

ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH SERVICE

Health care workers who have been trained and authorized can provide comprehensive sexual and reproductive health information and services throughout the entire care continuum.

Adolescent sexual and reproductive health services, family planning counseling and services, abortion care, HIV prevention and treatment, sexually transmitted infections, and maternal childcare for girls and women are all part of this. ICM and UNFPA (2015:7) state midwives contribute to improving sexual, reproductive, maternal, newborn, child, and adolescent health

(SRMNCAH) equal access to quality health care for girls and women through a three-year strategic plan (2021-2023) (ICM 2021:5). In accordance with this, the developed guidelines cover seven major areas for adolescent girls' SRH care services, which are as follows:

- Health promotion and SRH counselling services
- Contraception counselling and services
- Comprehensive abortion care
- Prevention and treatment of STI/HIV
- Maternal and neonatal care
- Adolescent nutrition counselling
- Gender-based violence treatment and counselling

HEALTH EDUCATION AND COUNSELLING

Health facilities should provide scientific, age/development and culturally appropriate preventive or curative care counselling. Encourage adolescent clients to know the physical, psychological and social aspects of SRH care. Accurate communication, education and counselling services can address gaps in health behaviors to make well-informed choices (WHO 2017c: 7). One of the core competencies of Health care providers is the provision of quality information and counselling services for adolescent girls.

Effective Communication with adolescent clients

Communicate effectively with adolescent clients

- Use simple language and ask factual questions (about intimate relationships and their beliefs).
- Build rapport, promote engagement and empowerment
- Be specific (ask about last sexual encounter to assess the need for emergency contraception).
- Encourage the client to speak about peers and family.
- Assess cognitive capacity and observe non-verbal signs.
- Ensuring privacy and confidentiality
- Active Listening and demonstrating interest

- Start the counseling session by talking about non-threatening issues
- Reduce stigma by correcting the situation
- Establishing a comfortable and open relationship
- The healthcare worker asks questions to check client understanding
- Show Empathy

Physical and pubertal development

- Be reassuring and non-judgmental and give her an opportunity to talk with confidence about psychological and biological changes.
- Ask about family and peer relationships to locate the client on the developmental continuum and facilitate individualized

counselling.

- Ask about her intention to have sex or whether close friends are sexually active.
- If the adolescent girl did not have a baby, talk about the added difficulty of developmental milestones before she takes on adult responsibilities.

Menarche and menstrual management

One of the defining events of puberty in girls is menarche. Therefore, in the early stage of adolescence girls should be prepared for menstruation. Adolescent girls' health literacy must include menarche and menstrual health management so that they are well informed before reaching menarche. Adolescent girls in rural and impoverished urban communities, for example, are less likely to use sanitary pads

and may lack access to water and toilets at school. As a result, health care workers should promote MHM commodity options, and improving health facilities is one of the activities to be undertaken. (FMoH 2017b: 63). Adolescent girls experiencing menstrual irregularities should be seen by experienced midwife.

Life planning and life skills education

Adolescent girls should have communication and negotiation skills as well as self-reflection, decision-making, and problem-solving abilities, as well as the ability to cope with emotions and stress, as well as self-awareness and empathy. They should also be taught goal setting, values, critical thinking, academic, employability, and job-creation skills. These skills enable them to make

responsible decisions to abstain or delay the age of first intercourse in order to avoid unintended or unplanned pregnancies, STIs or HIV and their unintended consequences. Competent Health care providers should respond to their client's needs by being responsive, reassuring, and sensitive, and they should provide information and build skills that help them to

take charge. Furthermore, health care workers (HCWs) should encourage collaborating with non-governmental organizations (NGOs) and schools to refer or link adolescent girls to health facilities that provide life skills education and/or training (FMoH 2017b: 61; WHO 2017a: 11)

Consultation with adolescent clients

Health consultation with adolescent clients should ensure privacy and confidentiality and involve them in decision-making. Competent Health care providers ought to conduct psychosocial assessments, and determine parents' level of involvement. Effective collection of information increases awareness of the adolescent client's life context (FMoH 2017b: 64).

Psychosocial consultation

The health care workers should start the psychosocial assessment of their adolescent clients using the questions Home & Environment; Education& Employment; Eating & Exercise; Activities; Drugs/Substances; Sexuality; Suicide/Depression; Safety (HEEADSSS) approach interview tool with non-threatening, open-ended, non-judgmental questions before moving on to more sensitive topics like sexual health. The presenting, complaint or reason for the visit should be established in order to progress and determine treatment.

Sexual health consultation

Health care workers should speak about sexual health in a comprehensive way with clients coming to the health facilities.

A client should be asked about:

- Any concerns about physical/sexual development?
- Ever had sex or sexually active now?
- Age at first sex?
- Ever been pregnant?

Sexual and reproductive health assessment

A client should be asked about:

- History of menstruation and periods (pain, amount of bleeding and timing)
- Knowledge about sexual health and body development
- Sexual activity (peers or self)
- Contraception, abortion, pregnancy and childbirth

- STIs/HIV

Sexual development and first sexual experience

A client should be asked the following questions to gain insight into the client's sexual health, including parental behaviours, social pressure, and cultural norms: (for adolescents who start sexual activity).

- Describe your sexual intimacy including kissing, petting, heavy petting
- When was the first time you had a sexual feeling.

First intercourse

The health care provider should ask the client:

- Have you ever had sex?
- Tell me about your initial penetrative encounter.
- What, where, why, when, who, how (context).

Sexual behavior

The health care provider should ask the client:

- Relationships and sexual activity from the past to the present
- Have you had more than one sexual partner?
- How do you generally protect yourself against pregnancy and STIs/HIV?
- Sexual pressure (e.g. take responsibility for own behavior, sexual history - number of partners, quality of relationship).

Protective practice

The health care provider should ask the client:

- Do you know how to protect yourself from unintended pregnancy and STI/HIV?
- What methods of protection against pregnancy and STIs/HIV have you used?
- Have you practised abstinence (context) what, why, when and how?

- Did you or your partner decide to use or not use abstinence?

Sexual risk taking

Clients should be asked:

- To what extent do you consider the risks associated with sex?
- Have you ever requested a test from a partner? Why is this so? What's the harm?
- Do you believe you are in danger? Why is this so? What's the harm?
- Have you ever paid someone to have sex with you?
- Have you ever been compensated for sex? (For example: develop critical thinking skills, avoid exploitative or manipulative relationships).

Advise adolescent clients

Clients should be advised on:

- Abstinence strengthens protective factors such as maintaining virginity until marriage and avoiding child marriage. It also helps to prevent unintended pregnancy as well as STIs/HIV.
- Pregnancy prevention before the age of 20.
- Prevention of unsafe abortion.