NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY



MODULE 17: ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH



Overview of Adolescent Sexual and Reproductive Health

Session 1	Adolescent Sexuality and Menstruation
Session 2	Family Planning including provision of contraceptive services.
Session 3	Unsafe Abortion and Post Abortion Care
Session 4	Rape and its Consequences
Session 5	Female Adolescent Reproductive Health Risks and Challenges
Session 6	Prevention and management of sexually transmitted infections including HIV/AIDS.

Introduction

Facts about adolescence

"Adolescence" originates from Latin word **(Adolescere)** – to grow into maturity.

Is a transitional stage of human development from childhood to adulthood.

Covers the age period of 10-19 years irrespective of gender or marital status **(WHO).**

About 1 in 6 persons in the world is an adolescent

85% of them reside in the developing countries

In Nigeria, an estimated **1 in 4 are persons are adolescents** and over **30 million** of the population of over 220 million people are Adolescents.

Introduction (cont'd)

Facts about adolescence

Adolescence is the healthiest, happiest period of life, but they are also most **PROBLEMATIC** population (Bio-Psycho-Social & Behavioural aspects of their life).

Adolescent Reproductive Health is one of the most important components of general health, and important for the social, economic, and human development of any nation.

The burden of Adolescent Reproductive health lies mainly on young women.

It is a global concern due to the impact on such crucial areas as Health, Population, Development, Economy, Status of women, environment. Etc.

What is Adolescent Reproductive Health?



"A state of complete physical, mental, and social well being, and not merely the absence of disease or disorder of the reproductive process in the adolescents."

SESSION 17.1: ADOLESCENT SEXUALITY AND MENSTRUATION

Overview of Adolescent Sexuality and Menstruation

Definition

Overview of puberty and its physical changes.

Menstruation and associated issues

Components of Adolescence Sexual Health

Definition

- Adolescent sexual health refers to the **overall well-being of young individuals as they navigate** the **physical, emotional**, and **social** aspects of their **sexuality** during the stage of adolescence (10-19 years)
- It is very important because it has a significant impact on the health and well being of the entire life of the individual.



Puberty and Associated Physical Changes

Puberty is the period when hormonal functions of the gonads (ovaries and testes) first develop to the point where reproduction is possible.

Puberty is a natural and essential stage of human development and marks the transition from childhood to adulthood.

It typically begins between the ages of 8 and 14 for girls and 9 and 16 for boys

Onset of Puberty varies from person to person.

Puberty is associated with maturity of the sexual organs (testes and ovaries) and changes in general body form, including psychological adjustment to adult life.

It is characterized by: (a) Appearance of secondary sexual characteristics like development of breast in girls, growth in pubertal hairs, deepening of the voice in boys, etc. (b) Growth spurt (c) Changes of puberty to announce the acquisition of fertility

These changes are driven by the hormonal changes occurring the body during this period.

Puberty and Associated Physical Changes (Cont'd)

Physical changes for girls to expect during puberty



Growing
Girls can have growth spurts during puberty and become taller

Shape
Girls can become more rounded around the hips and legs





Breasts
Breasts will develop and grow, sometimes not at the same rate as each other, which is normal

Hair
Body hair may become thicker, hair develops under the arms and in the pubic area, head hair may become greasy due to hormonal changes







Sweat
Sweating increases and this can cause body odour so personal hygiene is important

Skin
Hormonal changes can cause skin problems like acne, oily or dry skin





Discharge
May get a thin, clear, transparent, or whitish fluid in their underwear which comes from the vagina and helps to prevent infection

Periods
As the uterus starts to prepare for reproduction, the monthly cycle begins which means girls have bleeding from the vagina every month



Physical changes for boys to expect during puberty



Growing
Boys can have growth spurts during puberty and become taller

Hair
Body hair may become thicker, hair develops under the arms and around the genitals, facial hair may grow, head hair may become greasy





Voice
As the larynx and vocal cords grow, the voice deepens. During puberty it may crack and vary as it develops

Skin
Hormonal changes can cause skin problems like acne, oily or dry skin







Sweat
Sweating increases and this can cause body odour so personal hygiene is important

Shape
Muscles may change shape and penis and testicles will grow and change





Erections
When boys start to have sexual thoughts and feelings, they may start to get erections, where increased blood flow to the penis makes it expand and harden.

Wet Dreams
During puberty, the body starts to produce semen. Sometimes this semen leaks out at night, which may be caused by dreams of a sexual nature



Male and Female Pubertal Changes

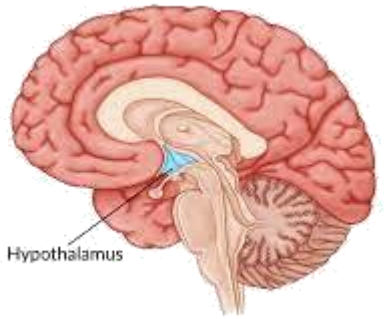
Male	Female
Growth Spurt: ▪ Rapid increase in height and weight. ▪ Development of broader shoulders and a more muscular physique	**Growth Spurt:** (8-14years) ▪ Rapid increase in height and weight. ▪ Development of a curvier body shape.
Voice Changes: ▪ Deepening of the voice due to the growth of the larynx (voice box)	**Breast Development:** (9-15 years) ▪ Onset of breast development, including breast buds and breast growth.
Facial and Body Hair: ▪ Growth of facial hair, underarm hair, and increased body hair. ▪ Appearance of a defined Adam's apple.	**Menstruation:** ▪ Onset of the menstrual cycle (menarche) typically between ages 9 and 16. ▪ Menstrual periods become regular over time
Genital Development: ▪ Enlargement of the testicles and the penis. ▪ Development of sperm production.	**Body Hair:** ▪ Growth of underarm and pubic hair.
Skin Changes: ▪ Increased oil production leading to acne. ▪ Changes in skin texture and body odor.	**Skin Changes:** ▪ Changes in skin texture and possible acne.
	Hips and Thighs: ▪ Widening of the hips and development of a more rounded thigh shape

Disorders of Puberty

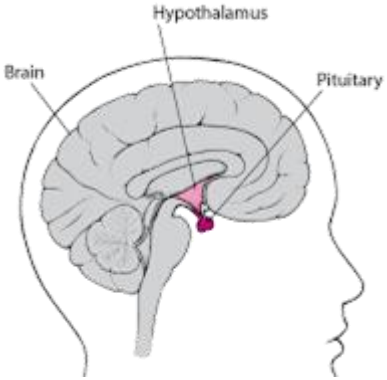
Disorders	Description	Causes
Precocious Puberty	▪ Development of breast and pubic hair before age of 8 years ▪ Commencement of menstrual periods before 10 years	▪ True precocious puberty also called constitutional or idiopathic Puberty. This is the most common type and caused by the premature release of some hormones (gonadotrophins) by the anterior pituitary, without any organic cause ▪ Secondary precocious puberty is caused by brain abnormalities like hamartoma, hydrocephalus, encephalitis, etc
Precocious pseudo-puberty	▪ Early development of secondary sexual characteristics (eg pubertal hairs, breast development, etc) without gametogenesis	▪ Ovarian/testicular tumors ▪ Abnormal enlargement of adrenal glands (Adrenal hyperplasia) ▪ Exposure to some drugs (Iatrogenic) ▪ abnormal exposure of immature females to oestrogen
Incomplete precocious puberty		
Delayed Puberty	▪ No breast development or other pubertal signs in a girl/boy by the age of 14yrs	▪ Constitutional - genetic ▪ Chronic malnutrition ▪ Hormonal/Gonadal insufficiency
Gonadal sufficiency issues		▪ Hyper gonadotrophic (over production), ▪ Turner's Syndrome, gonadal dysgenesis, Ovarian failure

Normal Menstruation Requires Normal Interaction Between Many Organs

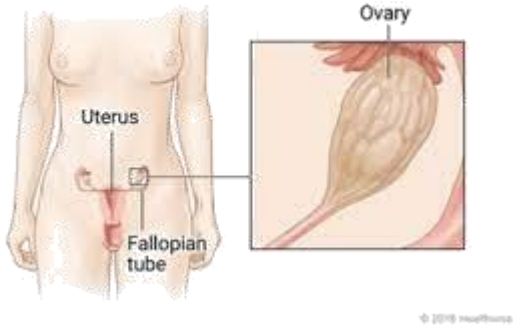
Hypothalamus



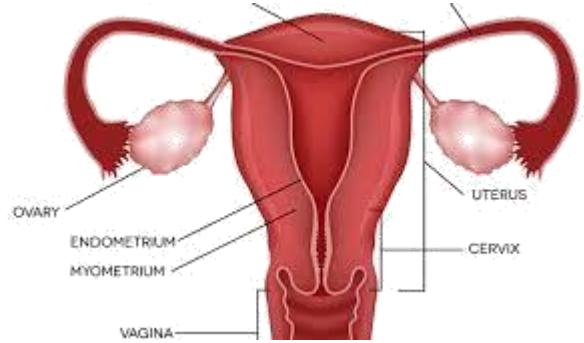
Pituitary



Ovaries

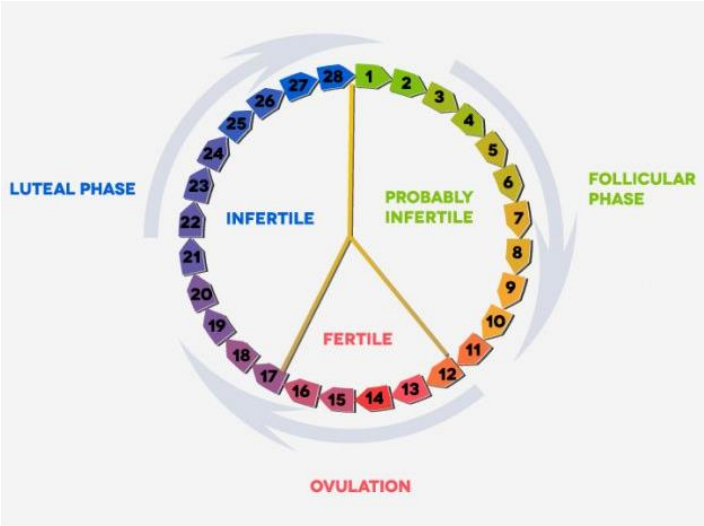


Responsive endometrium

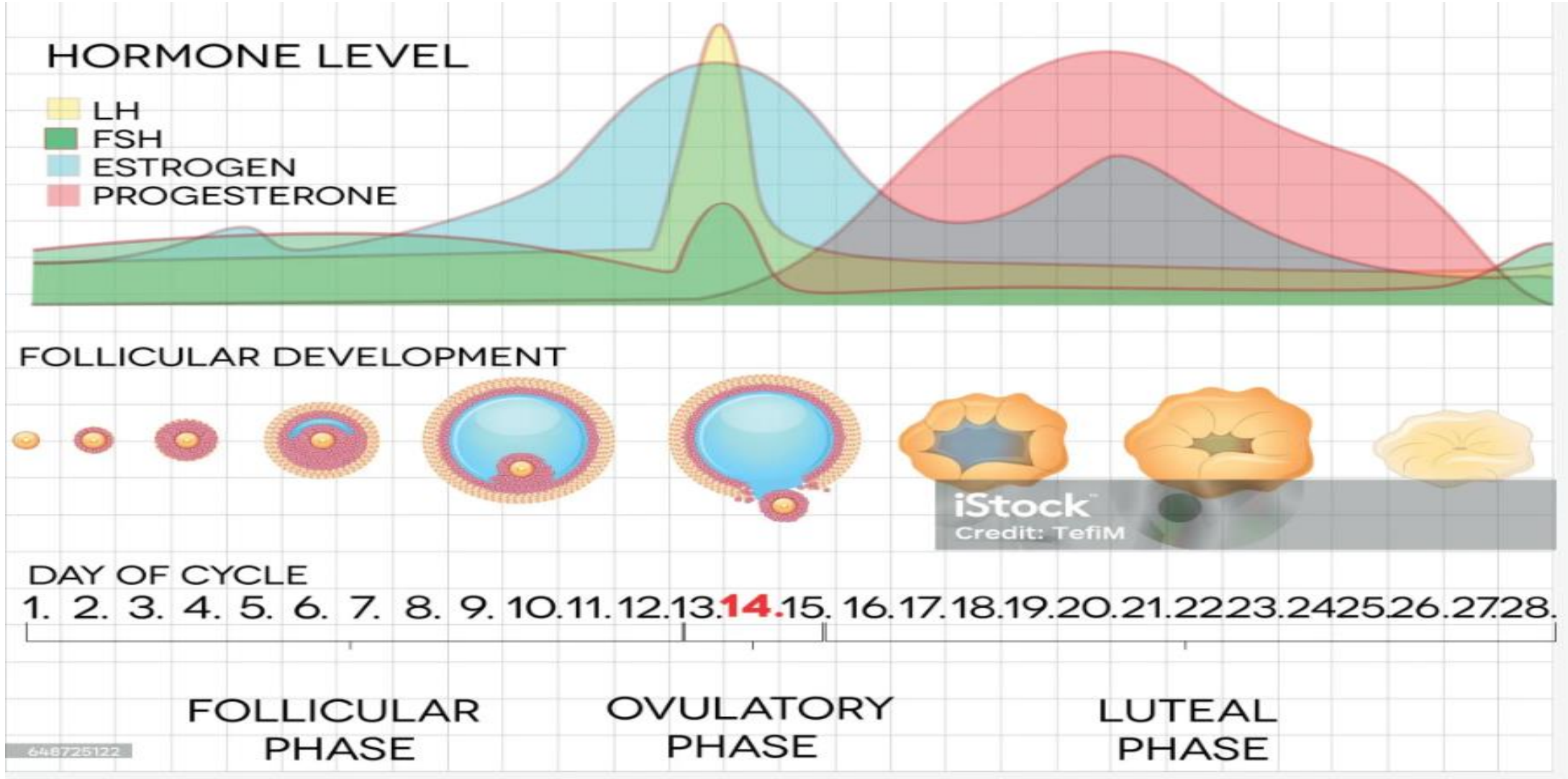


Phases of Menstrual Cycle/Ovarian Events

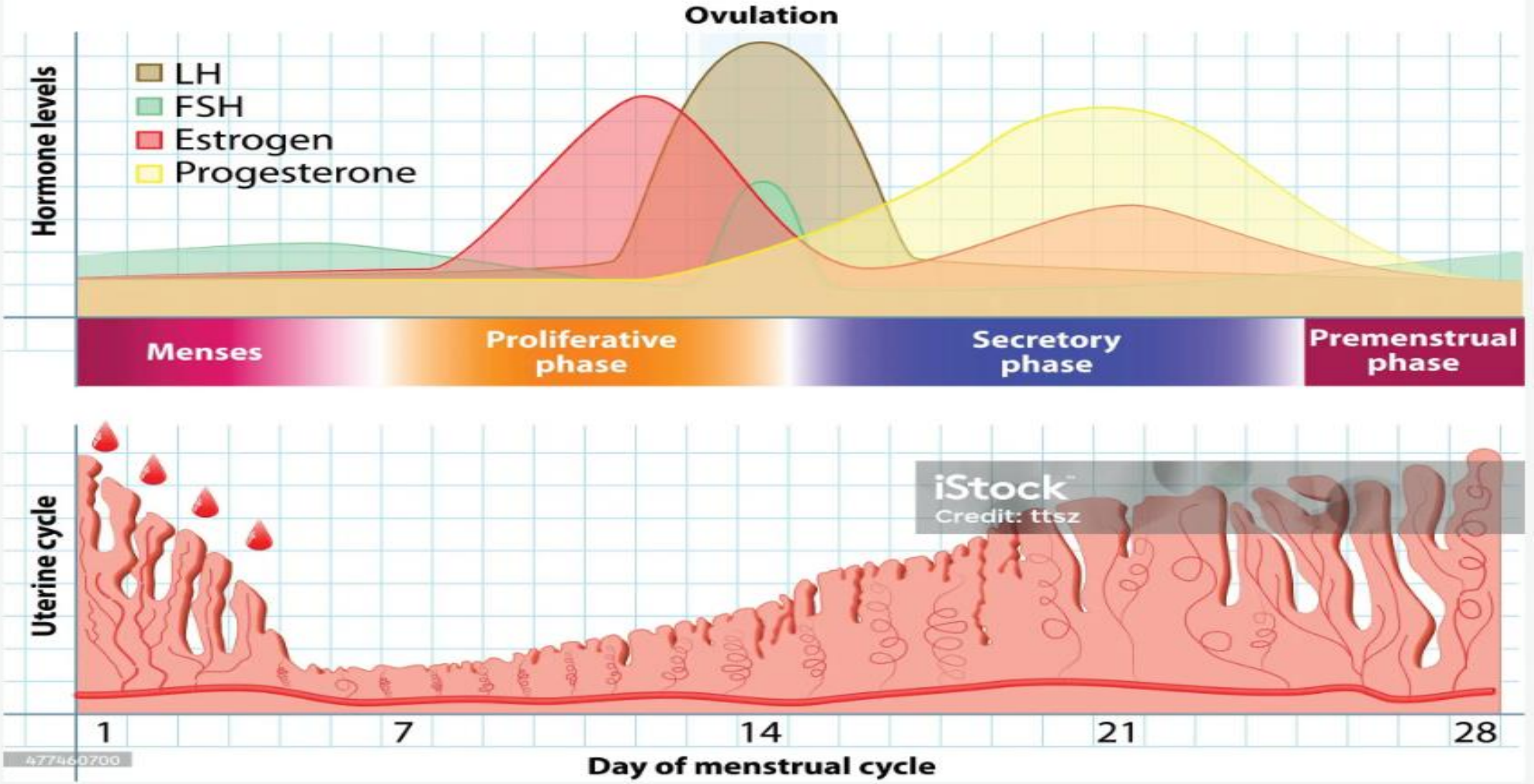
Phases	Description
Follicular Phase	▪ LH stimulates theca cells to produce androgens ▪ FSH stimulates granulosa cells > estrogens ▪ Most advanced follicle at mid follicular becomes the dominant follicle ▪ Rising E2/Inhibin produced by follicle inhibit FSH production
Ovulation	▪ Declining FSH > atresia of all but the dominant follicle ▪ FSH induce LH receptors > LH surge ▪ Proteolytic enzymes within the follicle > release of oocyte (mature egg) 36hrs after onset of LH surge
Luteal Phase	▪ Corpus luteum formed from granulosa/theca cells retained after ovulation ▪ Progesteron produced by corpus luteum ▪ In absence of pregnancy, luteolysis occur 14 days after ovulation



The Levels of the Female Hormones Changes Throughout the Menstrual Cycle



MENSTRUAL CYCLE



Endometrial Response

Loss of ovarian corpus luteum

Menstruation occurs through the following steps:

1. Initiated by arteriolar vasoconstriction
2. Functional layer is shed
3. Endometrial repair commence during menstruation
4. Fibrinolysis inhibits scar tissue formation
5. Estrogen induced growth of glands and stroma
6. Progesterone induced glandular secretory activity.
7. Decidualization induced late secretory phase.
8. Endometrial apoptosis and menstruation if pregnancy does not occur

Normal vs Abnormal Menstrual Cycle/Bleeding

Normal menstrual cycle

- Normal cycle ranges between 21-35 days
- Menstruation last 2-7days
- Volume of menstrual blood loss variable, but less than 80ml
- 70% of menstrual blood loss occur within 48hrs



Abnormal menstrual cycle/bleeding

- Excessive flow
- Prolonged flow
- Infrequent
- Intermenstrual bleeding

Abnormal Menstrual Bleeding

Classical nomenclature

1	Menorrhagia: heavy or prolonged menstrual flow
2	Metrorrhagia: intermenstrual bleeding- between cycles (irregular bleeding)
3	Polymenorrhoea: regular but too frequent <21 days
4	Menometrorrhagia: irregular and heavy flow
5	Oligomenorrhoea: infrequent, more than 35 days interval
6	Amenorrhoea: absence of menstruation for 6months or more

Cause of Abnormal Menstrual Bleeding

Pelvic pathology leading to abnormal uterine bleeding

01 Uterine fibroids

02 Adenomyosis

03 Endocervical/endometrial polyps

04 Intra-Uterine Contraceptive Devices (IUCD)

05 Pelvic Inflammatory Disease (PID)

06 Malignancy of uterus, cervix

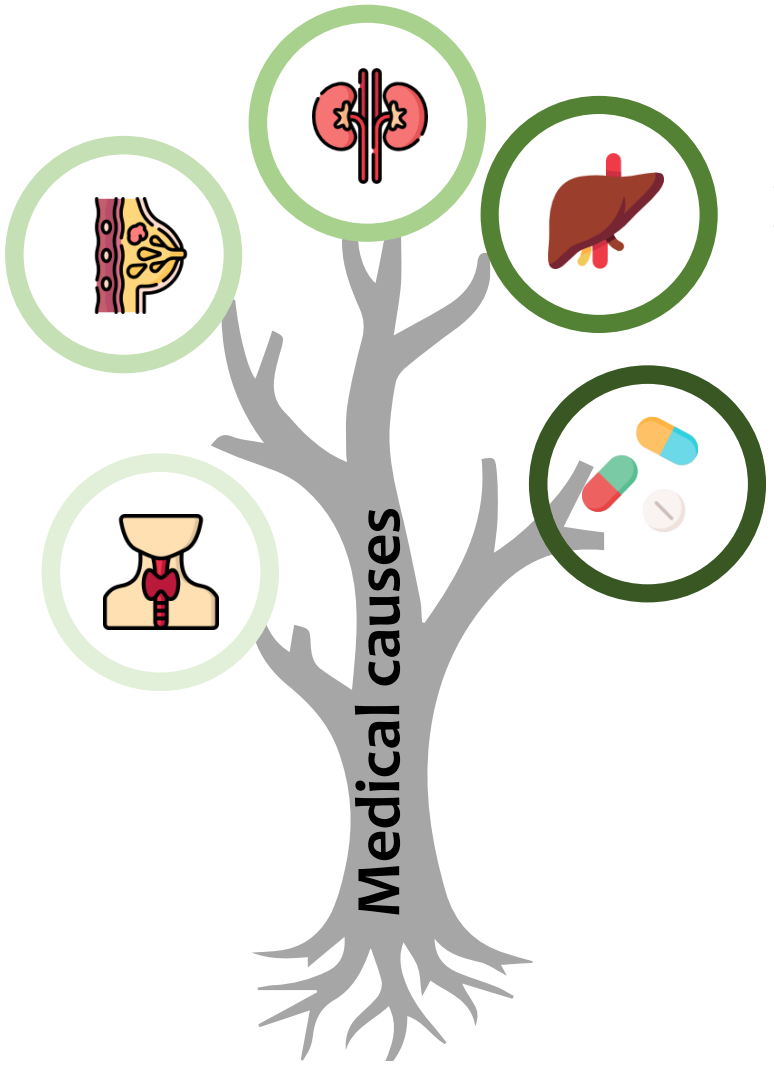
07 Hormone producing tumors of the ovary

Cause of Abnormal Menstrual Bleeding (cont'd)

Adrenal diseases

Hyper-prolactinaemia

Liver/renal diseases



Hyper/hypothyroidism

Medications- anticoagulants, steroid hormones

Rule out pregnancy

Diagnosis of Abnormal Uterine

History

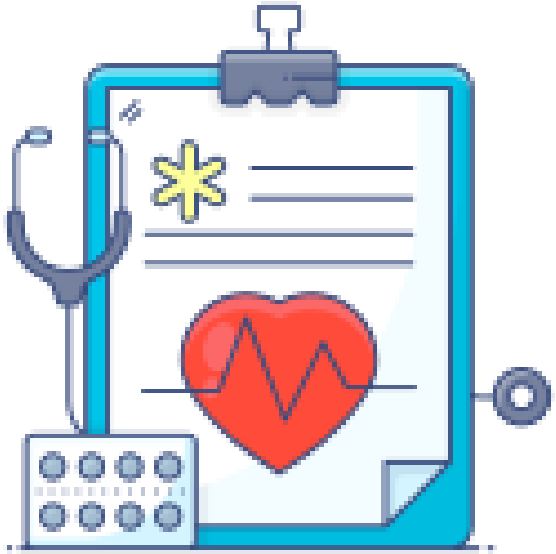
- Assess pattern, severity of bleeding
- Possible cause (pathology)
- Effect of bleeding on patient- symptoms of anaemia

Examination

- Assess effect of bleeding – anaemia, hypovolaemia
- For cause abnormal uterine bleeding

Investigation

- PCV, FBX, investigate to identify cause



Treatment

1. If organic cause, identify and treat
2. 1st line management is medical for those with no obvious pathology
3. Medical Treatment
   - i. Non hormonal
     - NSAIDs e.g mefenamic acid
     - Anti fibrinolytics e.g tranaxemic acid, ethamysylate
   - ii. Hormonal
     - Progestogens: norethisterone, medroxy-progesterone acetate
     - Progestogen containing IUCDs
     - Combined oral contraceptive pills
     - Danazol – androgenic side effects
4. Surgical depending on cause e.g myomectomy for uterine fibroids

Dysmenorrhoea

- Common gynecological condition in female adolescence and women of reproductive age group.
- Negatively impact on social, academic/sport activities of many adolescents
- School absenteeism
- Use of over the counter analgesics
- It can be primary or secondary

Definition

DYSMENORRHOEA

Cramping pain in lower abdomen

More common in adolescence and nulliparous women

Its associated with ovulatory cycles

Prevalence 50-85% (primary dysmenorrhea)

Occur just before the onset of menses and persist through 1st 12-48hrs in absence of other disease and impact on personal life and productivity.

Causes



1. Myometrial contractions induced by prostaglandins from secretory endometrium

2. Pathological conditions like:
   - Endometriosis
   - Adenomyosis
   - PID

Diagnosis

1. History and examination to exclude organic causes
2. Ultrasonographic scan may be indicated
3. Laporoscopy

Differential Diagnosis

4. Endometriosis
5. Adenomyosis
6. Cervical stenosis, IUCDs

Components of Adolescence Sexual Health

Physical well-being	Mental and Emotional well-being	Sexual Education
❑ Understanding and managing physical changes during puberty ❑ Promoting safe and responsible sexual behaviors	❑ Addressing emotional challenges related to sexual development ❑ Promoting positive body image and self-esteem	❑ Access to accurate and age-appropriate information about anatomy, reproduction, and contraception ❑ Empowering adolescents to make informed decisions about their sexual health

Components of Adolescence Sexual Health

Consent and Boundaries

- ❑ Teaching the importance of consent in any sexual activity
- ❑ Developing an understanding of personal boundaries and respecting those of others

Safe Sex Practices

- ❑ Educating on the use of contraceptives and protection against sexually transmitted infections (STIs)
- ❑ Promoting responsible sexual behavior to prevent unintended pregnancies and STIs

Cultural Sensitivity and Diversity

- ❑ Recognizing and respecting diverse sexual orientations and identities
- ❑ Acknowledging the cultural context in which adolescents navigate their sexual health

Roles of Support Systems

S/N	Support System	Roles
1	Family 	▪ Encouraging open communication between parents and adolescents. ▪ Providing a supportive environment for discussions about sexual health
2	Schools 	▪ Implementing comprehensive and inclusive sexual education programs ▪ Fostering an environment where questions and concerns can be addressed
3	Healthcare Providers 	▪ Offering confidential and non-judgmental healthcare services ▪ Providing resources for sexual health information and support

Challenges and Solutions

Challenge



Solution



Stigma and Shame:

- Addressing societal stigma around discussions of adolescent sexuality
- Promoting a culture of understanding and acceptance

Access to Information:

- Ensuring widespread access to accurate and up-to-date sexual health information
- Overcoming barriers that may limit access to healthcare and education

SESSION 17.2: FAMILY PLANNING –INCLUDING THE PROVISION OF CONTRACEPTIVE SERVICES

REFER TO MODULE 6.10 ON INTRODUCTION TO FAMILY PLANNING AND CHILD SPACING

SESSION 17.3: UNSAFE ABORTION AND POST ABORTION CARE

Overview of Unsafe Abortion and Post Abortion Care

01 Definition

02 Spontaneous Abortion

03 Unsafe Abortion

04 Post Abortion Care

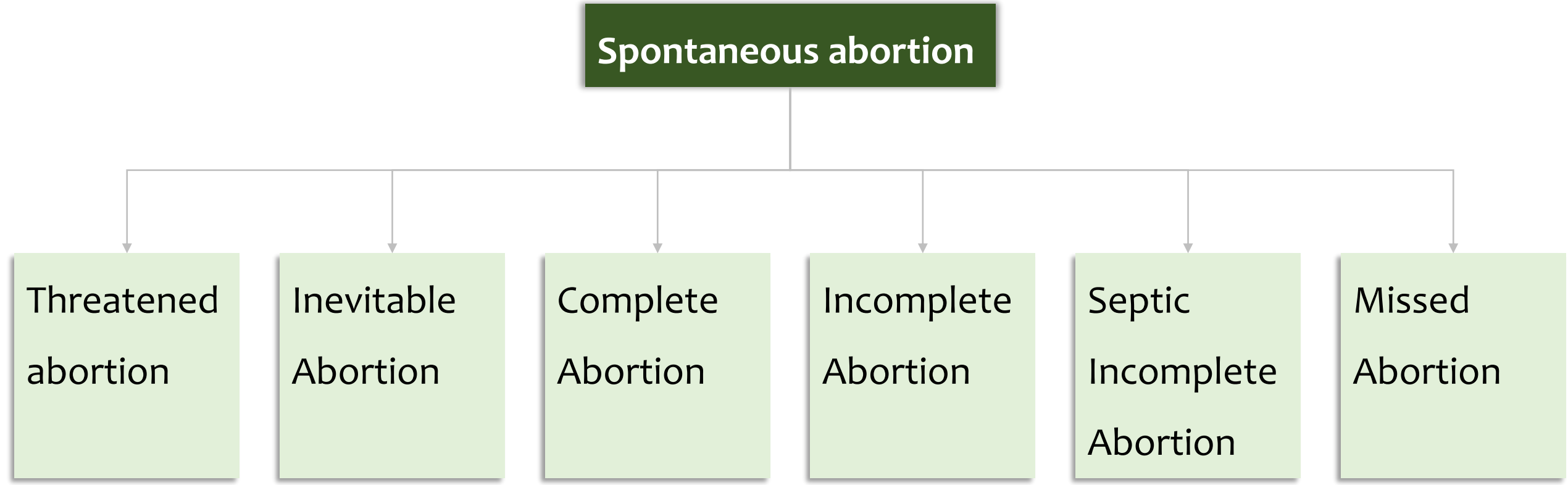
05 Abortion Law

Definition

- Abortion is the discontinuation of pregnancy before the age of viability (28 weeks of gestation)
- Before 22-24weeks gestation (age of viability in developed countries)

  OR
- of a fetus under 500gms
- Spontaneous Abortion is one the occurs on its own with out intentional intervention

Types of Spontaneous Abortion



Threatened Abortion

Symptoms & Signs	▪ Painless bleeding PV ▪ Cervical os is closed ▪ Uterine size compatible with gestational age ▪ USS shows fetus alive/pregnancy test positive
Management	▪ Bed rest and sedation

Inevitable Abortion

Symptoms & Signs	▪ Marked bleeding PV ▪ Abdominal pain ▪ Cervical os is open ▪ Uterine size compatible with gestational age
Management	▪ Uterine evacuation

Complete Abortion

Symptoms & Signs	▪ History of pregnancy and abortion ▪ Minimal bleeding P.V. ceasing within 10days ▪ Cervical os closed ▪ Uterus smaller than gestational age ▪ USS shows an empty uterus
Management	▪ -

Threatened Abortion

Symptoms & Signs	▪ History of pregnancy and miscarriage ▪ Bleeding P.V. heavy or more than 10days ▪ Colicky abdominal pain/contractions ▪ Cervical os is open ▪ Uterus smaller than gestational age ▪ USS will show products of conception
Management	▪ Uterine evacuation

Missed Abortion

Symptoms & Signs	▪ Slight/recurrent bleeding P.V ▪ Cervical os is closed ▪ Uterus smaller than gestational age ▪ USS shows a non-viable foetus
Management	▪ Uterine evacuation

Septic Abortion

Characteristics

- Systemic infection following abortion, its characterized by
- Fever, Anaemia, Jaundice
- Shock-endotoxic/septic/bacteraemic
- Acute Abdomen - ?Abdominal paracentesis yielding pus
- Signs of pelvic infection
- Cervical os may be open
- Hot vagina with foul-smelling vaginal discharge

Investigation

- FBC, U&E, HVS, MSU, LFT

Management

- IVF
- Broad spectrum antibiotic
- Transfuse if necessary
- Refer for possible laparotomy

Unsafe Abortion

- **Unsafe abortion** is the termination of pregnancy carried out by someone without the skills or training to perform the procedure safely, or in a place that does not meet minimal medical standards, or both.

- **Unwanted pregnancy** is a pregnancy that a woman or girl decides, of her own free will, is undesired

Unsafe Abortion (cont'd)



- Maternal Mortality 585,000 Globally
- 99% from Developing Countries.
- Africa contributes the most with 10% from Nigeria
- The lifetime000 livebirths: Europe- 36, West Africa--1,020
- Unsafe Abortion accounts for up to 50% MM.
- The lifetime risk of dying from unsafe abortion [1:150 in Africa, 1: 3,700 in Europe]

Every day around the world;

- 55,000 unsafe abortions take place
- 95% of them in developing countries resulting in more than 200 deaths (Source- WHO)

Complications of Unsafe Abortion

Immediate Complications	▪ Haemorrhage: Cervical tears, Uterine bleeding, perforation and incomplete abortion
	▪ Sepsis: Introduced by septic procedures secondary to incomplete abortion secondary to uterine perforation
	▪ Bowel damage
	▪ Tetanus
	▪ Renal failure
Long term Complications	▪ Chronic Sepsis or PID
	▪ Ectopic pregnancy
	▪ Sterility
	▪ Cervical incompetence
	▪ Asherman's Syndrome

Post Abortion Care (PAC)



Definition

PAC consists of a series of medical and related interventions designed to manage the complications of spontaneous and induced abortions

Elements of PAC



Treatment of incomplete and unsafe abortion



Counselling



Contraceptive and family planning services



Reproductive and other health services



Community and service provider partnership

Elements of PAC (cont'd)

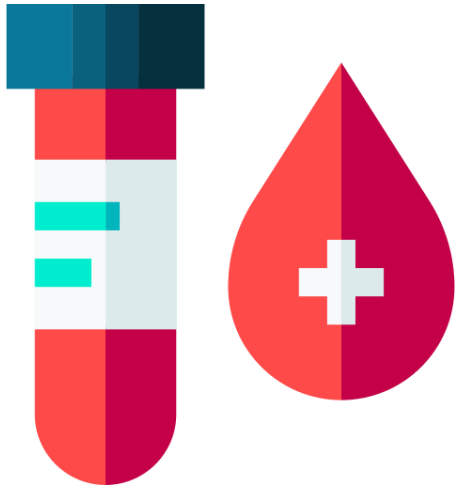
1. **Emergency treatment of complications**
   - Resuscitation; IVF, blood transfusion etc.
   - Evacuation
   - Antibiotics
2. **Family planning counselling**
3. **Referral to other reproductive services and community/service provider partnership**

Diagnosis



- **History taking**; establish abortion, amenorrhea, pregnancy test, USS
- **Examination;** vital signs, BP, temperature, respiratory rate, and pulse rate
- **Palpate** the abdomen for tenderness and size of the uterus
- **Pelvic examination** to establish trauma to the cervix, or vagina and presence of cervical excitation, tenderness, or products of conception

Investigations



- **Primary level**

  +PCV

  +Urinalysis for protein, sugar

- **Secondary /tertiary level**

  +FBC

  + HVS/ECS m/c/s in addition to the above

TREATMENT



Primary Level

- Give tetanus toxoid
- Set up IV infusion fluid if necessary
- Resuscitate the pt and treat shock
- Give antibiotics/analgesics,
- Give ergot 0.5mg IM stat
- Refer if abortion is incomplete , inevitable, or septic after resuscitation and commencement of antibiotics

ABORTION LAW



- Seen as archaic and oppressive
- Restrictive
- Considered by some authorities as the genesis of unsafe abortion
- Said to be a failure due to poor enforcement
- Abortion continues to exist despite the restrictive law
- Has been introduced in Nigeria since 1861
- It is an offence against the Nation and punishable under the law
- No one should willfully or be a party to the termination of a confirmed pregnancy in a woman, except if it threatens the life of the woman.

Penalties

- **7** years imprisonment for the patient
- 14 years for the abortionist with or without option of a fine

KEY MESSAGES

- Unwanted pregnancy and thus abortion is inevitable
- Unsafe abortion is a common option in our setting
- Unsafe Abortion contributes significantly to high maternal morbidity and mortality
- There is a great need to strengthen family planning use
- The restrictive law appears to promote unsafe abortion
- The way forward involves building partnerships for advocacy

SESSION 17.4: RAPE AND ITS CONSEQUENCES

OVERVIEW OF RAPE AND ITS CONSEQUENCES

01 Introduction to rape

02 Definition

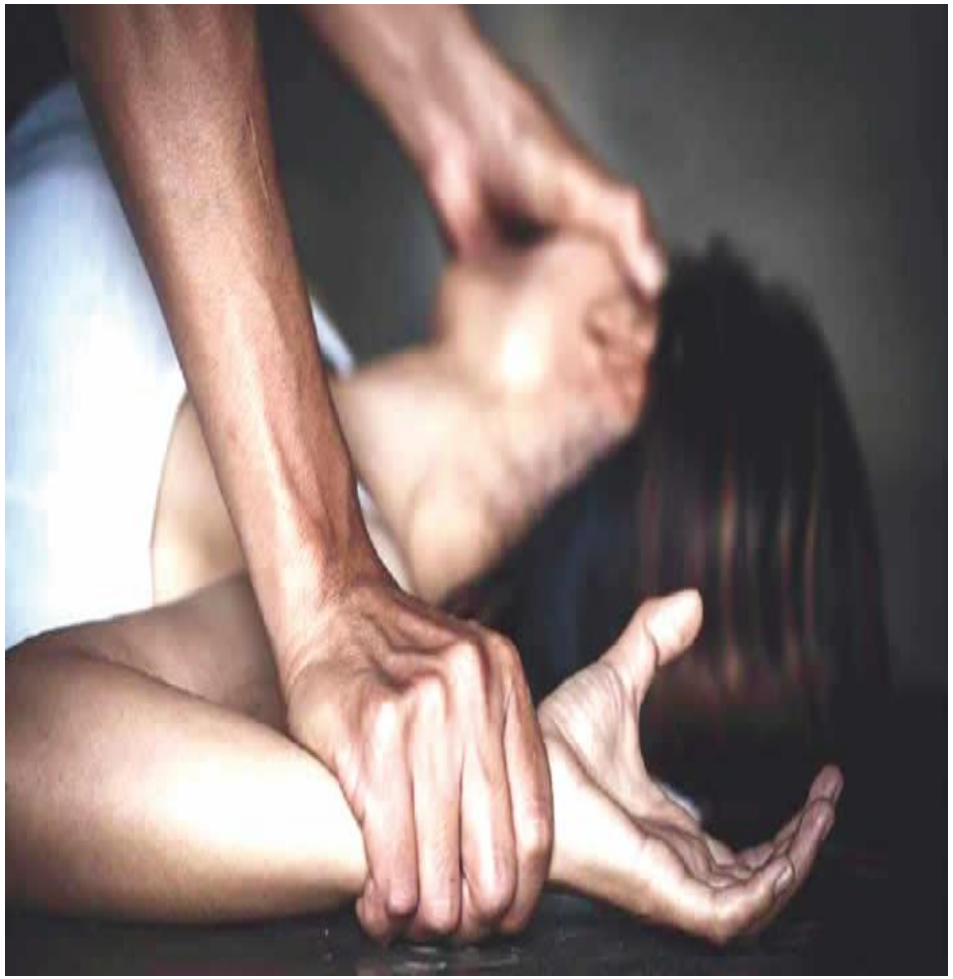
03 Risk factors for rape

04 Reasons for rape

05 Consequences of rape

06 Management

INTRODUCTION



- Rape violates a range of fundamental human rights
- Leaves enduring emotional, physical and social imprint on survivors
- Largely under-reported due to stigma and the difficulty associated with proving sexual assault legally
- Overwhelming burden is born by women and perpetrated by men
- Cuts across all age groups, social/ economic backgrounds and religious persuasions

INTRODUCTION (cont'd)



- The NDHS 2008, reports that 7% of Nigerian women of reproductive age have been raped
- 5.6% of gynaecological emergency consultations in JUTH are for rape with 64% aged <16 years and perpetrators known to 77% of the victims
- Studies show that about 20% of undergraduates had been raped with between 1-5% reporting to the police
- 77% of working children (child labour) in Maiduguri had been raped

Definition

The Criminal Code, in section 357 provides that:

- Any person who has unlawful carnal knowledge of a woman or girl without her consent, or with her consent, if the consent is obtained by force or by means of threat or intimidation of any kind, or by fear of harm, or by means of false and fraudulent representation as to the nature of the act, or in the case of a married woman by personating her husband, is guilty of an offence called rape.
- Penetration of the vagina, anus or mouth with a penis in the absence of consent.

Risk factors for Rape



- Age – more in children and adolescents
- Social status- low socio-economic status
- Occupation- sex workers, hoteliers, house maids etc
- Religion- all
- Race/Tribe- more in blacks
- Sex- much more in females
- Relationship- close relatives, family friends etc

Reasons for Rape

01  Gender inequity-» power interplay

02  Childhood Trauma

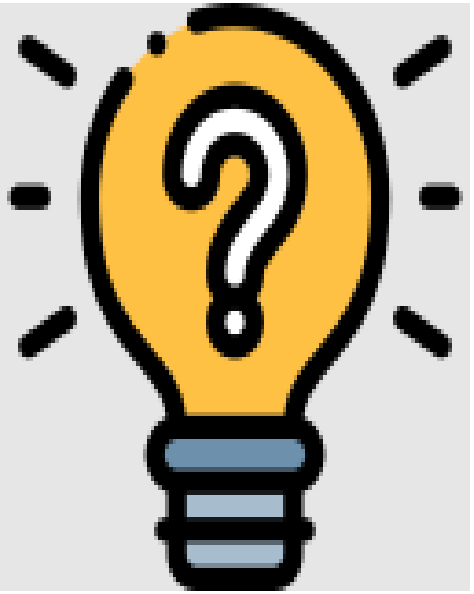
03  Gang Membership

04  Social Status

05  Drug and alcohol abuse

06  Child sexual abuse- perverted sexual desire and abuse of power

07  Abuse of older of people



Consequences of Rape

Implications on physical wellbeing

1. Sexually transmitted infections
2. Pelvic Inflammatory Disease
3. HIV/ Hepatitis B
4. Urinary Tract Infections
5. Genital injuries
6. Unwanted pregnancy
7. Unsafe Abortion
8. Pelvic fistulae
9. Chronic pelvic pain

Consequences of Rape

Implications on mental wellbeing

1. Post-traumatic stress disorder
2. Depression
3. Suicide



Consequences of Rape (Cont'd)

Implications on Social Wellbeing

1. Homicide
2. Drug abuse
3. Stigmatization
4. Poor/ lack of integration into the society (social misfit)



Consequences of Rape (Cont'd)

Implications on health staff/facilities

1. Overwork of staff

2. Overburden of already overstretched facilities/ funds



Management

MULTIDISCIPLINARY



- All health workers
- Physiologists
- Social workers
- Police
- Lawyers

Aims of Management



- **PHYSICAL:**
  - Provide treatment to prevent pregnancy and STIs including HIV
  - Treat injuries
- **PSYCHOLOGICAL:**
  - Support and assist in navigating its emotional impact
- **FORENSIC:**
  - Collect evidence to assist the processes of securing justice for victims/ survivors

Initial approach to a Rape victim

1. Empathy
2. Respect
3. Genuineness
4. Good listening:
    - Body language
    - Attentive listening
    - Responsive listening
    - Active listening
    - Patience
    - Privacy



Management (1/5)

HISTORY AND INFORMED CONSENT



- Properly document consultation
- Should not interrupt or delay examination

Should:

  - be accurate
  - be legible
  - be written in an impartial manner
  - provide objective description of examination findings
  - be written during the consultation as it is more accurate
  - be dated (with time) and signed on each page
  - have alterations dated and signed

- Detailed History
- Including gynecological history and details surrounding the assault
- Do not be judgmental
- **SPECIAL CARE FOR CHILDREN**

Management (2/5)

History from suspected perpetuator



1. History from suspected perpetrator does not include alleged offence
2. Pre-existing medical/surgical conditions, medications
3. Ingestion of alcohol or drugs
4. Epilepsy, emotional or psychiatric disorders, amnesia etc
5. Injuries sustained during or after the alleged incident
6. Do not attempt to question or interpret the history

Management (3/5)

EXAMINATION



1. Thorough to identify any injuries that may require medical and surgical management
2. From head to toe
3. Record injuries
4. Colposcopy may be necessary in pelvic examination
5. Skilled interpretation of injuries is crucial
6. Absence of injuries does not exclude an assault!

Management (4/5)

COLLECTION OF EVIDENCE



1. Some evidence collected before asking patient to undress for full examination- oral cavity, head hair collection
2. Underwear, sanitary pad
3. Reference blood sample
4. Swab under fingernails/ finger tips/ between fingers
5. Cut nail(s)

Management (5/5)

COLLECTION OF EVIDENCE CONT...



⑥ Pubic hair

⑦ Genital samples

⑧ Ano-rectal samples

⑨ Photographs may be necessary

Treatment

1. PT, Emergency contraceptive pills
2. HIV testing- PEP within 72hours-AZT, 3TC. Repeat test after 3 months
3. Antibiotics
4. HBsAb -Hepatitis B vaccine, if not exposed
5. Tetanus toxoid
6. Psychological support
7. Follow-up

"WOUNDS OF THE BODY ULTIMATELY HEAL LEAVING A SCAR; WOUNDS OF THE SOUL NEVER HEAL COMPLETELY, AND CAN BEGIN TO BLEED AGAIN ANY TIME IN THE FUTURE".

FATHALLA, 2004

KEY MESSAGES

- No standardized protocol for management of rape
- Victims are not only traumatized physically but also emotionally and hence care providers need to be empathic and non-judgmental
- Give total care and show empathy, respect and genuineness to victims of rape.
- Always report rape case to the law enforcement agencies.

SESSION 17.5: FEMALE ADOLESCENTS REPRODUCTIVE HEALTH RISKS AND CHALLENGES

OVERVIEW OF FEMALE ADOLESCENTS REPRODUCTIVE HEALTH RISK AND CHALLENGES

- **Teenage Pregnancy**
- Early forceful marriage, depression and abuse
- Harmful traditional practices

Teenage Pregnancy

1	Is among the commonest risk of a female adolescent reproductive health of which their male counterparts are completely free from.
2	It has greatly impact on the health and wellbeing of the female adolescent both psychologically, socially and mentally.
3	Teenage pregnancy is directly linked to unwanted or unplanned pregnancies and unsafe abortion.
4	Most teenagers carry unwanted pregnancies to term with serious emotional and physical consequences

INTRODUCTION

- Teenage and unwanted pregnancies are high risk pregnancies because of denial of the pregnancies until is too late.
- Every minute around the world:
  - 380 women become pregnant
  - 190 women face unplanned or unwanted pregnancies
  - 110 women experience pregnancy related complications
  - 40 women have unsafe abortions
  - 1 woman dies

Why Teenagers are Common Victims of Pregnancy

1. Age- young and unmarried
2. Forced to begin sex early to prove fertility
3. To satisfy a man/boyfriend
4. Adventurous and experimenting
5. Victims of rape or incest
6. Married with or without children
7. Economic status-both rich and poor, rural and urban areas
8. Live in a variety of schools, culture, religious, legal and political environments.

Causes of teenage pregnancy

1. Ignorance: no information about sexuality, reproduction, contraception and body functions
2. Failure to provide the woman with ways to avoid pregnancy
3. Failure of families and schools to educate young people about sex
4. Denied access to services that teenage can utilize when required

Prevention of teenage pregnancy

1. Sex education especially for adolescents
2. Contraceptive choices
3. Accessible services
4. Support for teenagers who wish to carry their pregnancies to term

COMPLICATIONS OF TEENAGE PREGNANCY

1. School drop out
2. Loss of productivity
3. Risk of STIs from unsafe sex
4. Complications of unsafe abortion e.g bleeding, PID, infertility etc
5. Psychological distress
6. Loss of family support and abandonment.
7. Early forceful marriage, oppression and spouse abuse

Early Forceful Marriage, Oppression and Abuse



- Female teenagers are at great risk of early forceful marriage, oppression and abuse.

- Early forceful marriage, commonly known as forced or child marriage, refers to a marriage in which one or more parties enter into matrimony against their will and without full and free consent. This practice often involves minors, where individuals, usually young girls, are married off before reaching the legal age of consent. Early forceful marriages are characterized by a lack of genuine consent, as coercion, pressure, or outright force is applied to one or both parties involved.

Factors Contributing to Early Marriage

Factors contributing to early forceful marriages can include:

1. Cultural traditions- Common in Africa
2. Low socio-economic conditions.
3. Gender inequality
4. Discriminatory practices
5. Religious practices

NB: forced marriage is a violation of human rights, as it deprives young girls of their autonomy, freedom, and the opportunity to make choices about their own lives.

Prevention of Early Forceful Marriage

Efforts are made globally to address and eliminate early forceful marriages through:

1. Legal reforms
2. Education of girl child and awareness of their rights
3. Awareness campaigns.
4. Support for affected individuals.



Prevention of Early Forceful Marriage (Contd.)

5. Community engagement and awareness programs.

6. Collaboration with religious and community leaders.

7. International organizations, governments, and NGOs should work towards empowering individuals, especially young girls, to have the agency to make decisions about their own lives and to protect them from the harmful consequences of forced marriages.



Harmful Traditional Practices



- Several harmful traditional practices against the female adolescents are still happening today in Nigeria.
- These practices have severe reproductive health consequences to the girl child

Common Harmful Traditional Practices

Cultural

1. Female genital mutilation (FGM)
2. Virginity testing
3. Breast ironing
4. Early marriage
5. Female Disinheritance



Common Harmful Traditional Practices

Social

1. Gender inequality
2. Violence against women
3. Women trafficking



Female Genital Mutilation



- Any procedure which involves partial or total removal of the external genitalia and/or injury to the female genital organs, whether for cultural or any other non-therapeutic reasons – WHO

- Notable international conferences against FGM: Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW); International Conference on Population and Development (ICPD); 4th World Congress on Women (4WCW); and Africa Charter on the Rights of the child

Female Genital Mutilation (Cont'd)

FGM violates women's right to health care and protection and also the right to be free from ill treatment and torture.



Female Disinheritance

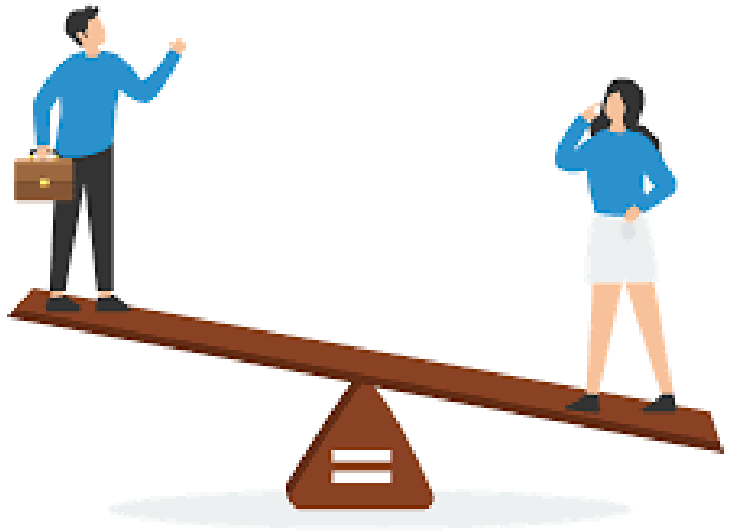




- This refers to the cultural practice that forbid female from inheriting properties from their immediate families

- The practice violate women's rights to equality and freedom from discrimination and freedom from ill treatment and torture

Gender Inequality



- Gender Inequality connotes unequal visibility, empowerment and distribution of sexes in all spheres of private and public lives

- Inequality and discrimination against the female exist ranging from male child preference to; health and nutrition; education; politics; economy; work and employment; sexually transmitted infection

- Gender inequality violates the women's rights to equality and freedom from discrimination; healthcare and protection; information and education; and ill treatment and torture

Violence Against Women

Any gender based act that results in or is likely to result in physical, sexual and psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. Includes:



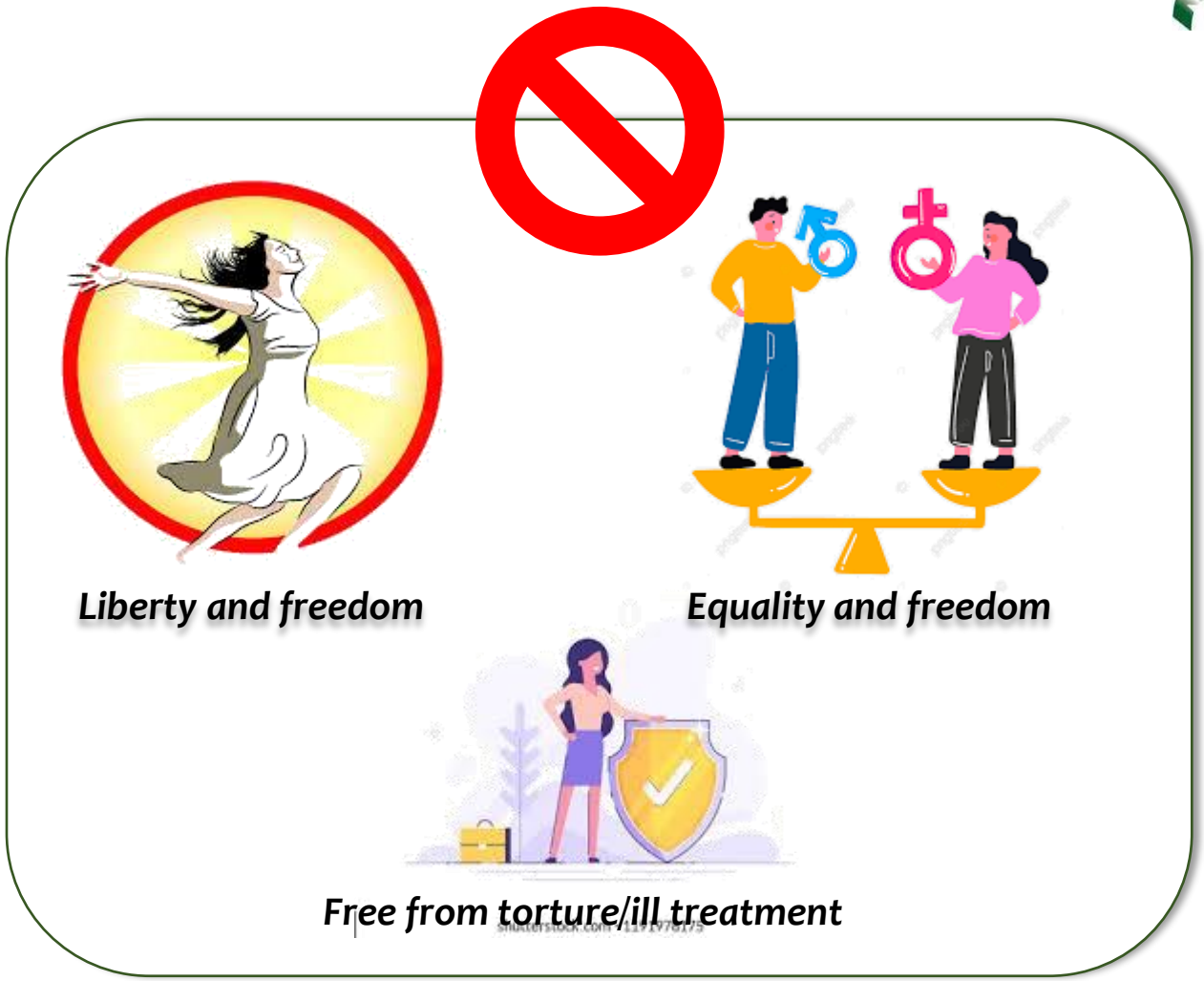
Physical violence(battery)including rape



Domestic or intimate partner violence, and sexual and reproductive right abuse of the women

Violence Against Women

It violates women's right to liberty and security; equality and freedom from discrimination; freedom from torture and ill treatment.



Women Trafficking



- All acts involved in the recruitment or transportation of women within or across national borders, for work or services, by means of violence or threat of violence, debt bondage, deception or other coercion.
- Trafficking violates women's right to liberty and security; equality and freedom from discrimination; freedom from torture and ill treatment.

Consequences of Harmful Traditional Practices



- Psychological/emotional trauma
- Urogenital fistula
- Infectious diseases
- Infertility
- Low socio-economic status

RECOMMENDED MEASURES TO DISCOURAGE HARMFUL TRADITIONAL PRACTICES

1. Development of right- based reproductive health policies e.g. Free ANC delivery and family planning services for all
2. Legislation in favour of safe motherhood and against harmful traditional practices e.g. FGM
3. Social and economic empowerment of women through free education skills, acquisition, small loans schemes
4. Strengthening primary health services and restructuring secondary and tertiary services to meet RH demands
5. Education of girl child and awareness of their rights
6. Community engagement and awareness

KEY MESSAGES

- Teenage pregnancy is directly linked to unwanted or unplanned pregnancies and unsafe abortion with all its associated complications
- Forced marriage is a violation of human rights, as it deprives the young girls of their autonomy, freedom, and the opportunity to make choices about their own lives
- Several harmful traditional practices against the female adolescents including FGM, gender inequality, violence against women, and gender discriminations are still happening today in Nigeria and all approaches to eradicate them must be adhered to

SESSION 17.6: PREVENTION AND MANAGEMENT OF SEXUALLY TRANSMITTED INFECTIONS INCLUDING HIV/AIDS

REFER TO MODULE 3.6 ON MANAGEMENT OF SEXUALLY TRANSMITTED INFECTIONS (STIS) AND PREVENTION OF HIV INFECTION


Thank
you