as parents, teachers, and local media, may not have all the latest medical or scientific information or be trained or comfortable explaining complicated and sensitive issues to young people.

Service providers working with adolescents must balance between providing young people with medically accurate, honest assessments of their risk and avoiding language that stigmatizes young people based on their sexual activity or uses fear or shame as a motivator to avoid risk. Remember from Unit 1: adolescents are incredibly sensitive to dishonesty, unfairness, or judgment from adults, and respond more positively to honesty and direct language.
COMMON STATEMENTS ABOUT ADOLESCENTS

• Youth lack self-control around sexual decision-making and have unplanned sex.”

• “Adolescents lack basic knowledge on the, transmission, and treatment of STIs.”

• “Experimentation with drugs and alcohol is common among adolescents and often leads to irresponsible decisions, including having unprotected sex.”

• “Young people often confuse sex with love and engage in sex before they are ready in the name of ‘love.’”
There are some social dynamics and factors that affect adolescents’ risk for STI and HIV infection that providers should be aware of.

• Gender norms that drive power imbalances and inequality can make adolescents more susceptible to gender based and sexual violence, as well as sexual coercion.
• The growing need to belong to a social group that adolescents experience may also increase the likelihood of sexual coercion and/or social pressures to have sex.
• Many cultures expect adolescent sexuality to be hidden or non-existent, in particular the sexuality of young people living with HIV or other minority young people.
• Taboos that prevent young people from seeking accurate information on sexuality and sexual health also leave them with questions and assumptions about the level of sexual activity and risk common among their peers.
• Young people are frequently disenfranchised and disempowered in their homes and communities, and sometimes this increases their vulnerability for being forced into early marriage, female genital mutilation/cutting, or violent, coercive, or transactional sexual relationships.
• Adolescents may be afraid to seek testing or treatment for STIs or HIV because of the social stigma attached to a positive test result.
STI Prevalence and Testing
Sexually transmitted infections, or STIs, are increasingly common among all people, including adolescents, worldwide. The WHO and the Center for Disease Control in the US now estimate that:

- Most sexually active adults will contract some strain of HPV at least once in their lifetime.
- More than 500 million people have genital infection with HSV.
- There are an estimated 357 million new infections each year with one of four bacterial STIs: chlamydia, gonorrhea, syphilis, and trichomoniasis.
Many STIs have mild or infrequent symptoms, and due to lack of education and access to information combined with cultural stigmas and taboos, many adolescents, young people, and adults fail to access sexual health services when symptoms do appear.
Young women may present at clinics with candidiasis or a yeast infection. Although yeast can be transmitted sexually, this is rare. Yeast infections are common in hot, humid climates, and can occur in the absence of sexual activity. Yeast infection is more likely among women who:

- Are using antibiotics
- Are using combined oral contraceptives (due to estrogen content)
- Have a suppressed immune system due to diabetes or HIV
- Are pregnant
- Consume excess sugar
- Have nutritional deficiencies (zinc, B12)
- Wear tight clothing or nylon underwear
STIs are common worldwide, but low- and middle-income countries bear a larger burden of poor health outcomes related to undiagnosed or untreated STIs. While diagnostic tests are widely used to locate and treat asymptomatic STIs in high-income countries, these tests are frequently unavailable in low- and middle-income countries. Where testing is available, it is often expensive or geographically inaccessible, creating unacceptably long delays or extra burden for clients to receive their results. Low-cost, rapid tests are available for HIV and syphilis, though the test for syphilis is newer and may not be in widespread use in youth clinics.
EFFECTIVE TREATMENT OF STIS

Effective treatment is currently available for several STIs.

• Three bacterial STIs (chlamydia, gonorrhoea and syphilis) and one parasitic STI (trichomoniasis) are generally curable with existing, effective single-dose regimens of antibiotics.

• For herpes and HIV, the most effective medications available are antivirals that can modulate the course of the disease, though they cannot cure the disease.

• For hepatitis B, immune system modulators (interferon) and antiviral medications can help to fight the virus and slow damage to the liver.

Safe and highly effective vaccines are available for 2 STIs: hepatitis B and HPV. These vaccines have represented major advances in STI prevention. The vaccine against hepatitis B is included in infant immunization programmes in 93% of countries and has already prevented an estimated 1.3 million deaths from chronic liver disease and cancer.
Resistance of STIs—in particular gonorrhoea—to antibiotics has increased rapidly in recent years and has reduced treatment options. The emergence of decreased susceptibility of gonorrhoea to the “last line” treatment option (oral and injectable cephalosporins) together with antimicrobial resistance already shown to penicillins, sulphonamides, tetracyclines, quinolones and macrolides make gonorrhoea a multidrug-resistant organism. Antimicrobial resistance for other STIs, though less common, also exists, making prevention and prompt treatment critical.
STI CASE MANAGEMENT

Low- and middle-income countries rely on identifying consistent, easily recognizable signs and symptoms to guide treatment, without the use of laboratory tests and in accordance with WHO recommendations. This is called syndromic management. This approach, which often relies on clinical algorithms, allows health workers to diagnose a specific infection on the basis of observed syndromes (e.g., vaginal discharge, urethral discharge, genital ulcers, abdominal pain).

Syndromic management is simple, assures rapid, same-day treatment, and avoids expensive or unavailable diagnostic tests. However, this approach misses infections that do not demonstrate any syndromes - the majority of STIs globally.
In addition to the challenge of diagnosing and treating STIs with few or mild symptoms, many STIs present with symptoms that are identical to or mimic other health issues.

**EXAMPLE: Vaginal Discharge**

- Often vaginal discharge is either normal or related to vaginal infections.
- In many settings, 40-50% of women will say "yes" when asked if they have discharge. This can lead to massive overtreatment of STIs, which can increase risk of developing drug resistance.
- Studies of the validity of syndromic management have shown that vaginal discharge should not be used as a routine screening tool. There is some evidence that syndromic management of vaginal discharge can be improved by examination of the cervix to determine whether there is a cervical discharge or inflammation, but this requires training, tools, time, and supplies.