MUCU ADOLESCENT HEALTH NEWSLETTER

Contraception Use in Ugandan Adolescents

Makerere University and Columbia University (**MUCU**) are pleased to publish the third issue of our newsletter. We are excited to update you on all of the interesting advances that have occurred over the past six months in the area of adolescent medicine in Uganda. We are delighted that you have continued interest in the care of the adolescent patient and look forward to hearing about the work you are doing related to adolescent health.

OUR MISSION is to provide a forum to share member news, interesting program updates, clinical cases, and discuss the latest in "hot" adolescent topics.

THIS ISSUE is dedicated to **CONTRACEPTION USE IN UGANDAN ADOLESCENTS**.

Issue 4, November 14, 2014

FUTURE TOPICS will include: Bullying; Sexual Coercion/Violence; Taking a Psychosocial History; Managing the Confidential Visit: Parents and Teens; Substance Abuse; and Young Men's Health.

Meet the Newsletter Editorial Board

Co-Editors in Chief

Sabrina Kitaka M.D., *Senior Lecturer & Paediatric & Adolescent Health Specialist, Department of Paediatrics and Child Health, Makerere University College of Health and Sciences Kampala, Uganda. Dr. Kitaka is passionate about promoting adolescent health and medicine in East Africa. For the past 11 years, she has taught Adolescent Medicine at Makerere University College of Health Sciences. Since 2006, she has collaborated with Dr. Betsy Pfeffer and her colleagues at Columbia University, and since 2010, they have conducted three annual in-service adolescent health workshops for East African health providers and one scientific meeting. She is the director of the Adolescent Program at the Paediatrics Infectious Diseases Clinic at the Mulago National Referral Hospital.*

Betsy Pfeffer, M.D., *Assistant Professor of Pediatrics at Columbia University Medical Center and New York Presbyterian Hospital, New York, U.S.A. Dr. Pfeffer is an adolescent medicine clinician who sees teens in an outpatient and inpatient setting, teaches medical students and residents and lectures internationally on multiple topics related to adolescent health care. She has been working together with Dr. Kitaka for over six years and is committed to their efforts to help improve health care delivery to teens in Uganda*

Editorial Team

Denis Lewis Bukenya *BSWSA, MPA is a social worker and an Adolescent Health Training Specialist and the Training Manager at the Naguru Teenage Information and Health Centre, a pioneer Adolescent Sexual Reproductive Health and Rights program in Kampala, Uganda, that provides advocacy and youth-friendly reproductive health and related services. Denis has nine years of progressive involvement in Adolescent Sexual Reproductive health services' delivery and trainings, psychosocial and behavioural support for children and youth, specifically on Adolescent Sexual Reproductive Health and Rights and HIV/AIDS. He has been highly involved in developing innovative and replicable models of youth and children empowerment, leadership and professional collaboration programs based on research and client voice. Denis has also been involved in building the Makarere-Columbia University Collaboration and presented at all four adolescent health conferences.*

Godfrey Zari Rukundo M.D., *Senior Lecturer, Mbarara University of Science and Technology; Child & Adolescent Psychiatrist, Mbarara Regional Referral Hospital Mbarara- Uganda.*

Bob John, *Web Administrator SAHU; Networks and Systems administrator Makerere University College of Health Sciences. Duties include: overseeing the information and computer technology (ICT) infrastructure of the College of Health Sciences; end-user support helping to solve computer problems; and teaching students and faculty about basic ICT.*

NEWSLETTER SUBMISSIONS: The next newsletter will focus on CORPORAL PUNISHMENT in Ugandan adolescents and will be published in May 2015. SAHU members are encouraged to submit member news, program updates and interesting cases related to this newsletter topic with all patient identifiers removed. The editorial board will conduct a peer review process for all submissions. Submissions will be accepted from February 15th –April 1st, 2015. Please e-mail all submissions to: sabrinakitaka@yahoo.co.uk Thank you beforehand for your participation.

SAHU'S Second Clinical and Scientic Meeting

The Society of Adolescent Health in Uganda, **SAHU**, will hold its second Scientific and Clinical Meeting in Kampala, Uganda on February 16th and 17th, 2015. The theme of the meeting will be "Engaging the Hard to Reach Adolescent into Care". Makerere, Columbia University Department of Pediatrics and SAHU will be three of the sponsors of the meeting. Although this will be SAHU's second Scientific and Clinical Meeting, its participation is the continuation of the Makerere University and Columbia Universities (**MUCU**) collaboration to help scale up Adolescent Health in Uganda. This meeting will be the **FIFTH** annual conference that MUCU has organized and sponsored; the previous four conferences have included the first Scientific and Clinical Meeting in 2013 and three previous Annual Adolescent Health Workshops, all held in Kampala, Uganda.

Stay Tuned for the 5th Annual Conference Meeting and Registration Details!

The Society of Adolescent Health in Uganda

SAHU was launched in November 2012, following a regional training in Kampala, Uganda, that was led by experts from Columbia, and Makerere Universities and the Naguru Teenage Center. Uganda has a young population, with 52% of its population under the age of 15 years, and 25% aged 10 to 19 years. In order to help optimize the health of adolescents, reduce their risk-taking behaviors and guide them into thoughtful decision making that can capitalize on their strengths, access to comprehensive health education and reproductive, physical and mental health care is essential.

A Healthy Adolescent: A Healthy Nation!

SAHU's Mission Statement:

SAHU exists to promote comprehensive adolescent health, growth and development in Uganda through knowledge dissemination, research, advocacy and affiliation with other societies and bodies involved in adolescent health.

The Vision of SAHU:

Each and every adolescent will be provided the opportunity to access his or her potential and grow into a healthy, responsible and independent adult.

SAHU'S Web Site: www.sahu.ug

GOOD NEWS: **SAHU** membership will initially be **FREE**!

SAHU MEMBERSHIP: You can join **SAHU** by E-mailing: adolhealthuganda@gmail.com. Please include the following information in your e-mail: § **Name, title** § **Job title** § **Institution /Affiliations,** § **E-mail address**

SWAG Plus: Promoting Healthy Choices and Raising Awareness for HPV and other Vaccinations among Adolescents in Uganda

Submitted by Dr. Sabrina Bakeera-Kitaka

Adolescence is a period of rapid and transformative physical, psychological, socio-cultural and cognitive development. A critical task during adolescence is the establishment of a stable sense of identity and the development of independence in the character of the youth. During this process of self-discovery, it is natural for adolescents to take risks, some constructive and some potentially destructive with possible negative sequels related to poor choices.

The Safe Womanhood Awareness Group (SWAG), including males (SWAG plus), is a health campaign primarily aimed at promoting healthy choices among school-based adolescents in Uganda. The campaign also raises awareness for the Human Papilloma Virus vaccine and other adolescent vaccines such as tetanus toxoid and hepatitis B. SWAG plus collaborates with the Friday Adolescent Clinic at Makerere & Mulago and the Rotary Clubs of Kiwatule and Kololo, in Kampala. Activities of SWAG plus include: holding parent and student awareness talks; distribution of HPV and Friday Adolescent Clinic fliers; and negotiation in pricing for the HPV vaccine with pharmaceutical companies. SWAG plus is also leading a fundraising drive to support free and available vaccination for girls and boys aged 13 to 19 at the Friday Adolescent Clinic in Makerere & Mulago's Ward 15. This drive is based on the premise that the Ministry of Health Universal HPV vaccination will be offered only to girls aged 9 to 13 years in the public sector.

The World Health Organization (WHO) HPV Information Centre (2010) reported that the Human Papilloma Virus, which causes cervical cancer, has the highest rates of infection in the age group 15 to 24. In Eastern Africa, about 33.6% of women in the general population are estimated to harbor cervical HPV at any given time. Cervical cancer is the 2nd most common cancer worldwide, but it mostly affects women in developing countries. Immunization is an important tool in HPV control, with subsequent reduction in the incidence of cervical cancer. SWAG plus offers an opportunity to address sexual and reproductive health information and appropriate referrals. SWAG plus has addressed scores of parents at various Rotary Clubs in Kampala and Mukono and hundreds of adolescents in different secondary schools, with the resultant influx of clients visiting the Friday Adolescent Clinic. This effort has led to over 200 completed HPV vaccinations between 2010 and 2014, as well as over 500 booster doses of Tetanus toxoid and Hepatitis B vaccines.

Acknowledgements:

1. Mr.Filbert Idha, SWAG Founder Member
2. Mr.George Walusimbi Mpanga,CP, Rotary Club of Kiwatule
3. Dr. Betsy Pfeffer, Columbia University
4. The Friday Adolescent Clinic, Makerere University and Mulago Hospital

Amani Initiative

.....together we can make a difference !

Submitted by Ochatre Nixon
Founder Programs & Strategy Development Specialist Amani Initiative

According to the 2013 State of the World Report by UNFPA, every day, 20,000 girls below age 18 give birth in developing countries. The Uganda Demographic Health Survey (UDHS) 2011 shows that 24% of girls aged 15 to 19 years have been pregnant or already have a child. Early marriage and teenage pregnancy can have immediate and lasting consequences for a child's health, education and income-earning potential.

Amani Initiative is a Ugandan organization that was started in 2011 to spearhead a fight against teenage pregnancy and early marriage. The organization creates community-based interventions targeting four areas:

1. Education
2. Adolescent Sexual and Reproductive Health
3. Youths Entrepreneurship Skills Development and Empowerment
4. Child Protection

The above areas guide the organization in formulation of projects. These projects aim to facilitate a sustainable solution to teenage pregnancy and early marriage. Early pregnancy and marriage do not occur in a vacuum, but rather are the consequence of inter-locking factors, such as widespread poverty, ignorance, poor access to reproductive health education and services and inadequate efforts to keep children in school.

1. EDUCATION

Research shows that girls' education is strongly associated with delayed marriage. Girls with secondary schooling are up to six times less likely to marry as children when compared to girls who have little or no education (UNICEF 2007). Our education strategy aims to increase the rates of school admission, retention and completion.

Keep Me In School Project

The Keep Me In School program is a 5-year (2014-2019) project by Amani Initiative aimed at making selected primary schools safe, child friendly and supportive, to increase retention.
Through radio communication, communities are sensitized to the importance of educating their children, supporting student leader involvement in school management, and mobilizing availability of scholastic materials. The campaign also is using cartoons to educate children about menstruation, an important area to discuss since it is one of the major reasons for school absenteeism in girls.

Volunteers at Cornerstone Children's Center, Amani Initiative- Keep Me In School Partner School

2. ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

Through adopting youth friendly means of conveying sexual and reproductive health information and services, our adolescent sexual and reproductive health programs empower adolescents to be in position to make the right sexual and reproductive health decisions.

A. My Decisions=MyActions=My Goals Snakes & Ladders Board Games Project

By playing board games, adolescents have access to sexual and reproductive health information used to empower them to make informed sexual and reproductive health decisions.

Adolescents playing the "My Decisions=My Actions=My Goals " Snakes & Ladders board game about sexual and reproductive health decisions

B. Youths Health Camps

Through annual youth residential camps, the youths are exposed to youth friendly sexual and reproductive health information and services.

Participants during the 2014 RAHU Youths Health Camp

C. Community Sexual and Reproductive Health Outreaches

Through working with community leaders and partner organizations, we take part in annual community sexual and reproductive health outreaches. These outreaches take place in various communities and community members are sensitized to sexual and reproductive health, HIV/AIDs, the benefits of condoms and information about birth control methods.

Working with partners to facilitate community access of sexual and reproductive health information and services at Nsangi Trading Center in March, 2014

D. The #LetsTalkAboutSEXUALITY Project

This project gives a platform for adolescents to share their opinions with a professional adolescent reproductive health officer about various topics related to sexuality

Adolescents of Maracha taking part in a group discussion during the #LetsTalkAboutSEXUALITY project

3. YOUTHS ENTREPRENEURSHIP SKILLS DEVELOPMENT AND EMPOWERMENT

This program addresses parents marrying off their daughters at an early age for a dowry by empowering our beneficiaries to become occupied with productive activities that otherwise tackle poverty.

A. The Aflateen Social and Financial Education Program

This program is implemented in 30 secondary schools in West Nile Region with an aim of connecting youth, promoting savings, creating incomes and supporting education. This program targets 3,000 youths on an annual basis.

B. Ama Ecora Teenage Parents Economic Empowerment Project

This project is currently working with 15 teenage parents who are given entrepreneurship skills training and then supported with business startup capital that charges a low, 1.7% interest rate.

Beneficiaries from the teenage parents economic empowerment program at Yivu-Abea village, Maracha District in 2013

4. CHILD PROTECTION

The goal of Amani Initiative's child protection programs are to sensitize communities and school children about defilement and, through working with the police and courts of law, advocating for implementation of laws against child sexual abuse.

Sensitizing students of Faith High School about defilement

MEDIA

Through T.V, radio and social media, Amani Initiative has reached out to thousands of people with messages against teenage pregnancy and early marriage.

The Child Protection Officer of Arua Central Police Station during a radio talk show against defilement

Taking part in a UBC talk show about Education in Uganda

THE FIRST LADY OF THE REPUBLIC OF UGANDA DIALOGUES WITH PREGNANT AND TEENAGE MOTHERS AT NAGURU TEENAGE CENTRE

Submitted by Bukenya Lewis Denis, Training Manager Naguru Teenage Information and Health Centre

As part of the organisation of first ladies in Africa, the First Lady of the Republic of Uganda, Her Excellency, Janet Museveni, attended the United Nations General Assembly Special Session (UNGASS) on September 22, 2014 in New York. The theme for UNGASS was Maternal and New-Born Health Beyond 2014, with a particular focus on adolescent girls. The goal of the UNGASS was to create a renewed acceleration for the attainment of the Millennium Development Goal of improving maternal health.

In order to prepare for her UNGASS presentation on adolescent maternal health issues in Uganda, Her Excellency met with 100 pregnant adolescents and adolescent mothers for a two-hour meeting that took place at Naguru Teenage Information and Health Centre (NTIHC). The intent of this meeting was for Her Excellency to learn from the adolescent participants about their first hand reproductive health care experience. Bukenya Lewis Denis, the training manager at NTIHC, moderated the meeting. The Swedish Ambassador to Uganda, the UN regional representative for Africa, the Uganda State Minister of Health and the program director for NTIHC were also in attendance.

NTIHC is a pioneering facility in providing friendly, reproductive health services to young people, including maternal health, in partnership with Kampala Capital City Authority. The maternal health services provided by this centre include antenatal care (ANC), post-natal care, post-abortion care, family planning and pregnancy testing. These key components of NTIHC services are aimed at improving the health of young mothers before, during and after delivery. During ANC, young mothers are given information on basic preparation for delivery, early child-care and nutrition. They all go through a mandatory HIV test in line with the requirements of elimination of Mother to Child Transmission protocol as directed by Uganda's Ministry of Health. They are introduced to family planning information and girls who wish to avoid or delay their next conception have access to contraception. Emphasis is also placed on the importance of completing 4 antenatal care visits, and on male involvement in maternal health and sexual and reproductive health issues.

Issues raised by the adolescents included: the poor access and availability of adolescent friendly reproductive health services; the prevalence of unfriendly services providers; the paucity of available resources related to reproductive health education; the lack of parental support often experienced by the pregnant adolescents; and the challenges faced by pregnant teens both during the pregnancy and after child birth, particularly, the challenges associated with efforts to return to school. They also commented on the wonderful medical and supportive services given at NTIHC and they recommended that friendly youth corners like Naguru should be rolled out throughout Uganda as they work as a safe haven and refuge for many young people with adolescent sexual reproductive health and rights issues. Finally, they appreciated the initiative by the first lady and requested that she visit and speak with them more frequently.

After the adolescents spoke to Her Excellency, ministers, health workers, and district officials joined the group to hear Her Excellency's responses. She responded to the concerns of the teenage mothers by highlighting the importance for all adults, especially parents and guardians, to support the reproductive health needs of pregnant teens and teenage mothers. She stressed the need for accessing friendly adolescent reproductive health workers, improving efforts to engage males in reproductive health and scaling up school health education in the service of helping prevent teenage pregnancy and improving access to reproductive health services. Finally, Her Excellency pledged to advocate for the prioritization of maternal and adolescent health, including their sexual and reproductive healthcare rights, during her attendance at the UNGASS and to help mobilize international and domestic resources for an accelerated support of maternal and adolescent health.

Photos released with permission of the NTIHC

Her Excellency addressing the group

Health of State Minister Sarah Opendi, Her Excellency Uganda's Swedish Ambassador Urban Andersson

Introducing the Society of Adolescent Health Uganda (SAHU) website

Submitted by Mr. Bob John

The Internet age is at full speed! Most businesses and organizations have created websites to take advantage of this revolution. The advantages that a content-rich website can bring to an organization or a business are well documented, so powerful that they cannot be ignored. SAHU's main mission is to promote comprehensive adolescent health, growth and development in Uganda and the world over, through knowledge dissemination, research, and advocacy among others. Welcome to SAHU website, www.sahu.ug, a place where you will find great information about all the wonderful and exciting work that is going on at SAHU.

A healthy adolescent translates to a healthy nation. For Uganda to realize its full potential, it is imperative that all Ugandans combine efforts to transform healthy adolescence into a reality. Creating a healthy adolescent community requires multiple components: adolescents need to have access to adolescent friendly services and correct medical, social and reproductive health information; parents need to learn about normal adolescent physical, social and cognitive development; and providers need to stay up to date on current information and continually improve their delivery of adolescent friendly services. The SAHU website includes information for the adolescents, parents and healthcare providers. Please visit our resources section on the site for more information. While here, please also download our free copy of the current and previous semi-annual newsletters, a great resource that you don't want to miss.

Under our Services section of the website, you will find the contact information for great countrywide adolescent services. We encourage you to find the friendly adolescent services near your area. Through our website,

you can also visit our different social media channels, including Facebook, Twitter, YouTube and others. Please send us a tweet, like our Facebook page, or otherwise get involved!

There is so much that you will find on our website, including events, blogs, articles, polls, interactive forums and more. Membership is still open and free too! Visit our Membership section, fill in the simple form and let us know how you can partner with us and join hands.

Lastly, don't forget to visit our "contact us section" if you want more information or have any queries. You can also always leave a comment, positive or negative. Feedback is appreciated, it will help us continue to improve and serve you better.

Always remember, a healthy adolescent, a healthy nation!!

Adolescent Case

Submitted by Julie Potter MD
Third Year Adolescent Medicine Fellow, Columbia University Medical Center, New York, U.S.A

Nadia is a 16 -year-old female who comes for an unscheduled visit to clinic during her 8-week break from boarding school, accompanied by her mother, for an "urgent private issue." Her last visit was 10 months ago for her final HPV vaccine. A nurse triages the patient and discovers that Nadia's mom is upset because she found out from a friend that her daughter has started having sex. When you, the pediatrician, speak to Nadia and her mother, there is obvious tension in the room. Nadia's mother tells you that Nadia is a responsible girl and an excellent student – she has never caused any trouble at home or in school. In fact, Nadia is the one who helps out the most with her younger siblings and grandmother. However, Nadia's mother is very concerned because she feels that Nadia is too young to be having sex. She was so upset that she took away Nadia's cell phone and forbade her from seeing her boyfriend. She asks you to tell Nadia to stop having sex. Nadia is visibly upset as well.

Before addressing the medical issues, you feel the need to first address what is happening in the relationship between Nadia and her mother. With the pair together in the room, you validate the mother's concerns, note that Nadia looks upset and congratulate them for coming to the doctor's office together. You explain that you want to address both the mother's and Nadia's concerns and will start by speaking to Nadia privately. The goal of this private time is to get to know each teen, have the chance to answer their questions, address their concerns and reinforce healthy decision-making. You review the growing independence that naturally occurs during adolescence, how it is developmentally appropriate for teens to gradually separate from parents, begin to develop a "private self" and take responsibility for their health. The best way to establish a trusting relationship with a teen is to assure privacy. You explain that everything discussed during this private time will be kept confidential. You

review that confidentiality will be broken if any teen is found to be unsafe, in which case the parent will be first to know. You note that many teens go to their friends for advice and often get incorrect information. You explain that as a provider you serve as another adult resource for all teens to give accurate information and help them think about the decisions that they are making with the goal of optimizing positive choices. The mother purports to understand your explanation, but reminds you that she would like you to tell Nadia to stop having sex.

When alone with Nadia, she is very open. She then tells you that she has been dating her 16 year-old boyfriend for almost two years and that they know each other from school. She says that after one year of dating, she and her boyfriend decided that they were ready to have sex. They started having sex two months ago and used a condom every time. She says that she enjoys having sex with her boyfriend and denies being pressured or forced. She has never tried a method of contraception other than condoms, because she thought she would need her mother's permission. She says that she knows that there are better ways to prevent pregnancy than using condoms alone, but she has been nervous to ask her mother about birth control. You explain to Nadia that she can initiate birth control confidentially.

You ask Nadia about her relationship with her mother, given the fact that her mother is visibly upset. Nadia says that she is close with her mother and was very surprised by her mother's dramatic reaction. She is upset by her mother's reaction, because she thought that they could talk to about everything. You explore Nadia's choice to continue to have sex, telling her that she does not have to continue even though she and her boyfriend have begun a sexual relationship. You reinforce that abstinence is the only way to avoid the risk of pregnancy and sexually transmitted infections. Nadia says that she understands the risks, but that she wants to continue to have sex. She says she and her boyfriend have a loving relationship and hope to get married someday, though Nadia is not ready for children yet and does not think she will be ready for a while. She and her boyfriend both want to finish their studies and get married before starting a family.

You then ask Nadia what she knows about different methods of birth control and if she has thought about which method she would like to try. She wants to keep this private and not tell her mother, given her mother's reaction to her becoming sexually active. She tells you that she would like to take birth control pills, because her mother pays close attention to her periods and she wants to continue to get regular periods. She knows that some other methods of birth control can cause irregular bleeding. After consulting the WHO medical eligibility guide for contraception, you determine that she is a good candidate for birth control pills.

You say to Nadia, "I'm really happy that you have thought about what you would like to start for birth control. Why don't I quickly tell you about the other methods that are available so that you can make the most informed decision? And if you decide you would still like to start birth control pills, I can help you to do that." You then go on to

tell her about the available birth control methods in order of efficacy. You tell her that whatever method she chooses, it makes sense to start it right away rather than waiting for her period to come. All methods (except the copper IUD) take one week to be effective contraception, so she should use a condom for sure if she has sex this week. You stress that it is important to take emergency contraception in the future if she has unprotected sex or the condom breaks or falls off. You also tell her honestly that it can be hard to remember to take a birth control pill every day and if she finds that she is having trouble, a less use-dependent method- such as an IUD or Depo Provera injection – might be easier to use.

After hearing all this information, Nadia chooses to start oral contraceptive pills. You give her a prescription to start the pill today. You counsel her about what to do if she misses a pill and about the most common mild side effects that tend to resolve after a few months (nausea, breast tenderness, spotting and bloating). You also tell her to watch for signs of the less common, but more serious side effects, which are easy to remember using the mnemonic "ACHES" (Abdominal pain, Chest pain, Headache, Eye problems, Severe leg pain). You ask her to return in 4 weeks to discuss how she is doing on the birth control pill.

You explain to Nadia although you will keep her decision to start birth control confidential, you both will have to address her mother's concerns. Although surprised by her mother's reaction, Nadia does understand her mother's fears and is concerned for their relationship. You suggest that the three of you speak, and that you will help mediate the conversation. Nadia agrees. You bring Nadia's mother back into the room after you finish your discussion with Nadia. You stress all the positives - Nadia is intelligent, responsible and a great student with solid future plans. You stress how impressed you are with Nadia's very mature, well thought out decisions, and mention how Nadia feels so close to her mother and how upset she is that she has disappointed her. The mother is smiling and her first question is if you told Nadia to stop having sex. You once again validate the mother's concerns and let her know that you understand how much she wants Nadia to stop having sex. You remind the mother that as all teens grow up, it is healthy for them to begin to make their own decisions and how hard it can be for parents to get adjusted to their child's growing independence. You again stress Nadia's maturity, compliment her healthy decision-making and note how proud the mother must be of her daughter. Nadia's mother is pleased that you recognize Nadia's strengths and although still upset, is soothed by your confidence in Nadia. Nadia notes her mother's reaction and smiles.

Follow-up

Three weeks after starting on oral contraceptive pills, Nadia returns for a follow-up. She says she has had sex twice since she last saw you, but did not have sex during the first week after starting birth control pills. She had a three-day period during the last week of her last pill pack and is about to start the next pack on time. She denies any side effects. You ask her how many times she forgotten the pill and she says three

times, looking embarrassed. She missed two pills in a row once, but caught up appropriately. She and her boyfriend continue to use condoms every time that they have sex. You reassure her that she is not the only one who forgets and that most women forget from time to time, but this does make the pill less effective birth control. You ask if she would like to switch to a different method that is easier to remember, but she says that she would like to stick with the birth control pills for now.

You ask Nadia how things are going with her mother and she tells you that they are actually doing much better since their visit with you. Although they are not discussing her boyfriend or sex, Nadia got her cell phone back and, as before, Nadia and her mother are spending quality time together. Nadia is happy, because her mother has just begun allowing her to occasionally go out with her friends, although with strict boundaries. Nadia still wants to keep her choice to continue sexual activity and continue birth control confidential, but Nadia comments on how her mother is no longer upset with her. Nadia thinks that your reinforcement about how mature and responsible Nadia is helped build her mother's trust in Nadia's decision-making capacity and Nadia thanks you.

I stock photo

Case Reflection

Julie Potter MD and Betsy Pfeffer MD

Teaching points:

1. **Set the stage for confidentiality**: The provider in the above case did a great job of explaining the purpose of the confidential portion of the adolescent visit, which is to obtain an honest social history from the teen and establish rapport between the provider and the adolescent patient. It is important to engage the adolescent patient in a confidential conversation as early as age 12. Discussing sexuality and relationships early normalizes the interaction and makes discussing these sensitive topics more comfortable. It also gives the provider a chance to help the teen think about the decisions he/she is making. Remember, many teens have few, if any, adults that they can turn to with private and confidential questions. The items assessed during the confidential portion of the visit are: Home; Education; Activities; Drugs; Depression; Sex; Safety; and Suicidality. These items can be remembered by using the mnemonic "HEADDSS." It is crucial to state that confidentiality will be broken only if there is concern about the patient's safety or someone else's safety.
2. **Don't exclude parents**: Healthy parent-teen relationships are important to foster; it is the job of the provider to encourage parents and teens to have open communication. Parents should be encouraged to discuss sex and relationships with their adolescent children, and to provide information about healthy behaviors, such as contraceptive use, STI protection, and

waiting to have sex until the teen is developmentally ready and in the right relationship. In addition, it is helpful for the provider to also establish a strong relationship with the patient's parents, as parents often trust what providers tell them. If you feel that the teen is making healthy decisions, sharing this with the parent can successfully reassure him/her.

3. Predict the onset of sexual activity: Adolescents in many parts of the world, including Uganda, initiate sexual intercourse on average between the ages of 16 and 17. The typical adolescent waits over a year after having sexual intercourse for the first time before seeking family planning services. For this reason, every visit with an adolescent is a good opportunity to assess pregnancy risk and contraception use. It is important to ask a sexually active teen when they first had sex, if it was desired or undesired sex, the number of sexual partners they have had, if they have ever had sex without a condom, if they have ever been diagnosed with a sexually transmitted infection, if they have any symptoms of a sexually transmitted infection, if they have ever used any type of birth control, and if they have ever been pregnant. In addition to assessing for sexual risk-taking, it is important reinforce the benefits of abstinence and to ask the adolescent about their relationships. If the teen is currently in a relationship, you can find out more about that relationship by asking the age of their partner, how they met, how long they have known each other, what they do together, what happens when they fight, and any concerning features of the relationship (such as an overly controlling partner, violence or other sexual partners outside the relationship).

4. Discuss the pros of abstinence: Whether or not the patient has had sex before, there is always the option for continuing or returning to abstinence. Abstinence is, of course, the only way to avoid any risk of pregnancy or sexually transmitted infection. However, sexually experienced teens may think that once sex has entered a relationship, they must continue to have sex. As their provider, you can encourage them to think about whether being in a sexual relationship is really the best choice for them at this point in their lives and with their current partner. Remind them that there are many years ahead of them to have sexually intimate relationships. Adolescence is a special time of self-discovery. Focusing on school and future goals often enhances self-knowledge and involvement in sexual relationships often interferes with it. Encourage them to stop having sex if they are uncomfortable with the potential risks, they have concerns about their relationship or they are not enjoying sex.

5. Identify sexual coercion: When asking about sexual activity, it is important to differentiate between forced sex and consensual sex. Assessing the age of the sexual partner can get a sense of the relationship power dynamic. Other questions to ask include: how does your partner make you feel? Does your partner ever try to control your behavior? Does your partner ever make you do anything, including having sex, that you don't want to do? Does your partner ever hurt you physically or emotionally?

6. Assess for risk-taking and refer to a mental health professional when

needed: If you feel that the decisions that your adolescent patient is making are NOT healthy, it is important to still respect confidentiality, but close the visit with the parents by saying something like: "Thank you for allowing me to care for your teen. Your son/daughter has done a really good job of sharing and, to be a helpful resource to you and your teenage son/daughter, I would like to continue to get to know him/her and see him/her back in a few weeks." If you feel that the risk-taking or behavior is beyond what you are comfortable addressing, it is a good idea to refer the adolescent to a counselor. To do this, you might say: "I also would like to give your son/daughter an opportunity to speak with our counselor, since so many teens can benefit from having many adults available to them to help guide healthy choices." **REMEMBER**: Pediatricians are **NOT** mental health specialists and although they can offer initial suggestions to help address parent/teen conflict, referral to a mental health specialist is the next step if there is no resolution.

7. Provide effective contraceptive counseling: Contraceptive counseling is more than just providing a list of available contraceptive methods. Some important things to consider when counseling a teen:

1. What they want to use (sometimes influenced by what their friends use for birth control)
2. Side effect profile
3. Whether they want regular menses
4. Contraindications to method use
5. Adherence issues (i.e., if they can remember to take a pill daily)
6. Follow-up (i.e., need for prescription refills)

8. Encourage dual method use: The best way for a young sexually active person to avoid both pregnancy AND sexually transmitted infections is to use a condom together with a more effective method of birth control. Adolescents should be encouraged to always use condoms, but should also understand that condoms are not the best method of pregnancy prevention, as they are only about 85% effective at preventing pregnancy with typical use. Adolescent males should be encouraged to ask their female partners if they are using another form of birth control to avoid undesired pregnancy.

Consider the consequences of not providing contraception: In this vignette, the provider did an excellent job counseling the patient about her contraceptive options and assessing her relationship. Had the provider been uncomfortable with this teen engaging in sexual behavior and told her merely to stop, Nadia likely would have continued to have sex anyway and may have wound up with an undesired pregnancy. If the teen is confident and happy in her relationship, and you, as the provider, help her consider the pros and cons of engaging in sex, it is critical to give her the tools to avoid an undesired pregnancy if she chooses to continue to have sex. Remember that dispensing contraception and/or condoms does not lead to an increase in number of sexual partners[1].

Latest in… Contraception Use in Ugandan Adolescents

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Adolescents in Uganda are having sex before marriage. According to the 2011 Uganda Demographic and Health Survey (UDHS), the median age of first sexual intercourse is 17.5 years for women (one year before marriage) and 18.6 years for men (four years before marriage). Many adolescents have unintended pregnancies and as per the UDHS, 40% of adolescent mothers aged under 20 years would have preferred to have a baby at an older age.[2] There is a need for effective contraception in Ugandan adolescents. For those individuals aged 15 to 49 years who were currently married with one living child, 68% of both males and females wanted to wait to have another child after 24 months.[2] The highest rate of births within 24 months of a preceding birth was among the 15 to 19 year old age group.

Nearly all of Ugandan adolescents know about contraception. Among 15-19 year olds, 98% of males and 95% of females have heard about condoms, and 77% of males and 88% of females have heard about the birth control pill.[3] Despite such knowledge, the use of modern contraception in Uganda is poor. The UDHS reports that the use of any modern method of contraception by females aged 15 to 19 years who had sex within the past 30 days of the survey was 35.3% for those unmarried and 13% for those married; for females aged 20 to 24 years, it was 47.9% for those unmarried and 20.4% for those married. Condoms and injectable contraception were used more commonly in unmarried women than in married women, and modern contraceptive use was more common in urban versus rural areas.[2] Common reasons for not obtaining contraception include fear, embarrassment or shyness, lack of knowledge about the methods, concern about side effects, opposition to use (personal, social and religious), and affordability.[3,4] Many young people in Uganda also hold misperceptions about the safety and side effects of modern contraception. Some common misperceptions are that contraceptives can cause palpitations, dizziness or weakness, or can block the uterus, and therefore some youth erroneously conclude that pregnancy is safer than contraception.[5]

As was the case in the United States during the 1950's, presently in Uganda, there are limited health care services designed specifically for adolescents. The Ugandan Ministry of Health adopted a national adolescent health policy in 2004, recognizing adolescence as a unique stage of life. This policy endorsed the development of adolescent friendly heath centers to deliver comprehensive care to help promote healthy choices and improve the health of young people in Uganda.[6] However, most services in Uganda are offered to people of all ages with few places focused exclusively on youth. Even when more specialized services are offered, adolescents frequently do not access them, because there is a lack of confidentiality, rudeness among providers, ignorance about the existence of the services and fear of embarrassment.[4] Of further concern is that 90% of Ugandan adolescents aged 12 to 19 years live in rural areas and access to health services is more limited in this setting.[7] The few adolescent friendly services throughout Uganda are reproductive health care clinics and, although they are open to both males and females, more females than males access care. This differential use is likely the result of the general tendency for males to view reproductive health clinics as female spaces.[8] Additionally, the clinical staff might not be as welcoming to adolescent males. Focus groups led in Sub-Saharan Africa including youth aged 14 to 19 years found that although both males and females described being poorly received by

health care providers, specifically in the public health centers; this was especially true for males.[9] Globally, males are socialized to be independent and self-reliant, and not to be concerned with or complain about their health. Consequently, they are also more likely to ignore their health, diminishing its importance, and thus less likely than girls to seek health care when they need it.[8]

The adolescent reproductive health care clinics that do exist in Uganda are supported by local and non-profit organizations. The typical services include; information on sexual reproductive health, contraception, STI diagnosis and management, HIV counseling, pregnancy related care, counseling on sexual violence and abuse, and post-abortion care.[4] Optimally, the clinical staff is comprised of physicians, social workers, midwifes, counselors, psychologists, and peer educators. The Naguru Teenage Centre is an adolescent reproductive health care clinic in Kampala that is well funded, is able to support the staff members listed above, and successfully deliver comprehensive reproductive health services. Naguru has also supported the scaling up of adolescent friendly reproductive health services by establishing "Youth Corners", which are adolescent friendly spaces found in some of Kampala's health centers. However, overall, there are few adolescent reproductive health centers throughout Uganda, and most centers that do exist offer scarce reproductive health services because of limited funding and lack of government support.[10]

Although there are many available effective methods of birth control, each method poses some challenges. Adolescents are particularly vulnerable to the difficulties faced with contraction initiation and continuation. Although abstinence is the safest way to prevent unwanted pregnancies and STIs, adolescents are often choosing to have sex and are at the highest risk of becoming pregnant and/or contracting an STI. The adult community, especially the health care community, is the gatekeeper to adolescent friendly reproductive health care services. If a provider is unable to prescribe contraception, it is prudent to have a referral list of local adolescent friendly reproductive health care services available. If prescribing contraception, helping an adolescent choose a method of birth control, navigate the challenges faced with adherence, and learn how to properly use contraceptives such as condoms, can translate into safer sex, increased school attendance and ultimately a healthier, happier and more productive adolescent population.

STAY TUNED FOR THE MUCU ADOLESCENT HEALTH NEWSLETTER'S FIRST SUPPLEMENTAL ISSUE!!!

A COMPREHENSIVE CONTRACEPTION REPORT WILL BE PUBLISHED NOV 28th, 2014

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