Unit 8: The SRH Visit and the Adolescent Client

Challenges for Adolescent SRH Services
Screening for adolescents for SRH services can be sensitive in nature, in part due to cultural or social pressures on adolescent sexuality.
Conducting a clinical screening for adolescents, especially for SRH services, can be uncomfortable and even challenging for both the adolescent as well as the provider. This is in part due to cultural or social perspectives and norms on adolescent sexuality and their use of health services and contraceptive methods. Many providers feel awkward discussing sexuality, sexual activity, and contraception with unmarried adolescents, perhaps because they don’t want to be perceived as endorsing or encouraging adolescent sexual activity. As a result of stigma, prejudice, attitudinal and communication barriers, providers may feel even more uncomfortable when the client is an adolescent with a disability. Young people often sense this and may interpret provider discomfort as judgment or disapproval.
TIPS FOR CONDUCTING AN ASSESSMENT OF AN ADOLESCENT CLIENT

• *Ensure the adolescent’s privacy and confidentiality.* Parents, family members or other adults/caregivers should not be present when conducting an assessment unless the adolescent specifically gives permission or asks for an individual to be present. This rule is valid for all adolescent clients including clients with disabilities.

• *Be aware of your own beliefs and biases.* A provider may be confronted with difficult situations which conflict with your beliefs and values.
  
  – Avoid making common assumptions, such as assuming that your adolescent client lives at home, has two parents, goes to school, gets along well with teachers and peers, and is heterosexual.
  
  – Be prepared to engage with youth in a non-judgmental and inclusive way as a respectful, caring health care provider, not as a parent or friend.
TIPS FOR CONDUCTING AN ASSESSMENT OF AN ADOLESCENT CLIENT

• *Start by introducing yourself.* If a parent is present, introduce yourself to the adolescent first and have the adolescent introduce you to his/her parent. This sends a message that you as the provider are interested in the adolescent.

• *Explain that what is said to the provider is confidential.* Ask the adolescent what they understand about confidentiality, acknowledge his/her response and then add your own views.

• *Ask non-threatening questions.* At first, avoid asking direct questions about whether an adolescent is sexually active. Instead, ask some questions that help you get to know the adolescent client and that put the client at ease.
TIPS FOR CONDUCTING AN ASSESSMENT OF AN ADOLESCENT CLIENT

• For example, ask some questions about their living environment, school, leisure activities or work.
  – When you’re ready to ask more direct questions about the client’s sexual and reproductive health, use indirect lines of inquiry. In other words, ask questions using the third person. For example, rather than asking an unmarried adolescent if s/he is sexually active, ask about the activities of his/her friends or peers: “Are any of your friends in relationships? Are they having sex?” Then ask how the client feels about their friends’ activities. You can then begin to ask if the adolescent client is also in a relationship, and so on…
  – If your client is married, ask how long she has been married, if she has friends who are married, and how she is settling into married life. Let her know you are willing to answer any questions or concerns she may have.
TIPS FOR CONDUCTING AN ASSESSMENT OF AN ADOLESCENT CLIENT

• Use verbal and non-verbal language that normalizes rather than stigmatizes their behavior. Ensure that both your verbal and body language is friendly and non-judgmental at all times (see previous Unit 7). Unmarried sexually active adolescents often face immense social stigma – both external and internal, and they may feel powerful shame or embarrassment. Sometimes a simple “I have seen and helped many young people with this same concern or problem” can ease their discomfort.

  – Married adolescents may be experiencing powerful pressure from family members and communities to bear children but may feel uncertain or unprepared for pregnancy and childbearing or may want to better space their next pregnancy. The provider can help by acknowledging this pressure they may be facing, supporting them to articulate their feelings and concerns, and exploring coping strategies.

(Source: WHO Adolescent Job Aid)
As noted, adolescence is a challenging time of emotional, social and physical change. Many adolescents make it through adolescence without major problems, but this is still a time of vulnerabilities, risks and experimentation.

• Many people, adolescents included, only seek help when they are experiencing a particular health issue or symptom.

• Clients often only volunteer information that seems most relevant to the problem they think they have. Providers are often forced to fill in the gaps to be able to provide quality care to their client.

• Adolescents also have many myths, misconceptions, and gaps in information about sexual and reproductive health and contraception.

• Providers may wish to use a more rigorous and systematic approach to assessing adolescent clients to ensure they are able to fully discuss potential health and social risks and provide high-quality information and care.
HEADSSS ASSESSMENT

The HEEADSSS assessment helps the provider to obtain a full picture of the adolescent, including behaviors, social factors, and potential warning signs in the adolescent’s environment that could affect their health and wellbeing. HEEADSSS stands for:

- Home
- Education/Employment
- Eating
- Activity
- Drugs
- Sexuality
- Safety
- Suicide/Depression
LIVING ENVIRONMENT

• Where do you live? Who lives with you there?
• What are relationships like?
• Can you talk to anyone about stress? Who?
• Is there anyone new? Has someone left recently?
• Is there anything you would like to change about your living environment?
EDUCATION & EMPLOYMENT

• Do you go to school?

If the answer is yes:
• Tell me about school.
• For adolescents with disabilities: do they attend a disability-specific school or a mainstream school?
• Is your school a safe place? Why? Have you been bullied or harassed at school? On the way to school?
• Do you feel connected to your school? Do you feel you belong?
• Are there adults at school that you could talk to about something important? Who?
• Have there been any recent changes in your schoolwork? Are you failing any of your subjects?
• What are your future education plans and goals?
• Are you working? Where? How much?
• What are your future employment plans and goals?
EATING AND EXERCISE

• Does your weight or body shape cause you any stress? If so, tell me about it. What do you like or not like about your body?
• Have there been any recent changes in your weight?
• How would you describe your eating habits?
• Tell me about any exercise you do or get in your daily routine.
ACTIVITIES

• What do you do for fun? What things do you do with your friends? Your family?
• What do you do in your free time?
• Are most of your friends from school or the community? Are they the same age as you?
DRUGS AND SUBSTANCES

• Some young people try cigarettes, alcohol, marijuana or other drugs. Have you or your friends ever tried any of these?
• Do any of your family members drink, smoke or use drugs? If so, how do you feel about this? is it a problem for you?
SEXUALITY

• (For girls) When did you first get your period (at what age?) When was your last menstrual period? How often do you get your period? Do you have any questions about your periods?
• How do you care for yourself during your menstruation?
• What do you do to manage menstrual flow?
• (For boys) Have you been circumcised? (If yes) at what age were you circumcised? Do you have any questions or concerns about the circumcision? Explain that voluntary medical male circumcision (VMMC) contributes to HIV prevention, along with the use of condoms and other safer sex practices. Ask if they are interested in VMMC.
• Are your friends in relationships? Have your friends had sex?
• Are you now involved in a relationship? Have you been involved in a relationship? How was that experience for you?
• How long have you been/were you in a relationship?
• Have any of your relationships been sexual – that is, involved kissing or touching?
SEXUALITY

• Are you attracted to anyone now?
• Are you interested in boys? Girls? Not yet sure?
• Have you had sex? Was it a good experience? Are you comfortable with sexual activity?
• (Girls) Have you ever been pregnant? If yes, what was the outcome?
• (Boys) Have you ever gotten someone pregnant? If yes, what was the outcome?
• What things do you do to prevent pregnancy? (Use this opportunity to correct any myths or misinformation about ineffective pregnancy prevention practices, such as douching.)
• Do you currently use a contraceptive method? What method are you using now? Have you used any other methods?
• Do you regularly use condoms?
• What are some of the challenges you have experienced in using a contraceptive method? Condoms?
SEXUALITY

• Do you have any questions or concerns about your current method of contraception?
• If client is not currently using a method, ask if they are interested in using a contraceptive method, and if they have a method preference.
• Have you ever had any kind of discharge or sore that you are concerned about? Have you ever been tested for a sexually transmitted infection? Have you ever been treated for an STI?
• Are your vaccinations up to date? Have you been given the HPV vaccine?
• Have you ever been tested for HIV? What was the result?
• Have you had an experience in the past where someone did something to you that you did not feel comfortable with or that made you feel disrespected? What did you do?
• Have you ever been pressured or forced into doing something sexual that you didn’t want to do?
• If someone abused you or hurt you, who would you talk to?
SUICIDE/DEPRESSION

- Have you felt more stressed or anxious than usual?
- Do you feel sad or down more than usual?
- Do you ever have thoughts about hurting yourself or wishing you didn’t exist? How have you handled these types of thoughts/feelings?
- Are you having trouble sleeping?
- Have you lost interest in activities that previously you deemed enjoyable?
- Have you lost interest in food?
- Do you feel it is difficult to cope with normal social interactions at a level you were previously used to?
- Tell me about a time when someone bullied you or made you feel uncomfortable. What did you do?
SAFETY

- Have you ever been seriously injured? How?
- Have you ever made a decision that could have put you at risk of being hurt/harmed?
- How do you decide if a person or a situation is safe for you?
- Are you able to use a seatbelt in the car?
- Do you wear a helmet when riding a motorbike?
- Have you ever ridden in a car or on a motorbike with someone who was drunk or high?
WRAP UP

• Have the adolescent sum up their life in one word or give a “weather report” for their life. (e.g. sunny with a few clouds, cloudy and rainy, etc).

• Ask them what they see when they look in the mirror each day. Look for adolescents who say they are bored. Boredom could suggest depression.

• Ask them to tell you who they can trust and in whom they can confide if there are problems. Have them tell you why they trust this person. Tell the adolescent that s/he can also trust in you, the provider, to help with problems and answer questions.

• Let the adolescent know you are interested in them as a whole person, and that you are someone who wants to help them lead a full, healthy life.

• Give them an opportunity to express any concerns you have not covered. Ask for feedback about the interview. Let them know they can call or come back anytime.
ASSESSING SRH IS AN IMPORTANT ASPECT OF ADOLESCENT HISTORY TAKING

• The HEEADSSS assessment includes questions regarding sexuality and SRH and it is important that these issues not be omitted when conducting history taking with an adolescent client. Young people may feel reluctant to seek specific SRH services but may be willing to seek care for other less sensitive concerns. This may also provide the adolescent with an opportunity to assess the “friendliness” of the provider and to determine if they can approach the provider for SRH information and care.

• Any history-taking, inclusive of SRH, should be personalized according to the gender, age, disability, marital status, and sexual orientation of the individual client, and all clients should be asked about their sexual activity and relationships, reproductive goals and intentions, and use of or interest in contraception and condoms.
SGBV SCREENING

• Young people, especially young women, but also young men too often experience violence in the home, sexual coercion, forced sex, rape/sexual assault, intimate partner violence and gender and disability-based violence which can be committed by family members, neighbors, teachers, and peers, among others. Adolescent girls are 3 to 4 times more likely to experience violence or abuse. Young women may also be at risk for or have experienced harmful traditional practices, such as female genital mutilation/cutting.

• These topics will be addressed more fully in Unit 13 on Sexual and Gender Based Violence.
Adolescent Physical Exams
BEFORE THE PHYSICAL EXAM

• Explain why the visit is important.

• Respect the adolescent's sensitivity about privacy. If the adolescent is with an accompanying person, reach an agreement about whether they want this person to be present during the examination.

• Inform the adolescent about what the nature, purpose, and content of the examination is. Reassure the adolescent that any results of the exam will remain confidential.

• Offer to have the exam performed by a provider of the same sex if possible or make sure there is a same sex attendant in the room during the exam.

• Obtain the adolescent’s consent to perform the examination. If the adolescent is below the legal age of consent, you will need to obtain consent from a parent or guardian. However, even if you have obtained consent from a parent or guardian, you should not proceed with the examination unless the adolescent agrees.

• A good rapport between the provider and client is essential. Try to establish trust.
ASSESS FOR PREGNANCY

- A pregnancy test can be administered, but if there are no pregnancy test kits, you can use the pregnancy checklist with the client. The checklist consists of six questions that providers ask clients while taking their medical history. If the client answers “yes” to any of these questions, and there are no signs or symptoms of pregnancy, then a provider can be reasonably sure that the woman is not pregnant.
ASSESSING THE NEED FOR A PELVIC EXAM

• A pelvic exam is not needed to obtain contraception. In many countries, routine pelvic exams are not common. If the adolescent is not pregnant and does not report current physical symptoms of or risk factors for an STI, there is no need for a pelvic exam.
PREPARE FOR THE PHYSICAL EXAM

• Protect her/his physical privacy as much as possible. Make sure curtains are drawn, doors are shut, and that no unauthorized person enters the room during the examination. Allow her/him to keep on her/his clothes except for what must be removed. Make sure to cover the parts of her/his body that are exposed. Never leave any part of the body exposed when not being examined.

• Provide reassurance throughout the exam. Explain what you are doing before you begin each step of the examination. Provide an opportunity for the adolescent to ask questions or relay concerns.

• Provide constant feedback in a non-judgmental, respectful and inclusive manner. "I see you have a small sore here, does it hurt?"

• Watch for signs of discomfort or pain and be prepared to stop the examination if needed.
GENERAL ELEMENTS OF A PHYSICAL EXAM

- In the event you believe a physical exam is warranted, consider these elements of a good physical exam. Take great care to carry out all parts of the exam gently and smoothly to minimize discomfort and anxiety.
- Examine the external genitalia, including the anus, for ulcers, warts, discharge, trauma, or pubic lice.
- Conduct a dermatology exam, which can be as simple as an expanded examination of the buttocks and the perineum.
- Include an oral exam to look for any oral lesions or ulcers.
- If the client is a young man who is not circumcised, gently retract the foreskin to look for ulcers on the glans penis.
GENERAL ELEMENTS OF A PHYSICAL EXAM

• If a vaginal examination is necessary, provide a chance for questions. Adolescent girls may fear that an object placed in the vagina will tear the hymen/affect her virginity. If so, tell her that the hymen only partially covers the vaginal opening. It allows menstrual blood to flow. Explain that the vagina is an elastic organ and that it can stretch when she relaxes. Let her see and touch the speculum. Get her permission before you touch her with your hand or the speculum. As you insert the speculum, ask her to bear down and take slow, deep breaths.

• The breast examination should become part of the general medical evaluation once girls have breasts. The most common concerns girls have about their breasts are whether they are too big or too small, when they are going to grow, and why one is bigger than the other. Reassure the client that there is no right or wrong breast size, that she is normal, and that it is common for one breast to be bigger than the other.
GENERAL ELEMENTS OF A PHYSICAL EXAM

• Although breast cancer is rare during the adolescent years girls should learn how to conduct breast self-examination. Similarly, boys should be taught to do testicular self-examination. Explain to the adolescent what healthy breast or testicular tissue feels like and what to look for when conducting a self-examination.

• Have the adolescent conduct a self-examination on their own breasts or testicles and ask questions about what they find.