Adolescent Job Aid Manual

Desk Reference for Primary Level Health Workers in the Philippine Setting

Adapted from the World Health Organization in collaboration with the Society of Adolescent Medicine in the Philippines, Inc.

2009
Foreword

Republic of the Philippines
DEPARTMENT OF HEALTH

The National Standards for Adolescent-Friendly Health Services recognized that capability-building is essential for quality delivery of adolescent health care services. In line with the National Standards, the Department of Health in partnership with the Society of Adolescent Medicine in the Philippines (SAMPI), World Health Organization (WHO) and the United Nations Population Fund (UNFPA) developed the Adolescent Job Aid. The manual was designed to provide field health workers with step-by-step guidance to manage common adolescent health and development conditions in a way that is more effective, more sensitive and more appropriate to adolescents’ needs. Hence, attuned to our local conditions and environment.

This Adolescent Job Aid Manual can be used as a tool for (1) building the abilities of frontline health workers to respond to their adolescent patients effectively and with sensitivity, and (2) enabling and motivating them to perform to the best of their abilities. It is my hope that the Adolescent Job Aid will provide just the help our partners in the health sector need to do a job, just when they need it, and in the form it is needed, thereby improving their competencies in providing quality health care services to our young Filipinos.

FRANCISCO T. DUQUE III, MD, MSC
Secretary of Health

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Department of Health, Republic of the Philippines
Dr. Yolanda E. Oliveros, Director IV-NCPC
Dr. Honorata L. Catibog, Director III-FHO
Dr. Jeanita A. Basilio
Dr. Rodolfo M. Albornoz
Ms. Lita L. Orbillo
Ms. Remedios Guerrero

Consultant:
Prof. Rosa Maria Hipolito-Nancho, MD. FPPS , College of Medicine- Philippine General Hospital, University of the Philippines. Manila

Assistant:
Dr. Moses C. de Guzman, DPPS, Philippine Children’s Medical Center
Dr. Eilyn Della Caparro, DPPS, Mary Johnston Hospital

Participants in the Workshop/ Writeshop on the development of the Manual:
Dr. Patanjali Nayar, WHO-WPRO
Dr. Giovanni Temponore, UNFPA, Philippines Country Office
Dr. Howard Sobel, WHO, Philips Country Office
Mr. Nick Creaht, WHO-Australia

Dr. Joyce Gonzaga, AIM, DOH consultant
Ms. Heidi Umadac, UNFPA-PMO
Ms. Loida B.Ramos, Health & Nutrition Center, Department of Education
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Dr. Leoncia N. Olonan - President 2007-2008
Dr. Rosalia M. Buzon - President 2009
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Dr. Corazon Y. Almirante, FPOGS
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Introduction

Who are the target audiences of this manual?

This job aid manual is intended for use by all trained and registered health care workers- physicians, nurses, and midwives who provide preventive and curative clinical services to adolescents (10 to 19 years of age).

What is the purpose of this job aid manual?

This job aid manual is intended to complement the reference manual A Practical Guide on Adolescent Health Care. It is a step-by-step manual that can be easily referred to based on a patient's chief complaints. It deals with some specific health conditions which have not been dealt with in the Practical Guide. It will focus on concerns of teens based on Focused Group Discussions with several field workers and adolescents themselves. Experts in the fields of Adolescent Medicine, Obstetrics and Gynecology, Dental Medicine, Public Health, Teachers, Psychiatrists, and adolescents.

How does this Job Aid relate to other Guidelines?

It is consistent with and complimentary to key WHO GUIDELINES

- Integrated Management of Adolescent and Adult Illness
- The Philippine Clinical Standards Manual on Family Planning (DOH, 2006)

How has this Job Aid Manual been organized?

This Job Aid Manual consists of three parts with an introduction.

Part One deals with practical tips on how to handle adolescents, some do's and don'ts when working with teenagers and their parents, and guidelines on how to provide preventive health counseling. It also shows the health provider how to conduct the psychosocial history using the HEADS format.

Part Two deals with clinical algorithms and decision trees based on concerns of adolescents/parents. It is further subdivided into:

I. General health concerns - male and female puberty-related issues, breast-related conditions, nutritional health concerns, dental health concerns, anemia, and school performance.

II. Mental health concerns – anxiety, depression, assessment of suicide risk, alcohol and substance use, smoking and tobacco use, and physical and sexual abuse

III. Sexual and reproductive health concerns – male urethral discharge, pain/swelling in the scrotum/groin, dysmenorrhea, menorrhagia, irregular periods, vaginal discharge, HIV and pregnancy.

Part Three contains Maintaining a Healthy Lifestyle which should be given to all adolescents regardless of their complaints or concerns. These may be given gradually every time that the adolescent comes in for consult.
**How to Use**

Before using the Manual, study *Part One* which will orient you to the adolescent-friendly approach in the care of adolescents. This is based on the experiences of health service providers, experts, and feedbacks from adolescents themselves. Go over the do’s and don’ts carefully and think of what implications it has on your practice.

Upon contact with the patient, greet the adolescent and the accompanying adult. You may explain the policies of the health facility with regards confidentiality and privacy.

In *Part Two*, follow the steps as follows:

**STEP 1**
- **ASK**
  - Ask the adolescent his/her complaint
  - Ask parents their complaint

- **Go to Quick Reference List (page 7)**

**STEP 2**
- **ASK**
  - Conduct the physical assessment

- **Go to Algorithm or Decision Tree**
  - Ask the questions
  - Conduct the PSYCHOSOCIAL ASSESSMENT (HEADS)

**STEP 3**
- **ASK**
  - Look, Listen/Feel
  - Symptoms and signs

**STEP 4**
- **CLASSIFY**
  - Determine the provisional classification

**STEP 5**
- **CLASSIFY**
  - Manage

**STEP 6**
- **CLASSIFY**
  - Manage
  - Follow up

Understand the color-coded rows:
- **RED row** - immediate or urgent attention; should be handled by a physician or an expert
- **Yellow row** - moderate or intermediate attention; to be handled by adolescent health provider at an adolescent-friendly health service clinic
- **Green row** - not so risky or normal level; may be managed by a trained nurse/midwife/health provider.

Provide information/clarification:
This manual also contains additional information that the provider may find useful in their practice:
- Information to be given to the adolescent and accompanying parent
- Responses to frequently asked questions
- Information that the health provider should know.

Referrals:
- If you have to refer a patient, provide the summary of the history, findings, provisional diagnosis, and referral notes. As a matter of courtesy, feedbacks should be sent to the referee containing the evaluation/management done on the patient after being referred to the secondary or tertiary level.
- A phone call may be made for urgent referrals that need communication between health provider to a specialist.

Feedbacks:
As a matter of courtesy, provide the referee a copy of the evaluation/management after being managed at the tertiary or secondary level. Preferably, the referred physician should send suggestions on what can still be done once the patient is back at the primary level.

Follow-up:
Follow-up of a patient at the primary care setting is an excellent opportunity to strengthen the relationship of the health provider and the adolescent. This is the time to address other issues or concerns of the adolescent.

Using Part 3:
Maintaining a Healthy Lifestyle contains routine information for teens on how to stay healthy. It contains practical tips that can be transmitted to adolescents and parents on how to stay fit and healthy. It focuses on preventive measures targeting risky behaviors.

Topics:
- Sexual activity
- The use of tobacco, alcohol and other substances
- Mental health
- Accidents and Injuries
- Violence
- Health giving foods and healthy eating
- Physical Activity
Quick Reference List

**ALGORITHM**

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**PART I**

Organizing Adolescent Friendly Health Services

Risk Behaviors in the Philippines

Tips for Health Providers on How to Deal with Adolescents and their Accompanying Adult
Organizing Adolescent-friendly Health Services

Looking Forward To A More Adolescent-friendly Environment
Making a health facility adolescent-friendly needs careful consideration in the planning. Characteristics of adolescent-friendly services include: accessibility, acceptability, appropriateness, efficiency, effectiveness, equity, and comprehensiveness. Training of the facility staff and health personnel are likewise necessary.

LOCATION
• Should be located in a place where adolescents can access its services like inside or near a school, health center, or a hospital.

RECEPTIONIST/SECRETARY/NURSE
• Plays a very important role.
• Should view the adolescent as the primary patient.
• Greet the adolescent and accompanying adult when they enter the clinic and get the initial information.
• Maintains the records in such a way that they can be retrieved quickly.
• Ensures that no unauthorized person has access to patient records.

WAITING ROOM
• Provide comfortable seating with proper ventilation, good lighting and reading/communication materials.
• Provide access to clean drinking water, and to clean toilets.
• Provide appealing reading material for the adolescent to browse through while waiting.

CONSULTATION/EXAMINATION/TREATMENT AREA:
• Ensure that the consultation and examination are done in a place where the interaction between the health worker and the adolescent cannot be heard or seen by anyone else.
• Ensure that no interruption occurs when a consultation or examination is in progress. (like phone/text calls, signing papers, etc.)
• Ensure that no needless delays occur.
• Ensure that the adolescent is clear about what to do (e.g. by labeling the different rooms such as pharmacy, and providing clear instructions as to where to go have a lab test and when to come back for the results).

DEALING WITH THE LAWS AND POLICIES OF YOUR COUNTRY THAT AFFECT YOUR WORK WITH ADOLESCENTS

1. The Republic of the Philippines has no law on informed consent, privacy, and confidentiality in regard to medical issues.
2. The Constitution, however, under its Declaration of Principles and State Policies (Article II), provides that the “State recognizes the vital role of the youth in nation-building and shall promote and protect their physical, moral, spiritual, intellectual, and social well-being.” (Sec. 13)
3. It also states that the “State shall protect and promote the right to health of the people and instill health consciousness among them.” (Sec. 15)
4. The Philippine Medical Association in its Code of Ethics (Art. II Sec. 5) states that informed consent in case of a minor should be given by the parents or guardian or members of the immediate family who are of legal age.
5. Privacy and confidentiality are not synonymous. There is a distinction between them. Privacy is the right and power to control information that others possess. Confidentiality, on the other hand, is a duty of health care providers not to disclose certain information without the patient’s consent. Thus, confidentiality is thought of as a duty of the health care provider, while privacy is the right of the patient to control the information that others possess.
6. R.A. 7610 mandates all health workers to report suspected cases of child abuse.

7. The Philippines is a co-signatory to the UN Convention on the Rights of the Child.
8. Parents have complete authority over their children below 18 years of age.
Tips for Health Workers on how to deal with adolescents and their accompanying adults

Dealing with an adolescent:

- Greet the adolescent in a friendly manner. You may stand up from behind your desk and sit facing the patient.
- Begin the issue of confidentiality to both the adolescent and the parent. Assure them that you will not share any information that they have trusted you with, unless they give you permission to do so (see Confidentiality in Adolescent Health Care).
- If the parent is with the adolescent, entertain their concerns and allow them to verbalize this. Get all general data that may be needed from the parent – like the family history, past history, developmental history, and immunization history. Avoid assumptions that the adult accompanying the adolescent is the parent. Always clarify this point.
- Inform the parent that you will now interview the patient alone and that you will call them back to discuss your assessment and plans.
- The parent should not feel isolated. Assure them that interviewing the adolescent alone is not a reflection of them as parents.

* For further details refer to *A Practical Health Guide to Adolescent Health Care*, pp. 21-22

<table>
<thead>
<tr>
<th>In situations where ......</th>
<th>Your steps will be ......</th>
</tr>
</thead>
<tbody>
<tr>
<td>The adolescent feels shy and awkward</td>
<td>Reassure the adolescent and start the interview with general questions and comments to break the ice. Help them relax.</td>
</tr>
<tr>
<td>The adolescent is angry</td>
<td>Earn their trust and show them you are really interested in helping them. Be honest and less authoritative. Avoid playing the role of a parent.</td>
</tr>
<tr>
<td>The adolescent is distrustful</td>
<td>Be friendly but do not behave and talk like a teen. You are a professional and not their peer.</td>
</tr>
<tr>
<td>The adolescent is quiet and uncooperative</td>
<td>Be patient. Continue to reassure them that you are there to help them. Inform them that you cannot reach out to them unless they start opening up. You will do your best to understand them.</td>
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Take their history: (ASK)

- Using the questions listed under each algorithm ask them why they have come to you. Go beyond the ‘presenting need or problem’ to ask if they have other needs and problems.
- Use the dialect that they are comfortable with.
- Be alert for a hidden agenda. Adolescents may present with vague complaints or symptoms that are not consistent with the extent of their complaints.
- If dealing with very sensitive issues, avoid asking directly on this issue until later.
- Prioritize issues depending on the urgency and seriousness of the complaints.
- Conduct the psychosocial assessment or the HEADSS history.

Carry out the physical examination: (LOOK/LISTEN/FEEL)

- Always explain to the patients what you are going to examine, before you do it. Seek their permission before carrying out the procedure. This is especially true if you are going to carry out a vaginal examination or examine their private parts like the breasts or penis.
- Give the adolescent privacy to undress or change into a gown.
- If you are a male health provider, always request that the adolescent have a chaperone in the room.
- Wash your hands before and after examining the patient.
- Cover the patient with a sheet. Continue to talk and to reassure them if your findings are normal. Use this opportunity to educate the adolescent about normal growth and development.
- Any abnormal findings should be pointed out and questions pertinent to this may be asked.

What to look for (SIGNS / SYMPTOMS)

- Look for signs and symptoms in the patient

Make a Diagnosis: (CLASSIFY)

- Based on the findings of the history (ASK) and the results of the physical examination (Look, Listen, and Feel), and (decide on a classification as per the algorithm.

Manage the condition: (MANAGE)

- Inform the adolescent of the classification and its implications.
- Discuss with the adolescent what your plans are.
- Always give the adolescent a chance to clarify and ask questions.
- Respond to any questions they may have using the information provided in the *Information to be given to the adolescent and accompanying adult* section of each algorithm.
- Make sure that the adolescent patient understands what your plans are.
- Make the adolescent summarize and repeat what they heard from you.
- Discuss with the adolescent what information he/she would want to be discussed with the parent or guardian.
- If there are issues that are important to discuss with the parent/guardian, the patient must understand the reason why it should be discussed.

Follow-up of Patients (FOLLOW-UP)

- Explain arrangement for follow-ups. In case you have to refer cases that you cannot handle, always write a referral note.
- Instruct the adolescent and family to secure from the referred facility their evaluation.
- Respond to questions that they may want to know using the information provided in the *Frequently Asked Questions* section of each algorithm.
Follow-up of Patients: (FOLLOW-UP)

- Give the patient a date when he/she should come back.
- Make sure the patient agrees to the date. You may also ask what may keep him/her away from the appointment.
- If there is a problem, let the adolescent state how he/she will be able to keep the appointment. Sometimes, it would be necessary to inform the parent/guardian who can always remind the adolescent.
- If necessary, ask for the patient's contact numbers and make sure he/she agrees to receive calls or reminders from your office (e-mail address, telephone numbers, or cell phone numbers are some ways to contact them)
- Write name and contact number in appointment books.
- Let the adolescent provide ways to have them easily contacted especially if they do not want their parents to know.
- Give the adolescent the office contact numbers where they can call for emergencies and to confirm appointments.

CONFIDENTIALITY IN AND PRIVACY ADOLESCENT HEALTH CARE

Confidentiality increases the willingness of an adolescent to seek care and utilize health services available. Furthermore, it increases his own confidence in the health care system.

- Most teenagers appreciate it when they can talk with someone outside of the presence of any parent.
- The teenager prefers to have some time alone with the provider to discuss certain issues. Even if the complaint may be as simple as cough and colds, there may be some underlying concern that the teenager is not ready to divulge in the presence of his parents.
- Many problems of adolescents are rooted in behaviors that may not be revealed unless the health provider opens his lines of communication with the teenager.

2. Explain your office policy regarding privacy and confidentiality.

- Acknowledge that a parent’s role is very important in the care of the adolescent
- Introduce the concept of fostering responsibility in self-care and self-reliance
- Assure parents that this policy applies to all adolescents and not to their child alone

3. Clarify issues and concerns of parents concerning their visit to the clinic.

4. Direct questions to the adolescent while taking into consideration any data that the parent provides.

5. After relevant data has been collected from the parents, ask them to wait outside the room and assure them that they will be called back later. usher them to the door.

6. Once the parent has stepped out, repeat the statement on confidentiality so that the adolescent understands this well. Give the adolescent enough time to ask you questions.

7. Revisit the parent’s concern with the adolescent and obtain his own point of view.

Note any inconsistencies. Keep this in mind and try to reconcile these issues as you evaluate the situation.

8. Conduct the psychosocial interview using the HEADSS format and proceed with the physical examination.

9. Discuss with the adolescent your evaluation and what the adolescent feels should be discussed with the parent. Remember that this is a contract between you and the patient. In your judgment, certain issues need to be discussed urgently with the parent, convince the adolescent why it is important to inform the parent. If patient is not ready to discuss with the parent, discuss certain rules that the adolescent needs to comply with in terms of his medical care and follow-up. In this manner, you are instilling some responsibility on the teenager. Encourage the adolescent to inform the parent himself. Make sure that non-compliance will mean that you will have to inform the parent yourself.

- The issue of confidentiality has been identified as a significant barrier to access to health care by both the health provider and the adolescent.
- Most parents, once they have been made aware of the rules of conduct in the clinic, will allow the teenager some time alone with his provider.
- Let the parent know why this is being done and that your plans will be discussed with them after you have made a thorough evaluation of their child.

Steps in establishing the rules of confidentiality during the initial interview:

1. Inform parent and teenager at the start of the interview about rules of confidentiality.

Examples would be:

# 1 - “We will be spending some time to talk about Maria’s history, especially her immunization, past illnesses and your concerns about her health. After that, I would like to spend some time alone with Maria. After I have examined her, I will ask you in again and we can discuss my assessment and our plans, any lab tests, treatments and follow-up plans.

# 2 - “First of all, I would like to say that whatever we talk about in this interview will be kept strictly confidential. Do you understand what confidential is Maria? However, there are certain situations when I have to break this confidentiality. First is, if you plan to hurt yourself or hurt others, if you have been abused, if you have engaged in a serious crime or any activity that makes me believe that you are in danger. In these situations, I will have to break confidentiality. So Mrs. ___ please be assured that I will notify you if I need to. Is that alright with you?”

10. Invite the parent back into the room. Discuss your evaluation, plan of treatment, the laboratory studies that need to be done, and follow-up.

Etiquette for Health Providers

- Do not discuss patient information to anyone outside of the walls of your interview room.
- Avoid discussing patient information in open areas, elevators, waiting rooms, and hallways.
- Do not leave messages through a voice mail or voice recorder unless the patient gives consent.
- Create a safe and non-threatening environment for patient interview.
- Assure the adolescent that a provider is required to maintain confidentiality, except under specific circumstances: when the adolescent confesses of grave suicide intent or actual attempt, has plans of homicide, abortion, or any problems that make him/her unhealthy.
- Make sure that all confidential files are kept in a safe place in the center.
- Close your office doors when talking to the patient about sensitive issues, especially about sexually transmitted infections, rape or sexual abuse, and substance abuse.
- Make sure that all office personnel follow office policies regarding confidentiality and privacy. Like patient identification, history and PE forms, brochures and information materials given.

Attitudes of health workers towards adolescents:

Do’s:

- Be aware of what you believe is the right way for an adolescent to dress, speak, and behave.
- Be aware that some adolescents may dress, speak and behave in ways that you believe is not right. He or she may also be having sex outside a recognized union or using psychoactive substances.
- Be aware that this behavior may even upset you.
- Be aware that even if an adolescent is saying or doing things that you believe is wrong, you have a responsibility to help him/her.
Risk Behaviors of Adolescents in the Philippines

Majority of the youth mature successfully through adolescence without apparent long term problems. All adolescents should be considered at risk due to the prevalence of risk behaviors, the inherent developmental needs of adolescents, and the various risk factors for their initiation and maintenance. Risk-taking is a normal part of adolescent development. Risk taking is defined as participation in potentially health compromising activities with little understanding of, or in spite of, an understanding of, the possible negative consequences. Adolescents experiment with new behaviors as they explore their emerging identity and independence. The concept of risk has been established as a characteristic that exposes adolescents to threats to their health and well-being. Young people may be exposed to similar risks but respond differently. Some may not sustain any physical or emotional damage while others may be affected for the rest of their lives.

The challenge for health providers is to distinguish between what may be normal exploratory behaviors and those that are health compromising.

Health behaviors in adolescence continue into adult life and will influence health and morbidity throughout life. During adolescence, young people begin to explore alternative health behaviors including smoking, drinking alcohol, drug use, sexual intimacy and violence. The Department of Health, in its Adolescent and Youth Health Policy (2000), has identified the following health risks: substance use, premarital sex, early childbearing, abortion, HIV/AIDS, violence, accidents, malnutrition, and mental health.

Primary health workers who provide services for adolescents will encounter young people at risk or are engaging in health-compromising activities. The health provider should, therefore, be able to screen for problems and offer appropriate help for young people at risk. This would require timely, comprehensive, and appropriate assessment and management of risk behaviors. The health provider should have the knowledge of prevalent risk behaviors and understand the developmental as well as environmental contexts in which these behaviors occur.

TROUBLE SIGNS IN ADOLESCENCE

- Sexual promiscuity
- Regular use of drugs and alcohol
- Repeated violation of the law or school regulation
- Running away more than once in 3 months
- Skipping school more than once in 3 months
- Aggressive outbursts/Impulsiveness
- Dark drawings or writings
- Deterioration in hygiene
- Oppositional behavior
- Refusal to work/Non-compliance
- Chronic lateness
- Falling asleep in class
- Changes in physical appearance
- Excessive daydreaming

Do’s
- Demonstrate respect and empathy for the parents through your words and actions.
- Stress that parents have important roles to play in supporting their son/daughter.
- Demonstrate to the parents that you respect the views and perspectives of their son/daughter through your words and actions.
- Explain to the parents that you want to develop a good working relationship with their son/daughter, and for this you will need to be able to deal with them directly, and also to speak to them alone as well.
- Provide the parent with information and advice they need to support their son/daughter. But do this with the permission of the adolescent.
- Try to identify the nature of the relationship between the parent and their son/daughter.
- Try to identify whether the parent (or parents) could contribute meaningfully to the solution, or whether one or both of them might have contributed to the problem.
- The health provider should encourage and facilitate understanding and communication.

Don’ts
- Do not underestimate the influence that parents have, even on older adolescents who seem independent.
- Do not ask the adolescent potentially embarrassing questions in front of his/her parent.
- Do not make decisions/agreements with parents on issues concerning their son/daughter, ‘over the head’ of the adolescent.
- Do not share information with the parent on anything that the adolescent has confided in you, without his/her consent.

Procedures that respect cultural sensitivity:
- Respect prevailing norms (e.g. norms that require that a female adolescent has to be seen by a female health worker or in the presence of a female chaperon)

| The Health provider – Patient relationship |
| In the clinic setting |
| 1. The goal of the health provider’s contact with the adolescent is to provide quality health care through a complete, thorough physical and psychosocial evaluation in an atmosphere of trust and confidentiality. |
| 2. Assume an individualized, collaborative, and negotiated approach in order to avoid any unnecessary conflicts. |
| 3. Avoid imposing your own point of view on the adolescent. |
| 4. Always remember that the adolescent, not the parent, is the patient. |
| 5. Take into primary consideration the best interests of the adolescent, when making decisions – or taking actions – that affect him/her. |
| 6. Respect the rights of the adolescent (as laid out in the UN CONVENTION ON THE RIGHTS OF THE CHILD), while taking into account the rights and responsibilities of the parents. |
| 7. Strive to understand the specific needs of each individual adolescent. |
| 8. Respect the viewpoints and perspectives of the adolescent according to his developmental capacity. |
| 9. Address the adolescent with respect and dignity just as you would like the adolescent to respect and trust you. |

* For further details refer to A Practical Health Guide to Adolescent Health Care, pp. 21-22
4.5% of students have used drugs
- GSHS 2007

6.2% of young adults are current drug users
- YAFS3

15.8% of students drink alcohol
17% of students drank so much that they were really drunk
- GSHS 2007

15.5% of adolescents are underweight
3.6% of adolescents are overweight
- FNRI, 2003

17.1% of young people smoke
YAFS3
9.7% of students aged 13-15 year are smoking cigarettes
- GSHS 2007

17% of youth felt lonely
4.5% of youth have no close friends
16.7% of youth considered suicide
- GSHS 2007

Causes of death among 10-24 year olds:
- assault
- transport accidents
- accidental drowning
- Philippine Health Statistics 2003

23.5% of young people had premarital sex
- YAFS3

22.3% of maternal deaths were women <24 years old
- Philippine Health Statistics 2003

2% of STI’s are in the 13-17 year old age group
2% of HIV/AIDS are 10-19 years old
- Philippine AIDS Registry 2004

HEADSS (Adolescent-specific history-taking)

Home
With whom do you live? Describe your home situation. When you have concerns/problems, to whom do you confide? Are there any problems within your family that directly or indirectly concern you?

Education/ Employment
Are you studying/ working? How are things for you at school/ work? Are you having failures or problems? How is your relationship with teachers, fellow classmates or employees? Have you experienced bullying in school? Elsewhere?

Eating
Are you happy with the way you look or would you like to be different in some way? On a normal day, how many meals do you have? What do you eat? Do you spend time thinking about ways to be thin? Has somebody pointed out that you have gained weight or lost weight?

Activity
What do you do in your free time? Whom do you spend your time with? Do you participate in sports activities in school or community? Do you exercise regularly? How often do you use internet/ Computer?

Drugs
Have you ever used tobacco? Alcohol? Other substances? If so, are you using them currently? How much? How heavily?

Sexuality
Do you have any concerns regarding your body changes? Have you ever had sex? Did you want to have sex or were you forced to have sex? Are you sexually active now? Do you protect yourself from infection or becoming pregnant or getting someone pregnant?

Safety
Do you feel safe at home? At work? At school? In your neighborhood? If NO, what makes you feel unsafe? Do you wear a seatbelt when riding a car? A helmet when riding a motorbike? Has anybody touched or hurt you in ways that you do not want?

Suicide
Are you stressed? Sad or depressed in any way? Are you able to cope with the situation? Have you ever thought of hurting yourself or ending your life?

Check Algorithm
Cuts across all algorithms
See A6
See A4, A5
See A2, A3
See B4, B5, B6
See C1 - C8/ A1 A2
See B7
See B1, B2, B3
## General Physical Examination

### General Physical Appearance

From the appearance and clothing, assess whether or not the adolescent:
- is reasonably clean and well dressed;
- appears to have been involved in an accident/physically assaulted.

### Make Note Of:

- HEIGHT:_____________  WEIGHT:_____________
- BMI = Weight Kg/M²
- Pulse rate:_____________
- Respiratory rate:________
- Temperature:____________
- BP if indicated:________

### Mental State

Assess whether the adolescent is:
- Alert or drowsy? Disoriented? Extent of memory recall
- Agitated/angry/sad/with flat mood?
- Note character of speech/ judgment, insight into illness
- Presence of hallucinations/ Delusions?

### Be Sure To Examine For:

- **Amebias** - Look for pallor in the conjunctiva, lips, tongue and nail beds.
- **Jaundice** - Look for yellowish coloration of the white of the eye and skin.
- **Cyanosis** - Examine the ends of the fingers and toes to see whether they have become bluish.
- **Lymphadenopathy** - Check for the presence of enlarged glands in the neck, armpit and groin.
- **Presence of enervation** - Check the tongue and pinch the skin.
- **Presence of thyroid swelling** - Ask the adolescent to swallow and observe whether any swelling moves in the lower part of the front of the neck.
- **Presence of dental or gum disease** - Check the teeth for cavities and the gums for any infections or bleeding.
- **Presence of problems in and around the oral cavity** - Check the condition of the tongue, for the presence of sores in the angles of the mouth and the throat for signs of inflammation and infection.
- **Sign problems** - Look for acne, fungal infections, cuts, bruises, sores and blisters.
- **The distribution of hair in the body** - look for hair growth on face or elsewhere on the body.
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### Information to be given to the adolescent and accompanying adult(s)

1. **What is the condition?**
   **What do you mean by puberty?**

   As a child gradually becomes an adolescent, the body starts preparing for parenthood. This stage which lasts for two to five years is called puberty. Chemicals produced by the body called hormones, start these changes. During puberty, there is an increase in height, musculature and shape of the body. There is also marked growth and development of the sexual organs, preparing his body for fatherhood. Associated changes such as pimples appearing on the face, development of facial and body hair (appearing in the genital area and underarms) are seen.

   **When is puberty normally meant to occur?**

   For a boy, puberty begins when he is about nine years and usually lasts till he is 15 or 16 years of age.

   **When do we say that puberty is earlier than normal?**

   We say that puberty is earlier than usual in a boy when certain changes take place before the age of nine years. These changes are – growth of hair on the face, hair appearing near the genital area or growth and maturation of the penis and testes.

   **When do we say that puberty is later than normal?**

   We say that puberty is later than usual in a boy when certain changes do not appear even though he is more than 14 years of age. These changes are – growth of hair on the face, hair appearing near genital area or adequate growth and maturation of the penis and testes.

2. **What are the causes of this condition?**

   **What are the main causes of too early puberty?**

   The commonest cause of too early puberty is its being a familiar trait meaning pattern that runs in a family. Rarely, however, it could happen due to a tumor in the brain or genital area, disturbances in body chemicals called hormones and a head injury affecting specific parts of the brain.

   **What are the main causes of too late puberty?**

   The commonest cause of too late puberty is delay due to a problem in the body’s make up (called constitutional delay). This usually runs in the family and needs no treatment. Rarely, however, it could be due to hereditary conditions (conditions that pass from one generation to another) or long standing illness.

3. **What are the effects of this condition on your body?**

   **The effects of too early puberty are:**

   **Physical effect:** A boy’s height may be affected. This is because early release of chemicals called sex hormones may make the long bones of the arms and legs stop growing further.

   **Psychological and social effect**: An affected boy may be anxious about whether he is normal. His school mates and playmates may tease him, and make him feel awkward and unhappy.

   **The effects of too late puberty are:**

   **Physical effect:** The boy tends to grow taller but there is no other obvious problem.

   **Psychological and social effect:** Similar to the previous example, an affected boy may be anxious about whether he is normal. His school mate and playmates may tease him, and make him feel awkward and unhappy.
4. What treatments are you proposing and why?

In case the adolescent is classified as ‘Delayed Puberty’:

For what you and your parents/guardian have said and from my examination, it appears to me that the changes in your body are not taking place as they should. I am going to send you to a health provider who is an expert in this area, for further tests and treatment.

In case the adolescent is classified as ‘Normal’:

At this stage, no further tests or treatments are required. We will wait for some time to see if the changes in your body begin to proceed as expected. Please come back for review after one year. I will check you up again and if required, I will send you to a doctor who is an expert in this area for tests and treatment.

5. What can you do?

It would be helpful if you could keep track of any changes that take place in your body:

- increase in height
- increase in weight
- growth of hair on your face and body, and especially in the pubic area.
- changes in the color and texture of the skin of the scrotum,
- changes in the size of your penis and testes.

Having regular and adequate exercise and having healthy and nutritious diet will help your body grow and develop. Being positive in your outlook is also very important.

Remember that you can come back to talk to me if you have any concerns or questions.

Sexual Maturity Rating

Males

Genital stage 1 (G1) : Prepubertal
- Testes: Volume less than 1.5 mL
- Phallus: Childlike

Genital Stage 2 (G2)
- Testes: Volume 1.6-6 mL
- Scrotum: Reddened, thinner, and larger
- Phallus: No change

Genital Stage 3 (G3)
- Testes: Volume 6-12 mL
- Scrotum: Greater enlargement
- Phallus: Increased Length

Genital Stage 4 (G4)
- Testes: Volume 12-20 mL
- Scrotum: Further enlargement and darkening
- Phallus: Increased length and circumference

Genital stage 5 (G5)
- Testes: Volume more than 20 mL
- Scrotum and phallus: Adult

Frequently asked questions by adolescent boys

Why is it that I have so little hair on my face and body?

Understanding the reason for the question:

The adolescent boy may be anxious about this, thinking that his condition may not be normal.

Points to make in responding to the question:

Hair on the face and body varies from one family to another and from one age to another. The reason that you may not be having enough body hair for your age is that your puberty may be delayed. When this catches up, so will the hair growth. However, if it is something running in your family, it may not change. You have to learn to love your body the way it is more ever as you do have some hair, there is no reason for too much concern.

My penis and/or testes seem small when compared to those of my friends. Am I normal?

Understanding the reason for the question:

This question may come from the belief that the size of the penis determines the maleness of the person. The boy may be anxious about not being normal.

Points to make in responding to the question:

Two boys of the same age may have difference in sizes of their penis depending on their family trait. This has nothing to do with maleness or sexual function of the organ. If you are still in your early years of adolescence (say less than 14 years), there is still time for further development.
A2 - Female Puberty-related Conditions

A2 - Female Puberty-related Conditions

Information to be given to the adolescent and accompanying adult(s)

1. What is the condition?

What do you mean by puberty?

As a child gradually becomes an adolescent, the body starts preparing for adulthood. This stage which lasts for two to five years is called puberty. Chemicals in the body called hormones start these changes. During puberty, there is an increase in height, weight, broadening of the hips and narrowing of the waist in girls. There is also marked growth and development of the sexual organs, preparing her body for motherhood. Associated changes such as pimples appearing on the face, enlargement of the breast and body hair (appearing in the genital area and underarms) are seen.

When is puberty normally meant to occur?

For a girl, puberty begins when she is about eight years and usually lasts till she is 14 or 16 years of age.

When do we say that puberty is earlier than normal?

We say that puberty is earlier than usual in a girl when certain changes take place before the age of eight years. These changes are – increase in size of her breast, hair appearing near her genital area or starting of her periods (all or any of these).

When do we say that puberty is later than normal?

We say that puberty is later than usual in a girl when certain changes such as increase in size of her breast and or hair near her genital area do not appear even though she is 14 years or her periods do not start even though she is 16 years old.

2. What are the causes of this condition?

What are the main causes of too early puberty?

In girls, over-nutrition and a resulting increase in the body weight may lead to too early puberty. Among other causes are – early puberty running in the family or influence of steroids or drugs similar to sex hormones being taken as treatment of other illnesses. Rarely, however, tumors of the brain or genital organs, disturbances in certain chemicals called hormones or a head injury affecting specific parts of the brain may be responsible.

What are the main causes of ‘Delayed puberty’?

A girl who is very undernourished or thin is more likely to have a delayed puberty. The commonest cause of too late puberty is delay due to a problem in the body’s make up (called constitutional delay). This usually runs in the family. It needs no treatment. Recently, however, hereditary conditions (conditions that pass from one generation to another) or an illness that lasts for a long time can also lead to too late puberty.

3. What are the effects of this condition on your body?

The effects of too early puberty are:

Physical effect: The height of the girl may be compromised. This is because early release of chemicals called sex hormones may make the long bones of the arms and legs stop growing further.

Psychological and social effect: An affected girl may be anxious about whether she is normal. Her school mates and playmate may tease her, and make her feel awkward and unhappy. Sometimes girls are socially concerned if they are not found suitable for marriage because of their height.

The effects of delayed puberty are:

Physical effect: The girls tend to grow taller but there is no other obvious problem.

Psychological and social effect: An affected girl may be anxious whether she is normal. Her school mates and playmate may tease her, and make her feel awkward and unhappy.

Follow up

Take up measures as needed follow up nutritional problems as needed

Review nutritional development in 6 months

Presenting complaints/questions:

Parent: Is my daughter normal? My daughter has large breasts. My daughter has too much/ too little body hair. My daughter has not had her periods yet.

Adolescent: Am I normal? My breasts seem too large or too small! I have too much/too little body hair. My periods have not yet started.
4. What treatments are you proposing and why?

For those patients classified 'Delayed Puberty due to chronic illness or undernutrition'

From what you and your parents/guardian have said and from my examination, it appears to me that the pubertal changes in your body are not taking place as they should. I am going to send you to a specialist who is an expert in this area, for further tests and treatment. It is also important that you have a healthy and nutritious diet to ensure that you go through puberty normally.

For those patients classified 'Delayed Puberty not related to chronic illness or undernutrition'

We will refer you to a specialist to confirm whether your delay is due to a normal variation in the age when girls start puberty or if there is something causing this.

5. What can I do as an adolescent?

It would helpful if you could keep track of any changes that take place to your body such as:
- increase in height,
- increase in weight
- growth of hair on your face and body, and especially in the pubic area.
- changes in the size of your breast and size and color of the skin around the nipples,
- Note the time when you have your first periods (ask only if not started already)

Having regular and adequate exercise and having healthy and nutritious diet is important for your health and development. Being positive in your outlook is also very important.

Remember that you can come back to talk to me if you have any concerns or questions.

Sexual Maturity Rating

Male and female: pubic hair

Pubic hair stage 1 (PH1)
None

Pubic hair stage 2 (PH2)
Small amount of long, slightly pigmented, downy hair along the base of the scrotum and phallus in the male or the labia majora in females; vellus hair versus sexual type hair (PH3)

Pubic hair stage 3 (PH3)
Moderate amount of more curly, pigmented, and coarser hair, extending more laterally

Pubic hair stage 4 (PH4)
Hair that resembles adult hair in coarseness and curliness but does not extend to medial surface of thighs

Pubic hair stage 5 (PH5)
Adult type and quantity, extending to medial surface of thighs
# A3 - Breast Related Conditions

## PRESENTING COMPLAINTS/QUESTIONS:
- Parent: My daughter is complaining of pain in her breast.
- Adolescent: I have a pain in my breast/chest.

### ASK
- How long have you had this breast pain?
- Are both breasts affected?
- Do you experience breast pain before menstruation?
- Do you feel any mass in your breast?
- Do you feel any discharge? Redness? Is there fever?
- Is it associated with amenorrhea? When was your last menstrual period?
- Are you currently taking any medications?
- Do HEADS assessment

### LOOK/FEEL/LISTEN
- Get menstrual history before proceeding further
- Do a complete physical examination
- Do Tanner's Breast Staging
- Palpate a lump, consult your doctor
- See among obese boys; also seen among this boys as nodele, rounded, marble like elevation in 1 to 1.5 cm

### SYMPTOMS AND SIGNS
- Absence of masses
- Trauma (Accidents/traumas)
- Presence of fever, pain, and tenderness
- Drugs

### CLASSIFY
- Pregnancy
- Trauma
- Breast Abscesses

### MANAGE
- Do pregnancy test; if positive, refer to health provider; follow algorithm on ‘Am I pregnant?’
- Rule out or consider physical abuse
- Start antibiotics
- Investigate if medication is indicated; stop temporarily any medication and observe if pain will subside

### FOLLOW UP
- Offer counseling (stress, eating, wanted pregnancy)
- Follow-up after 1 week
- Consult or go back to your doctor
- Give advice about intake of medications

## ASK
- Palpable mass; tenderness on palpation
- Swelling and tenderness just before menstrual period

## LOOK/FEEL/LISTEN
- Broadened Rubrocyanotic disease
- Abscess

## SIGNS AND SYMPTOMS
- Acute mastitis
- Premenstrual Syndrome (PMS)
- Normal changes of puberty
- Breast edema

## CLASSIFY
- Refer to a specialist
- Pain reliever; Assurance
- Assure both adolescent and parent
- Explain the normal changes expected at puberty

## MANAGE
- Follow-up referral and feedback
- Pain reliever; Assurance
- Assurance and parent
- Explain the normal changes expected at puberty

## FOLLOW UP
- To come back if pain persists or pain is severe.
- To come back if pain persists or pain is severe.
- To come back if pain persists or pain is severe.
- Teach how to do breast self-examination

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### Adolescent Job Aid Manual

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## GENERAL HEALTH CONCERNS

### A3 - Breast Related Conditions

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1. What is the condition?

What do we mean by breast pain?

Breast pain is any discomfort or pain in the breast. It is a frequent complaint and it often occurs as a component of the normal menstrual cycle. Most breast pain in adolescents is of organic origin and is seldom imaginary, due to hysteria, or of psychosomatic cause. Some alternative names are mastalgia, mastodynia, breast tenderness.

2. What are the considerations in having breast pain?

Hormonal level changes related to menstruation or pregnancy are often responsible for breast tenderness. Some degree of swelling and tenderness commonly occurs just before your menstrual period. Many women with pain in one or both breasts may fear breast cancer. Breast pain is NOT a common symptom of cancer. One cause of breast pain is premenstrual tension. Breast tenderness tends to be more common during the first trimester and in women who are pregnant at a young age (pregnancy). Breastfeeding is also one of the causes of breast tenderness. It often goes away unless you are taking hormone replacement therapy. Soon after childbirth, your breasts may become swollen with milk. This can be very painful and is usually accompanied by swelling. If you also have an area of redness, call your health care provider. Fibrocystic breast changes, injury, mastitis, and fibroadenosis breast masses are common. Such tissue contains breast lumps and bumps that tend to be tender just before your menstrual period.

3. If I have breast lump, do I need to be fearful?

Fibroadenoma is a mass common among adolescents. These are benign, solid, round or oval breast tumors are most common among women ages 15-35. They are rubbery in consistency, mobile and non-tender. They rarely grow larger than 2-3 cm. Fibrocystic diseases are best managed with analgesics. Rarely will surgery be an alternative. If it is due to breast abscess we will recommend incision and drainage to remove the pus. Antibiotics will have to be given.

4. Why do boys develop gynecomastia?

When boys and men develop breast enlargement it is called gynecomastia. As a normal part of development, adolescent boys can have some breast swelling like a nodular tissue under the subareolar area and sometimes it can be tender. Like breast tenderness in women, this is due to hormonal changes. It characteristically occurs in Tanner stage II – III. Other conditions need to be ruled out like endocrine problems and use of certain medications like estrogens and other corticosteroids, cimetidine, insulin, tricyclic antidepressants, digitals, and amphetamines. Gynecomastia usually disappears in a year or two and you do not have to worry about it. It does not mean that you are a homosexual or that you have any cancer.

Frequently asked questions by adolescent girls

Why are my breasts smaller/bigger than those of my friends?

Can you suggest something to make my breast bigger/smaller?

Understanding the reason for the questions:

All adolescents - boys and girls - are concerned about whether what is happening to their bodies is normal or not.

Points to make in responding to this question:

There is significant variation in the size of the breast between individuals. The size of your breast can depend on a number of things including, how far you are though the process of puberty (your development), and the normal variation in girls in the amount of fat deposited in their breasts. Breast development is one of the early signs of puberty, and usually starts to occur a few years before the periods start. You will need to eat a healthy and nutritious diet, have adequate exercise and wait for your breasts to develop with time as you go through puberty.

Different girls go through puberty at different rates depending on their family traits and their nutrition. Almost all girls go through the process of puberty with no problems.

Sexual Maturity Rating

Females

| Breast stage 1 (B1) | Breast: Prepubertal; no glandular tissue
|                    | Areola and papilla: Areola conforms to general chest line |
| Breast stage 2 (B2) | Breast: Breast bud; small amount of glandular tissue
|                    | Areola: Areola widens |
| Breast stage 3 (B3) | Breast: Larger and more elevation; extends beyond areolar parameter
|                    | Areola and papilla: Areola continues to enlarge but remains in contour with the breast |
| Breast stage 4 (B4) | Breast: Larger and more elevation
|                    | Areola and papilla: Areola and papilla form a mound projecting from the breast contour |
| Breast stage 5 (B5) | Breast: Adult (size variable)
|                    | Areola and papilla: Areola and breast in same plane, with papilla projecting above areola |
**Decision Tree: “I FEEL TIRED”**

**ADDITIONAL PRESENTING COMPLAINT/QUESTION**
- I am too tired (and looks pale)
- I am anxious
- I am sad
- My son/daughter is using substances (cigarettes/alcohol/drugs)
- None of 2, 3, or 4 and history of long standing illness present
- Adolescent with growth spurt happened and none of the above problems exist

**LIKELY TO BE**
- ANEMIA
- MENTAL HEALTH CONCERNS
- SUBSTANCE USE
- CHRONIC ILLNESS
- NORMAL ADOLESCENT

**FOLLOW RESPECTIVE ALGORITHM TO CONFIRM**
- Anemia algorithm
- Anxiety algorithm B1
- Depression algorithm B2
- Substance use algorithm C, C2, C3
- Refer to secondary care with note Diagnosis by exclusion if none of the other problems are identified

### Information to be given to the adolescent and accompanying adult(s)

1. **What is the condition?**
   Tiredness is common in adolescents. The level of tiredness in adolescents can range from:
   - feeling tired but still able to carry out day to day activities with some difficulty,
   - feeling so tired that this impacts on school or work or school performance,
   - being so tired that they are not able to leave the house.

2. **What are the causes of the condition?**
   Tiredness can be caused by many different conditions. It can be due to:
   - illnesses such as anaemia and recurrent acute or longstanding illnesses
   - poor nutrition
   - behavioural or lifestyle factors including poor sleep patterns or excessive work
   - substance use
   - mental health issues such as anxiety and depression.

   In some adolescents there may be more than one cause of tiredness. For example, they may have anaemia and also may be working very hard at home.

3. **What are the effects of the condition on your body?**
   The effects on your body will depend on what is causing your tiredness. Additionally, if you are tired, it may affect your performance at school or work as well as your ability to work at home.

4. **What treatments are we proposing and why?**
   The treatment for your tiredness will depend on its cause. We may have to do some tests, for example blood tests to look for anaemia, to determine the cause of your tiredness.

5. **What can you do?**
   Regardless of the cause of the tiredness you should aim to:
   - eat a healthy diet
   - get adequate sleep
   - get some regular exercise (but not too much)
   - continue going to school or to work, as much as you can
   - maintain regular contact with your friends and other social networks

   If after one month of following the above advice you are still tired, you should return to your health worker.

**NOTE:** Tiredness in an adolescent is not normal if it interferes with daily functioning (they are not able to go to school or to work, or do other every day activities). Even if a physical cause is not found the adolescent should be reviewed regularly until either the return of normal function or the cause of fatigue is determined.
### A - Nutritional Concerns

#### PRESENTING COMPLAINTS/QUESTIONS:
- **Parent:** I am concerned about my son/daughter’s weight.
- **Adolescent:** I need to lose weight/gain weight.

#### ASK

**For the adolescent:**
- Age
- How old are you?

**Medical History:**
- Check for recent Acute or Chronic illness
- Do you have any illness at present?
- Do you have frequently recurring/long standing illness?

**Dietary History:**
- How many meals do you eat each day?
- How often do you skip breakfast/lunch/dinner?
- How much do you eat during each meal?
- How often do you skip meals?
- How many meals do you eat each day?
- How much do you eat during each meal?
- How many hours in a day do you spend watching TV or playing in the computer?
- What types of sports or activities do you do?
- How long do you do it.

**Physical Activity:**
- How much physical activity do you do each day and how long do you do it?
- Activities may include:
  - Those at home;
  - Those at school/college;
  - Those at work;
  - What types of sports or activities do you do?
  - How many hours in a day do you spend watching TV or playing in the computer?
  - For girls: When was your last menstrual period? How regular or irregular are your menstrual?

#### LOOK/FEEL/LISTEN

**Measure:**
- Weight
- Height

**Compute Body Mass Index (BMI) to determine nutritional status:**
- Plot BMI 2 score on BMI for Age Centile Chart (Use Growth Charts in Annex 1)
- If there is reported recent weight loss, if possible calculate % Weight Loss:
  - BMI = [Old Weight - New Weight] x 100
  - New Height (kg/m²)

**Look for signs of severe undernutrition:**
- Severe undernutrition
- Severe wasting
- Not able to stand/walk
- Pitting edema to knees on both sides

**Look for complications of obesity:**
- Severe overweight
- Severe obesity
- Blood sugar
- Blood pressure

**Plot BMI 1 score on BMI for Age Centile Chart (Use Growth Charts in Annex 1):**
- If BMI score is >2

#### SIGNS AND SYMPTOMS

**BMI for age is under -3 Z score line:**
- Any of the following
  - Severe wasting
  - Severe undernutrition
  - Not able to stand/walk
  - Pitting edema to knees on both sides

**Weight loss of more than 5% or Significant weight loss reported by adolescent:**

**BMI for age is in under -3 to -2 Z score lines:**
- Severe overweight or very underweight
  - Severe undernutrition
  - Severe wasting
  - Not able to stand/walk
  - Pitting edema to knees on both sides

**BMI for age is between -1 and -2 Z score lines:**
- Severely overweight or very underweight
  - Severe undernutrition
  - Severe wasting
  - Not able to stand/walk
  - Pitting edema to knees on both sides

**BMI for age is between -1 and -2 Z score lines:**
- Severe overweight
  - Severe obesity

**BMI for age is above the >2 Z score line:**
- Severe overweight
  - Severe obesity

**BMI for age is between +1 and +2 Z score lines:**
- Severely overweight
  - Severe obesity

**BMI for age is between +1 and +2 Z score lines:**
- Severely overweight
  - Severe obesity

**BMI for age is between +1 and +2 Z score lines:**
- Severe overweight
  - Severe obesity

**BMI for age is between +1 and +2 Z score lines:**
- Severely overweight
  - Severe obesity

#### CLASSIFY

**Severely underweight or very underweight:**
- Severe undernutrition
- Severe wasting
- Not able to stand/walk
- Pitting edema to knees on both sides

**BMI for age is in under -3 to -2 Z score lines:**
- Severe undernutrition
- Severe wasting
- Not able to stand/walk
- Pitting edema to knees on both sides

**BMI for age is between -1 and -2 Z score lines:**
- Severely overweight or very underweight
  - Severe undernutrition
  - Severe wasting
  - Not able to stand/walk
  - Pitting edema to knees on both sides

**BMI for age is between -1 and -2 Z score lines:**
- Severe overweight
  - Severe obesity

**BMI for age is above the >2 Z score line:**
- Severe overweight
  - Severe obesity

**BMI for age is between +1 and +2 Z score lines:**
- Severely overweight
  - Severe obesity

**BMI for age is between +1 and +2 Z score lines:**
- Severely overweight
  - Severe obesity

**BMI for age is between +1 and +2 Z score lines:**
- Severely overweight
  - Severe obesity

#### MANAGE

**Significant weight loss:**
- Trust or refer any underlying medical condition or anemia
  - Consider that the adolescent may have any of the following and assess further:
    - Laboratory:
      - HIV related illness
      - Anemia
    - Counsel adolescent about dietary choices as for OBESITY (above)
    - Use the algorithm: “COULD I HAVE HEP?”
    - Counsel adolescent about increasing physical activity
    - The number of meals / snacks each day
    - The size of meals
    - The amount of high energy / protein foods in diet (fish, such as oil, peas, nuts, lentils, eggs, fish and meat)

**Follow up after 2 weeks and secure feedback:**
- Follow up identified infections or conditions as needed
- Review nutritional status in one month

**Follow up after 3 months:**
- Review nutritional status in one month

**Follow up identified infections or conditions as needed:**
- Review nutritional status in one month

**Follow up after 1 month:**
- Review in one month
- Monitor Nutrition
- Give other messages on maintaining healthy lifestyle (Part III)

**Follow up after 3 months:**
- Follow up after 3 months

**Adolescent:** I need to lose weight/gain weight.

**Adolescent Job Aid Manual**
### Information to be given to the adolescent and accompanying adult(s)

1. **What is the Body Mass Index?**

   Body Mass Index is a measurement of the relative percentages of fat and muscle mass in the human body. After checking the height and weight, doctors and nurses use special charts called Body Mass Index charts to indicate whether someone is underweight or overweight. These charts show them the range of normal and abnormal weights for people of the same age and height.
   - If an adolescent is classified as **underweight**, it means that their weight is less than most other adolescents who are of the same age and the same height as they are.
   - If an adolescent is classified as **overweight or obese**, it means that their weight is more than most other adolescents who are of the same age and the same height as they are.

2. **What are the main causes of being underweight?**

   The common causes of being underweight are:
   - not eating enough food
   - some long standing illnesses such as tuberculosis / HIV
   - excessive use of alcohol or other substances that decrease the appetite
   - too much physical activity.

3. **What are the main causes of being overweight?**

   The main causes of being overweight are:
   - eating habits which lead to adolescents eating more food than their bodies require
   - exercise habits which lead to less activities that use up calories
   - genetic predisposition (as indicated by the body shape and weight of the adolescent’s parents and siblings)

4. **Why should being overweight or obese be of any concern to a growing adolescent?**

   Obesity should be of concern to any growing adolescent. It has been shown that overweight adolescents will become overweight as adults. Obesity is associated with elevated cholesterol levels and elevated blood pressure. It is a risk factor for heart disease and diabetes mellitus.

5. **Could dieting to lose weight be of help?**

   It depends on what you are trying to achieve. Dieting to lose weight could help the patient. But it is also important to look first for any related medical conditions that are leading to being overweight/ or being underweight. Being underweight could be associated with significant health and psychological morbidity. This may be associated with stress, an organic illness, depression, and eating disorder. Chronic dieting is associated with fatigue, irritability, impaired growth and development, impulse to binge, and lead later in eating disorder. Dieting in combination with purging is associated with health compromising behaviors like substance abuse and suicidal behaviors.

6. **What can be done to address these problems?**

   First, we would like to request your cooperation to ensure success of any weight management program. First, both the adolescent and family have to be convinced that a change in the diet and dietary habits are necessary. There has to be a willingness to change. Next, some laboratory tests and further nutritional evaluation is necessary. For these, we will have to send you for further evaluation. Exercise and physical activity are just as important. Needless to say, compliance to a prescribed regimen will be necessary.

---

**Other Relevant Questions to Ask regarding Dietary History**

<table>
<thead>
<tr>
<th><strong>Food Resources:</strong></th>
<th><strong>FOR THE PARENT/S:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Who usually buys the food in your house?</td>
<td>What are your concerns about your son/daughter’s weight? About his/her eating habit?</td>
</tr>
<tr>
<td>Is there always food in the house or are there times when there is none to eat?</td>
<td>Have you observed anything unusual in your child’s weight or eating habits?</td>
</tr>
</tbody>
</table>

**Weight and body image:**

| How do you feel about the way you look? | Is there a family history of obesity? Hyperlipidemia? Early deaths before age 55? Diabetes mellitus? |
| Are you trying to change your weight? How are you trying to do this? | Does your child have any allergies to foods or drugs? |
|                                  | Does your child have any chronic disease? |
Frequently Asked Questions by Adolescents

1. Why should I cut on my smoking if it helps me cut on my taste for food?

Smoking, as well as taking drugs, herbal supplements, and drinking alcohol, can all adversely affect nutrient intake, nutritional status and your general health. Some of its side effects may not be apparent now, but definitely will show up sooner than later you think. Therefore, it should not be used as a substitute for a well supervised dieting and lots of healthy physical exercise.

2. What types of food can I eat and cannot eat?

Have a good balance of fats, proteins, and carbohydrates. Avoid excessively oily foods like butter, chicken skin or meat fat. Avoid eating at fast food outlets as they usually offer meals with highly saturated fats. Avoid sausages, processed and luncheon meats. Learn to trim the fat in meats, better yet, avoid too much meat. Substitute fatty food with more fruits and vegetables, more bread/pasta, rice, noodles, and cereals. Choose low-fat dairy products and mayonnaise. When buying food, be more conscious about reading nutrition labels. Avoid soft drinks and artificial juice drinks which contain lots of sugar. Avoid skipping meals and going into binges.

3. How can exercise keep me trim and fit?

Managing your diet goes with exercise and physical activity. Learn to limit your time spent in front of the television or playing at computers. Spend more time on physical activities most. Incorporate physical activity into your daily life (walking up the stairs instead of riding the escalator) or participate in an outdoor activity that you enjoy. Invite your friends or family members to join these activities. Drink plenty of fluids when you engage in physical activities.

4. What is body image?

Body image is one’s perception of his/her own body. At your age, your appetite normally increases. When you reach the age of puberty, many changes occur in your body like increase in muscle mass especially in males and fat mass in females. Teens also have a tendency to eat meals away from home and go to fast food stores for quick meals which are high in calories and fats. These then can add more weight than you really should. Changes associated with puberty affect your satisfaction with your body appearance. Sometimes, pressure from friends and what you perceive from the influence of your environment can affect how you look at and appreciate yourself. This is called body image. Some teens have a healthy body image, while others have a poor body image. A poor body image can lead one to skip meals, go into unhealthy ways of dieting, and take unhealthy supplements and food substitutes. This may lead to Eating disorders. On the other hand, some teens compensate for a poor body image by overeating and gaining excessive weight. There may be underlying depression too.

5. How can a person improve body image?

Learn to love your body and treat it with respect. Do not abuse it by eating in moderation. Develop a positive body image. Your parents and friends should help you achieve your goals without your having to compromise your health through unhealthy eating habits. Many teenagers come in different body sizes and shapes and are accepted by society for what they are. Improve your overall personality - socially, physically, mentally, and emotionally.
Obese adolescents tend to become obese adults. Since obesity is linked to body image problems, heart complications, problems in the spine and other consequences of obesity include having poor self-esteem and having a poor quality of life. Information to be given to the adolescent and accompanying parent(s) for obese adolescents with health risks:

- Hip pain, knee pain
- Snoring, apnea
- Shortness of breath
- Headaches

Do a general physical examination:
- Blood pressure
- Dark pigmentation in the neck, axilla
- Excessive acne
- Excessive body hair
- Varicose veins

Identify history:
- How much do you eat in each meal?
- What types of meals do you usually take?
- How much? How often?
- How much physical activity do you do each day and how long do you do it?
- How much do you spend in front of the TV/computer/computer games?

Is there a history of parental obesity?

Are there other significant obesity-related family medical history?
- Diabetes mellitus
- Cardiac disease

Have you experienced any of the following?
- Severe, recurrent headaches
- Shortness of breath, exercise intolerance
- Snoring, apnea, sleepiness
- Abnormal pain
- Hip pain, knee pain, walking pain, foot pain

Check blood pressure:
- Do spot check of blood glucose level

Look for significant changes in the skin:
- Dark pigmentation in the neck, axilla
- Excessive acne
- Excessive body hair
- Varicose veins

Characterized family/hairing
- Gater/erupted thyroid

Apparent micronutrients/underdeveloped tissues:
- Abnormal pain

Rowing (this)
- Short stature, muscle weakness

Do a general physical examination:

BMI for age is above the +2 Z score line

Presence of significant obesity-related family medical history

Presence of:
- High blood pressure
- Oil
- High blood sugar

Presence of any of the following:
- Obstructive sleep apnea
- Hypothyroidism
- NAFLD (Nonalcoholic fatty liver disease)
- Pain may be normal/febrile in fat
- Skipped capital homologous aphrophage
- Disseminated disease
- Genetic syndromes

BMI 2 score is above +2 score line

Normal blood pressure
Normal blood sugar

Obesity with health risks

Referral
Follow-up referral and secure feedback
Monitor weight on subsequent follow-ups
Reinforce with messages on health giving foods and healthy eating

Information to be given to the adolescent and accompanying adult(s)

1. What can be implemented at the Primary Health Care setting for obese/overweight adolescents?

   For obese/overweight adolescents with no health risks:

   - Both you and the family should focus on basic healthy lifestyle eating and activity habits. These include:
     a. Consume < 5 servings of fruits and vegetables each day
     b. Minimize sugar-sweetened beverages
     c. Exercise = 1 hour each day
     d. Minimize TV and internet time to = 2 hours each day
     e. Prepare meals at home more than purchasing restaurant food
     f. Eat at the table with the family 5 or 6 times a week
     g. Consume a healthy breakfast every day.
     h. Allow adolescent to self-regulate eating habits and avoid overly restrictive eating behaviors
     i. Allow family to adjust according to cultural values.

   For obese adolescents with health risks:
     a. Your weight is not healthy. Your weight puts you at risk of health problems such as high blood pressure and diabetes later in life.
     b. You need to refer your for further diagnostic management and supervised dietary management.

2. What are other complications of being overweight/obese

   Other consequences of obesity include having poor self-esteem and body image problems, heart complications, problems in the spine and gait, and gall bladder diseases and liver complications.

3. How can obesity be prevented?

   Obese adolescents tend to become obese adults. Since obesity is linked to cardiovascular complications, it is important to focus on prevention. The best ways to prevent obesity are by promoting healthy eating habits, regular physical activity, and preventing a sedentary lifestyle. This is started in early childhood and not during the adolescent period. Parents can facilitate a healthy environment by choosing the right quality of foods and advising children to choose the right foods. Avoid eating in fast food restaurants.

4. What is body image?

   Body image is important especially during adolescence because this is the period when they want to be accepted by their peer. This acceptance is based on how they perceive themselves in terms of how they perceive their body. The concept of ‘body image’ has three components: perception of body size and its accuracy, a subjective component of feeling satisfied or not with one’s body, and a behavioral component. Concerns with body image occur across gender, BMI, and ethnic groups. Social norms have also placed enough pressures on teenagers to be thin.

5. How can a person improve body image?

   Learn to love your body and treat it with respect. Do not abuse it by eating in moderation. Develop a positive body image. Your parents and friends should help you achieve your goals without your having to compromise your health through unhealthy eating habits. Many teenagers come in different body sizes and shapes and are accepted by society for what they are. Improve your overall personality – socially, physically, mentally, and emotionally.

Tip to the health worker:

Simply telling an adolescent to change their eating habits and exercise habits is unlikely to make any difference, especially if they are not motivated to, or not able to make the changes they need to. Counseling can help adolescents make decisions about changing their habits, and more importantly acting on the decisions they make. This involves helping them to reflect on their eating and exercise habits, the factors contributing to these habits, and the possible negative effects of these habits on their health and well being. The next step is to help them consider what it will take for them to change their habits (e.g. avoiding sugary drinks, taking up walking or jogging etc.).
1. What do we mean by micronutrient deficiencies?

Micronutrient deficiencies refer to deficiencies in iron, folate acid, vitamin B1, vitamin B6, vitamin B12, vitamin D, vitamin C, vitamin A, fluoride, selenium, zinc, and iodine. These micronutrients are recognized as the most common nutrient deficiencies worldwide.

2. How is iron deficiency recognized and how does it occur?

Deficiency in iron presents as anemia. This is common in both boys and girls. Because of muscle mass development, boys require enough iron in their bodies. On the other hand, once girls menstruate they also require enough iron in their diet to compensate for the monthly blood loss. The main cause of lack of iron in the body is the lack of dietary source for iron. Iron requirements may also be increased by infections such as malaria, schistosomiasis, and hookworm infestation. Tuberculosis and HIV are also etiologic factors for iron deficiency anemia. Athletes sometimes would complain of blood in the urine after strenuous exercise. They may suffer iron deficiency anemia due to some loss of red blood cells in their urine or due to intravascular hemolysis after the strenuous exercise.

3. What are the consequences of iron-deficiency anemia?

Iron deficiency anemia can lead to poor concentration and capacity to work. It can also lead to poor pregnancy and labor outcomes. Babies born to mothers who are anemic carry a higher risk for cardiovascular problems and hypertension as adults. Growth has been shown to be delayed and cognitive development has also been affected in patients with prolonged anemia.

4. What micronutrient deficiencies are common among teenagers? What are its manifestations and effects?

Iodine deficiency disorders were quite prevalent until corrective measures like iodized salt supplementation was instituted. Iodine deficiency can lead to neuromotor and cognitive impairments. Young women in their childbearing age are most commonly affected.

Calcium requirements for bone mass development are important during adolescence. Its deficiency can lead to higher post-menopausal bone loss. Adolescents should be advised to continue their intake of milk and milk products. Soya milk is a good substitute for those who are lactose intolerant. There are also vegetables that are good sources of calcium. Cereals and bread and canned fish with bones can be good alternatives.

Folate is important for adolescents because of its role in cell replication and growth. Folate is important in early pregnancy. It has been shown to prevent some neural tube defects in the fetus of pregnant mothers. Vitamin A and Zinc deficiency have occurred in girls who undergo a vegan diet. The main sources of Vitamin A are eggs, dairy products, liver, meats and fatty fish. Zinc can be found in meat, poultry and fish.

### Nutrient needs of adolescents

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>13-15 years old</th>
<th>16-18 years old</th>
<th>19-29 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male</strong></td>
<td><strong>Female</strong></td>
<td><strong>Male</strong></td>
<td><strong>Female</strong></td>
</tr>
<tr>
<td>Energy (kcal)</td>
<td>2800</td>
<td>2250</td>
<td>2840</td>
</tr>
<tr>
<td>Protein (g)</td>
<td>71</td>
<td>63</td>
<td>73</td>
</tr>
<tr>
<td>Vitamin A (µg RE)</td>
<td>550</td>
<td>450</td>
<td>600</td>
</tr>
<tr>
<td>Vitamin C (mg)</td>
<td>65</td>
<td>65</td>
<td>75</td>
</tr>
<tr>
<td>Vitamin D (µg)</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Vitamin E' (mg)</td>
<td>12</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Vitamin K (µg)</td>
<td>50</td>
<td>49</td>
<td>58</td>
</tr>
<tr>
<td>Vitamin B12 (µg)</td>
<td>1.3</td>
<td>1.2</td>
<td>1.3</td>
</tr>
<tr>
<td>Fluoride (mg)</td>
<td>1.3</td>
<td>1.2</td>
<td>1.3</td>
</tr>
<tr>
<td>Zinc (mg)</td>
<td>9.0</td>
<td>7.9</td>
<td>8.9</td>
</tr>
<tr>
<td>Iodine (µg)</td>
<td>150</td>
<td>150</td>
<td>150</td>
</tr>
<tr>
<td>Magnesium (mg)</td>
<td>225</td>
<td>220</td>
<td>260</td>
</tr>
<tr>
<td>Phosphorus (mg)</td>
<td>1250</td>
<td>1250</td>
<td>1250</td>
</tr>
<tr>
<td>Selenium (µg)</td>
<td>31</td>
<td>31</td>
<td>36</td>
</tr>
<tr>
<td>Iodide (mg)</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Manganese (mg)</td>
<td>2.2</td>
<td>1.6</td>
<td>2.2</td>
</tr>
</tbody>
</table>

Source: Recommended Energy and Nutrient Intakes, Philippines, 2002 Edition. Food and Nutrition Research Institute-Department of Science and
A5 - Dental Health Concerns

Information to be given to the adolescent and accompanying adult(s)

1. Why is it important to take care of one's dental health?

Dental health problems like tooth decay, gum bleeding or swelling, foul breath are indicative of poor health. Malocclusion or malalignment of the teeth also may indicate some problems like an inborn facial deformity, a congenital problem, or some inherited problems. Dental health problems can cause poor self esteem and can lower the adolescent’s body image, especially at a time when they are very conscious of their appearance. Explore the issue of body image with the adolescent.

2. How does one care for his/her teeth and oral/dental health?

- Brush your teeth regularly especially after eating sweet foods
- Make the use of the dental floss a part of your routine after brushing
- Visit the dentist twice a year
- Have a dental prophylaxis and fluoridation of the teeth as advised by the dentist
- Avoid the use of coffee, tea, colas, and certain drugs that discolor the teeth
- Avoid cigarette smoking which discolors the teeth, makes your breath foul, and puts you at risk for many diseases.
- Increase your intake of water
- Do not share toothbrush with other members of the family.

3. What is self-esteem?

Self-esteem refers to how much a person likes himself or herself. Adolescents have varying levels of self-esteem which appear to be influenced by gender, ethnicity, and social class. In general, girls have a lower self-esteem than boys. The upper and middle class have a higher self-esteem than the adolescent in the lower class. It can also vary within an individual such as having different levels in different domains such as social, academics, athletics, appearance, and general conduct.

4. How does poor self-esteem affect the adolescent?

Many adolescents suffer from poor self-esteem particularly in early adolescence. This can be temporary or this can lead to other problems like depression, anorexia nervosa, delinquency, self-inflicted injuries, and even suicide.

5. How can parents help increase or improve an adolescent’s self-esteem?

Inform parents that telling adolescents to improve their self-esteem will not work. They have to be given the support and the praise even earlier than adolescence (during their early growing years). They have to be given the opportunities to improve their skills and discover for themselves where they are good at. Adolescents will feel better if they discover successes for themselves.

6. What can a health provider offer for adolescents who want to improve self-esteem?

- Help the adolescent discover what are the factors or causes for the low self-esteem.
- Help the adolescent determine what domains in development are important to them.
- Focus on sources of emotional support and approval from the adolescent’s family, peer, and community.
- Encourage the adolescent to develop initiative and to improve skills that they enjoy.
- Teach the adolescent ways of coping with difficult situations rather than avoiding them.
### A6 - Anemia

#### Presenting Complaints/Questions:
- Parent: My son/daughter feels very tired all the time.
- Adolescent: “I feel very tired” / “I cannot concentrate on my studies or feel like engaging in sports or other activities”.

#### Clinical Management

<table>
<thead>
<tr>
<th>ASK</th>
<th>LOOK/FEEL/LISTEN</th>
<th>SIGNS AND SYMPTOMS</th>
<th>CLASSIFY</th>
<th>MANAGE</th>
<th>FOLLOW UP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you get tired easily?</td>
<td>Count the respiration rate (i.e., the number of breaths per minute).</td>
<td>Respiratory rate of more than 30/min at rest.</td>
<td>Refer.</td>
<td>Follow up referral after 1 week and secure feedback.</td>
<td></td>
</tr>
<tr>
<td>How long have you been feeling this way?</td>
<td>Count the heart rate (i.e., the number of heartbeats per minute).</td>
<td>Heart rate of more than 100/min at rest.</td>
<td>Refer.</td>
<td>Follow up referral after 1 week and secure feedback.</td>
<td></td>
</tr>
<tr>
<td>Are you breathless while:</td>
<td>Test the blood for hemoglobin (Hb) if available.</td>
<td>Hemoglobin more than 7g/100ml and/or</td>
<td>Refer.</td>
<td>Follow up referral after 1 week and secure feedback.</td>
<td></td>
</tr>
<tr>
<td>- carrying our routine activities?</td>
<td></td>
<td>Severe anemia</td>
<td>Refer.</td>
<td>Follow up referral after 1 week and secure feedback.</td>
<td></td>
</tr>
<tr>
<td>- at rest?</td>
<td></td>
<td>Mild or moderate anemia</td>
<td>Refer.</td>
<td>Follow up referral after 1 week and secure feedback.</td>
<td></td>
</tr>
<tr>
<td>- activities?</td>
<td></td>
<td>Tip for health worker: Please use the cross-referencing boxes on the following page before making decisions on clinical management.</td>
<td>Refer.</td>
<td>Follow up referral after 1 week and secure feedback.</td>
<td></td>
</tr>
<tr>
<td>- carrying our routine activities?</td>
<td></td>
<td>Treat anemia</td>
<td>Refer.</td>
<td>Follow up referral after 1 week and secure feedback.</td>
<td></td>
</tr>
<tr>
<td>Have you taken any medicines to get rid of worms recently?</td>
<td></td>
<td>Mild or moderate anemia</td>
<td>Refer.</td>
<td>Follow up referral after 1 week and secure feedback.</td>
<td></td>
</tr>
<tr>
<td>Specifically, have you taken any medicines to get rid of worms recently?</td>
<td></td>
<td>Severe anemia</td>
<td>Refer.</td>
<td>Follow up referral after 1 week and secure feedback.</td>
<td></td>
</tr>
<tr>
<td>Do a ‘HEADS’ assessment</td>
<td></td>
<td>Treat anemia</td>
<td>Refer.</td>
<td>Follow up referral after 1 week and secure feedback.</td>
<td></td>
</tr>
</tbody>
</table>

#### Signs and Symptoms

- Hemoglobin more than or equal to 7g/100ml in adolescent girls
- Hemoglobin more than or equal to 7g/100ml in adolescent boys
- Mild or moderate pallor present.

#### Classify

- Severe anemia
- Mild or moderate anemia
- Normal

#### Manage

- Refer
- Refer
- Refer

#### Follow Up

- Follow up referral after 1 week and secure feedback.
- Follow up referral after 1 week and secure feedback.
- Follow up referral after 1 week and secure feedback.
A third main type occurs in patients whose bodies produce abnormal types of hemoglobin which hinder the blood cells from carrying out the function of transporting oxygen.

3. What are the effects of these conditions?
In mild cases there may be few if any symptoms. In severe cases, there is pallor (i.e. a paleness of the skin covering the palm, and mucous membranes of the conjunctiva and the nails), respiratory and heart rates which are somewhat faster than normal and tiredness.

<table>
<thead>
<tr>
<th>ASK</th>
<th>ADVISE/COUNSEL</th>
<th>REFERRAL APPROPRIATE ALGORITHM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Menstrual history (for female adolescents):</td>
<td>Explain how excessive periods can lead to anemia from excessive blood loss.</td>
<td>If appropriate, use the algorithm: “EXCESSIVE VAGINAL BLEEDING”</td>
</tr>
<tr>
<td>Pregnancy history (for female adolescents):</td>
<td>Explain how frequent childbirth can cause anemia and its associated problems.</td>
<td>If appropriate, use the algorithm: “SUSPECTED PREGNANCY”</td>
</tr>
<tr>
<td>History suggesting other illness:</td>
<td>Explain how these illnesses can cause anemia if left untreated and so need to be treated promptly.</td>
<td>Refer.</td>
</tr>
</tbody>
</table>

Information to be given to the adolescent and accompanying adult(s)

1. What is the condition?
What do we mean by the term anemia?
A key function of blood is to carry oxygen from the lungs to tissues all over the body. Anemia is a condition in which this is not happening. This is because when a person has anemia, his/her blood contains reduced levels of hemoglobin, a chemical in the blood which enables it to carry oxygen.

When do we say that someone is anemic?
An adolescent is considered anemic when the blood hemoglobin level is less than 12g% in a female and 13g% in a male.

2. What are the causes of this condition?
What are the main causes of anemia?
There are many types of anemia. One of the main types results from a deficiency or increased bodily requirement of iron, blood loss (e.g. due to heavy menstrual periods), infections (e.g. such as malaria) which attack blood cells, infestations (e.g. with helminthes) and impaired functions of the thyroid gland. Another main type of anemia results from a deficiency of Folic Acid and/or Vitamin B12 in the body. A third main type occurs in patients whose bodies produce abnormal types of hemoglobin which hinder the blood cells from carrying out the function of transporting oxygen.

3. What are the effects of these conditions?
In mild cases there may be few if any symptoms. In severe cases, there is pallor (i.e. a paleness of the skin covering the palm, and mucous membranes of the conjunctiva and the nails), respiratory and heart rates which are somewhat faster than normal and tiredness.

4. What treatments are we proposing and why?
As indicated above there are different types of anemia and levels of severity of anemia. The aim of the treatment is to determine the type and severity of anemia and to treat it appropriately.

5. What can you do?
For those patients classified as mild/moderate anemia:
Eat foods rich in iron and folic acid such as green leafy vegetables, bean sprouts, and red meat (if you consume meat products).
For those patients classified as severe anemia: Please go to the place you have been referred to.

Frequently asked questions by adolescent boys and girls:
Are there any activities that I should not do? How will I know if I am getting better?
Understanding the reason for the questions:
The patient is anxious about the effect of the condition on his/her body.
Points to make in responding to the questions:
Explain the importance of addressing the underlying condition causing the anemia and your advice on how it should be addressed.
Stress that the patient can do any activity that his body feels able to without difficulty.
Explain that as the level of hemoglobin rises towards normal, he/she will start feeling stronger and more energetic. Stress that this will be confirmed with blood tests during subsequent visits.
Information for the health worker on Anemia and on its causes

During adolescence, there is an increased demand for the production of more hemoglobin due to the increase in body mass and the growth spurt that occurs during this period. As the body mass increases, the red cell mass also increases, especially in males where the testosterone hormone is said to influence the rise of the hematocrit by 1% for every change in sexual maturity rating. In girls however due to the menstrual cycle, this increase in hematocrit is not seen.

Iron deficiency is the most common cause of anemia during the adolescent period. The requirement is high. Coupled with poor dietary habits (like preference for eating junk foods) and/or poor nutrition, further accentuates iron deficiency anemia. Other causes of iron deficiency anemia include: Blood loss due to metrorrhagia (excessive or frequent menstrual bleeding), peptic ulcer disease, NSAID-induced gastritis, epistaxis, inflammatory bowel disease or decreased iron absorption due to intestinal malabsorption or antacid abuse.

Intestinal parasitism, like hookworm infestation, should also be considered in some regions in the country. Severe infections can lead to anemia.

Other causes of anemia which may be brought by strict vegetarian/Vegan and macrobiotic diets which adolescents may resort to during this period may result into macrocytic anemia (red cells on peripheral smear are large). This may be attributed to Vitamin B12 deficiency. Girls who are taking oral contraceptives also may develop macrocytic anemia due to folate deficiency.

It is recommended that girls with a history of anemia due to iron deficiency, heavy menstrual loss, or low iron intake should be screened annually by having a hemoglobin and hematocrit test. Pregnant adolescents are also likely to suffer from iron deficiency anemia. Routine screening for adolescent boys is not recommended because of less risk for anemia.

**Decision Tree: “Difficulties in School”**

**PRESENTING COMPLAINTS/QUESTIONS:**
- Parent: My son/daughter is having difficulties in school.
- Adolescent: I am failing in school.

**ADDITIONAL PRESENTING COMPLAINT**
- Major changes within the last 6 months
- Difficulty in coping with assignments, failing grades or difficulty with concepts
- Restlessness, rapid heart rate, rapid breathing, sweating, tremors, dry mouth
- History of being physically, mentally or socially hurt by a bully
- Poor attention, extreme restlessness, poor impulse control, appears easily bored or impatient, inability to accomplish assigned tasks

**POSSIBILITY TO CONSIDER**
- Adjustment disorder
- Normal reaction to stress, Anxiety disorder absent
- Learning disorder
- Mild or borderline mental retardation
- Anxiety
- Bullying
- Attention Disorder

**FOLLOW APPROPRIATE ALGORITHM**
- Advise and monitor adolescent regularly
- Contact school/teacher to get their evaluation of the adolescent
- Follow anxiety algorithm [21]
- Advise parents to inform school or request school to get more information
- Refer to a developmental specialist for evaluation
**A7 - School Performance**

**PRESENTING COMPLAINTS/QUESTIONS:**
- Parent: My son/daughter is having difficulties in school.
- Adolescent: I am failing in school.

<table>
<thead>
<tr>
<th>ASK</th>
<th>LOOK/LISTEN/FEEL</th>
<th>SIGNS AND SYMPTOMS</th>
<th>CLASSIFY</th>
<th>MANAGE</th>
<th>FOLLOW UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>How are you coping in school? Are you having difficulties in school? Are you having difficulty understanding what the teacher is saying? Are you having difficulties with concepts? With any particular subjects? Have you failed in any grade level in previous years? Have you been skipping classes or been having poor attendance? Are you having difficulty in concentration? Are you fidgeting a great deal while in class?</td>
<td>Do a general physical examination. Check for: Rapid heart rate, breathing, sweating.</td>
<td>Difficulty in coping with assignments, failing grades Difficulty with concepts Short attention span Repetition of grade level</td>
<td>Learning disorder Or Mild or borderline mental retardation</td>
<td>Assess your considerations and further steps to be taken. Refer to a developmental specialist for further evaluation. Offer tutoring</td>
<td>Contact school teacher to get their evaluation of the adolescent. Avoid unnecessary labeling. Do not give final diagnosis unless confirmed by expert.</td>
</tr>
<tr>
<td>Do you have poor attention span? Are you able to finish assigned tasks? Do you find yourself acting impulsively? Do you easily get bored or are you very impatient while at class? Do you find yourself mentally restless? Have you become lazy or unmotivated?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Monitor self-esteem, suicidal ideations, and other manifestations related to bullying.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASK</th>
<th>LOOK/LISTEN/FEEL</th>
<th>SIGNS AND SYMPTOMS</th>
<th>CLASSIFY</th>
<th>MANAGE</th>
<th>FOLLOW UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you worried about something that is happening or about to happen? Do you feel any of these things: Restless, fidgety, unable to relax, some around the eyes and neck? Do you have any of these symptoms: Rapid heart rate, rapid breathing, difficulty of breathing, trembling, dryness of mouth, sweating? Do you know what is making you anxious? Have you been bullied or teased in school?</td>
<td>Rapid heart rate Rapid breathing Sweating Tremors Dry mouth</td>
<td>Anxiety</td>
<td>Follow anxiety algorithm. Before involving the parents: assess whether they could play a part in supporting the adolescent and whether s(he) wants to do so.</td>
<td>Monitor symptoms and adherence to therapy; Monitor for possible substance abuse as attempts to self-medicate for anxiety symptoms may arise.</td>
<td></td>
</tr>
<tr>
<td>Have you been bullied or teased in school? Have you been physically, mentally or socially hurt by any bully?</td>
<td>Being bullied in school</td>
<td>Anger</td>
<td>Advise parents to inform school or request school to get more information and to monitor the adolescent. If adolescent is suffering from undue anxiety, fear, depression, refer for further counseling.</td>
<td>Monitor self-esteem, suicidal ideations, and other manifestations related to bullying.</td>
<td></td>
</tr>
<tr>
<td>Have there been any major changes in your life within the last 6 months? Have you been under stress for the last 6 months? The adolescent has been anxious and feeling the symptoms of restlessness, rapid heart rate, rapid breathing, sweating and dry mouth The patient can identify the cause of anxiety The level of anxiety seems to be proportional to what is causing it The anxiety is not affecting the ability of the patient to carry out everyday activities.</td>
<td>The adolescent: I am failing in school. Parent: My son/daughter is having difficulties in school.</td>
<td>Adjustment disorder Or Normal reaction to stress Anxiety disorder absent</td>
<td>Inform the adolescent that it is normal to feel anxious from time to time.</td>
<td>Monitor adolescent regularly. If symptoms persist beyond 6 months, re-evaluate the patient. Advise to follow up if with emergence of other symptoms.</td>
<td></td>
</tr>
</tbody>
</table>
Information to be given to the adolescent and accompanying adult(s)

1. Why is my adolescent failing in school?
   School failure is one of the many concerns of parents. Most concerned parents would like to see their adolescent finish their schooling (i.e. either high school, college, or vocational level). This is one of the major developmental tasks expected of an adolescent.

   There are many reasons for school failure. Some of the common reasons include: learning disability, delay in mental development, attention deficit hyperactivity disorder, bullying, familial and interrelational problems that impact on school, substance use, peer pressure like joining clubs or fraternities which foster wrong values about school, etc.

2. What happens when my son/daughter has attention deficit hyperactivity disorder?
   First, we have to make sure that this is what your child has. If he/she has some of these symptoms, then we have to refer to a specialist for further evaluation. In the meanwhile, I suggest you secure your child’s school record or teacher’s evaluation. Be supportive of your child’s problem.

3. What happens if the attention deficit hyperactivity disorder is not attended to?
   Attention deficit hyperactivity disorder may lead to poor school performance, school failure, lowered self-esteem, depression, substance abuse, and worst of all, to suicidal attempts, due to difficulty in coping.

4. What can be done for children with ADHD?
   First, we must make sure that we are dealing with this disorder. We will refer you to a developmental pediatrician or a psychiatrist for further diagnostic tests. These tests are long and tedious, so you have to be patient.

5. Why was my child’s learning problem/mental deficiency not detected earlier?
   There are times when a mental deficiency is mild or borderline. As a child gets older and there are more demands on his/her cognitive ability, he/she will find it more difficult to comprehend certain tasks required of him/her. Sometimes, learning problems may be very specific, like difficulty in mathematical concepts, or just specific to reading or writing. These children are able to cope for a while until tasks at school become more complicated and demanding.

6. What is bullying? Why should we be concerned?
   Bullying is a form of violence where people hurt another person. It can happen in school or school-related activities where a student or a group of student uses their power to hurt other individuals. It can also happen at work, at play, and other areas where people are. Bullying can make a person rejected and unwanted.

7. What can parents do about bullying?
   Parents can do the following:
   - Teach that: Bullying is disrespectful and is a form of violence
   - Hazing is a form of bullying
   - Bullying can have lifelong consequence on the person who is bullied
   - Be a role model to your children:
     - Respect them and avoid using foul language
     - Work with the school - monitor your child
     - See to it that the school enforces rules and discipline on kids who bully
     - Be a part of a bullying prevention effort

Parent: My son/daughter is behaving strangely. He/she seems different to me.

PRESENTING COMPLAINTS/QUESTIONS:
ADDITIONAL PRESENTING COMPLAINT
(He/she used to be well behaved and orderly before. (She) is completely changed now.
My son/daughter seems very uneasy/tense
My son/daughter is very sad most of the time
My son/daughter is using drugs
Any or all of the following: loss of orientation of space and time, disoriented as to what the date, day or time of the day it is
Hallucinations (seeing and hearing things that do not exist)
Delusions (believing things to be something that they are not)
Disorganized thoughts or speech
POSIBILITY TO CONSIDER
Normal psychological and social changes during adolescence
ANXIETY
DEPRESSION
SUBSTANCE USE
PSYCHOSIS
FOLLOW APPROPRIATE ALGORITHM
Follow the Anxiety Algorithm B1
Follow the Depression Algorithm B2
Follow the Substance Use Algorithm C1, C2, C3
Refer to a mental health professional
Tips for Health Workers
Before starting to ASK questions:
- greet the patient and parent
- establish rapport
- stress confidentiality and privacy
### PRESENTING COMPLAINTS/QUESTIONS:

**Parent:** My son/daughter seems nervous/tense.

**Adolescent:** I feel nervous/tense.

### ASK

- How are you feeling today? I want to ask you some questions:
  1. Are you worried about something? What makes you worry?
  2. Do you feel any of these things:
     - Achy/Pained
     - Fidgety/Restless
     - Stressed to relax
     - Tense around eyes and neck.
  3. Do you have any of these:
     - Sweating
     - Dryness of mouth
     - Trembling
     - Difficulty breathing
     - Rapid breathing
     - Rapid heart rate

- If the adolescent has any of those in (b) and (c), how long have you been feeling or experiencing these?

- Does your worry affect your daily activities?

- How is your performance in school?

- Sleep?

### CLASSIFY

The patient has been feeling nervous/tense and having the symptoms listed in (b) and (c) for more than 2 weeks.

- The patient may or may not be able to identify the cause of the anxiety.
- The anxiety is affecting the patient’s ability to carry out everyday activities.

### MANAGE

Refer to qualified professional or institution. Inform the adolescent/parent about the provisional diagnosis.

**Tip for health worker**

Before involving the parents assess whether they should play a part in supporting the adolescent and whether they want to do so.

### FOLLOW UP

- Refer to qualified professional or institution.
- Provide him/her with the support needed, taking into account their need for autonomy.
- Advise parents to provide unconditional love.

<table>
<thead>
<tr>
<th>HEADS Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>The patient has been feeling anxious and having the symptoms listed in (b) and (c) for less than 2 weeks.</td>
</tr>
<tr>
<td>The patient can identify the cause of the anxiety.</td>
</tr>
<tr>
<td>The level of anxiety seems proportionate to what is causing it.</td>
</tr>
<tr>
<td>The anxiety is not affecting the ability of the patient to carry out everyday activities.</td>
</tr>
</tbody>
</table>

Normal reaction to stress.

Inform the adolescent that it is normal to be anxious from time to time. Advise the adolescent on the following dos and don’ts:

- It would be useful to discuss your problems with a trusted adult or peer.
- Encourage involvement in school, peers, and with family.
- Having regular and adequate meals and avoiding snacking on fast food will help keep your body stay healthy.
- Spend some time every day relaxing and doing activities you enjoy.
- Having daily physical exercise will help you keep physically fit and mentally well.
- Do the best you can. Do not push yourself too hard.
- Do not use tobacco, alcohol, or other substances to relieve stress.
- Do not act impulsively when you are upset (riding a car/motorbike fast or picking a fight).

Reasons after 2 weeks:

Note for emergence of new symptoms.
1. What is this condition?
Everybody feels sad from time to time, when faced with difficult
and painful life situations. In some people, the feeling of sadness, having
very little energy and losing interest in some activities which they
previously enjoyed, can continue for several weeks or months while still
being able to function reasonably well. However, in other people a high
level and pertinent anxiety can hinder their ability to function normally.
This is when we say that they have a mental health problem.

2. What are the causes of this condition?
Mental health problems are caused by a combination of factors:
- Individual level – they may be inherited
- Immediate environment – conflict in the family
- Wider environment – poverty and deprivation
These factors tend to interact with the other to increase the likelihood
of mental health problems.
The presence of these negative factors can be reduced and eliminated in
the presence of protective factors such as being a part of a loving and
caring family and a safe a close-knit community.

3. What are the effects of the condition on the body?
- Hinder daily activities (eg, Study, work)
- Self-harming behavior and suicide
- Higher risk of developing other health problems
- Violent behavior
- Substance use
- Unwanted pregnancy
- Negative body image

4. What treatments are we proposing and why?
- determine the nature of the problem that he/she is facing
- work with them to deal with the problem by working to shape
  their thinking and their behavior
- in some cases, this is combined with medication
- in severe cases, the patient is referred to an individual or an
  institution with specialized care to deal with mental health
  problems.

5. What can you do?
We will teach you how you could help yourself. You must make an
effort to do this. In addition, you must reach out to family members,
friends, and other sources of support in the community.

Additional information on the recommendations
made in the management column
1. Inform the adolescent and the parents about the provisional
diagnosis:
Using the information from the section titled ‘Information to be given to
the adolescents or their accompanying adults’, inform the adolescent
about your provisional diagnosis.

2. Discuss possible ways of dealing with the causes of the sadness:
- Work with the adolescent to identify what if anything could be done
  to overcome the causes of the sadness. Identify what the
  adolescent can do to overcome the cause of sadness.
- Identify whose help the adolescent could draw upon for this. Help
  the adolescent identify who can help him/her. Identify whether
  the adolescent would like you to help him/her in any way.
- Offer your help by identifying ways to relieve him/her of the
  sadness.

A. Advise the adolescent on ways to prevent their sadness from
dominating their thoughts and feelings:
(i) Being with someone who they trust and like when one is
feeling sad or in low spirits, it may be helpful to be with
someone whom they trust and like. It can be comforting.
(ii) Doing things that are pleasurable. Doing something that one
likes (such as going for a walk, going to the movies, or
reading a book) can help push away the feeling of sadness.

B. Advise the adolescent on how to monitor their progress:
- Keep a daily diary of how you are feeling.
- Once a week, go over your diary, and see how you are doing.
- If you believe that your condition is worsening. Please contact
  us (give a contact number).

C. Advise the parents on how to support their adolescent.
- Work of maintaining ongoing communication with your
  adolescent, even when there is some tension between you and
  your child.
- Encourage them to share their problems and be attentive and
  empathetic when they do.
- Explain to them that you will do everything that you can to help
  them and to draw upon them the support of others, when
  needed.
- Assure them of your love and that they can count on your
  support.

D. Counsel the patient and the parents for prevention of suicide:
- Ask the teen to explain their thoughts and feelings and to share
  their problems.
- Pay attention and demonstrate empathy.
- Discuss how the problems they are lacking could be solved, so
  they need not turn to suicide as the solution.
- Provide comfort and support.
- Ask the parents to be with/watch over the adolescent to
  prevent self-harm.
- Provide the patient, his parents with names and contact details of
  organizations they could contact in case of emergency.
- Advise the parents to remove any objects like guns/sharp
  objects within the adolescent’s reach.

G. Criteria for referral to specialty care for the adolescent
1. Indications for primary physician care or primary health care
   provider (depends on severity of symptoms, clarity of diagnosis, 
   comfort level of provider)
   - First episode of depression
   - Recent onset of depression
   - Absence of coexisting condition
   - Suicidal intentions/thoughts not present

2. Indications for specialty physician care:
   - Chronic, recurrent depression
   - Lack of response to initial course of treatment
   - Psychosis
   - High level of family discord
   - Inability of family to monitor patient’s safety
   - Recent suicidal attempt/ current suicidal ideation with plans to
     commit suicide.

H. Factors that contribute to suicide:
- A history of previous suicide attempt is the single most
  important factor for suicide. One should not disregard the
  history of previous non-lethal attempts like the slashing of
  wrists, overdosing of pills and other seemingly non-lethal
  gestures.
- Alcohol may impair one’s judgment and can lead a person to
  become impulsive.
- Many suicides are triggered by an immediate loss like the loss
  of a loved one (to death or departure), loss of friends, loss of
  “face” (shame), separation, stress from the environment or
  family conflict like fighting within the family or friends can lead
  to suicide.
- A sense of helplessness, hopelessness, impulsivity, and anxiety
  are noted psychological traits in patients who attempt/commit
  suicide.

Teenagers who are being bullied in school may present with phobias,
depression, anxiety, or psychosomatic pain.
### B2 - Depression

#### ASK

<table>
<thead>
<tr>
<th>Problems</th>
<th>Presence of underlying medical condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you feeling sad, hopeless, or in low spirits?</td>
<td>Yes</td>
</tr>
<tr>
<td>Have you lost interest or pleasure in activities you usually enjoy?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you feel less confident about yourself?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you feel lethargic at times?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you feel restless at times?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you have difficulty sleeping when you need to?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you get tired easily or have trouble concentrating on what you are doing?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you have problems with appetite?</td>
<td>Yes</td>
</tr>
<tr>
<td>Have you lost interest or in low spirits?</td>
<td>No</td>
</tr>
<tr>
<td>Are you feeling sad, hopeless, or in low spirits?</td>
<td>No</td>
</tr>
</tbody>
</table>

#### LOOK/LISTEN/FEEL

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do a general examination before proceeding further</td>
<td>No</td>
</tr>
<tr>
<td>Look for objective signs of psychomotor agitation</td>
<td>No</td>
</tr>
</tbody>
</table>

#### SIGNS AND SYMPTOMS

<table>
<thead>
<tr>
<th>Classification</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression with suicidal risk</td>
<td>Refer to a qualified professional or institution</td>
</tr>
<tr>
<td>Depression without suicidal risk</td>
<td>Monitor progress every 2 weeks then monthly until stable</td>
</tr>
</tbody>
</table>

#### MANAGE

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you thinking about death or self-harm?</td>
<td>No</td>
</tr>
<tr>
<td>Have you attempted to harm yourself in any way?</td>
<td>No</td>
</tr>
</tbody>
</table>

#### FOLLOW-UP

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you want to talk about this to anyone?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you want to talk about this with your parents or friends?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### SIGNIFICANT SYMPTOMS

<table>
<thead>
<tr>
<th>Significance</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least two of the symptoms under (A) are present for at least 2 weeks plus additional symptoms under (B)</td>
<td>Monitor progress every 2 weeks then monthly until stable</td>
</tr>
</tbody>
</table>

#### ASSESSMENT

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do a HEADS assessment</td>
<td>Monitor progress every 2 weeks then monthly until stable</td>
</tr>
</tbody>
</table>

#### PRESENTING COMPLAINTS/QUESTIONS:

Parent: My son/daughter is sad all the time and has lost interest in day-to-day activities. He/She has been crying a lot and does not want to talk about it. My son/daughter is sad all the time and has lost interest in day-to-day activities. He/She has been crying a lot and does not want to talk about it.

Adolescent: I feel sad all the time. I cannot concentrate on my studies/ work.

#### I Have Some Questions to Ask:

- Are you feeling sad, hopeless, or in low spirits?
- Have you lost interest or pleasure in activities you usually enjoy?
- Do you feel less confident about yourself?
- Do you feel lethargic at times?
- Do you feel restless at times?
- Do you have difficulty sleeping when you need to?
- Do you get tired easily or have trouble concentrating on what you are doing?
- Do you have problems with appetite?
- Have you lost interest or in low spirits?
- Are you feeling sad, hopeless, or in low spirits?
- Do you want to talk about this to anyone?
- Do you want to talk about this with your parents or friends?
### B3 - Assessment of Suicide Risk

<table>
<thead>
<tr>
<th>ASK</th>
<th>LOOK / LISTEN / TELL</th>
<th>SIGNS AND SYMPTOMS</th>
<th>CLASSIFY</th>
<th>MANAGE</th>
<th>FOLLOW UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have very sensitive questions to ask you. You know that the only way I can help you is if you are honest with me. Would that be alright with you?</td>
<td>Adolescent has:</td>
<td>High risk with suicidal attempt</td>
<td>Urgent referral to health professional or institution</td>
<td>Follow-up referral and secure feedback within 24 hours</td>
<td></td>
</tr>
<tr>
<td>Have you had thoughts about hurting yourself or dying?</td>
<td>• A definite plan to end life and the means to do so and intent to do so</td>
<td></td>
<td>Safety precautions at all times</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have these thoughts often? Have you ever hurt yourself? Have you tried to end your life? When and how did you do this?</td>
<td>• Serious thoughts in the past and attempt to end life in current state</td>
<td></td>
<td>Never leave the adolescent alone</td>
<td>Follow-up referral and secure feedback within 1 week</td>
<td></td>
</tr>
<tr>
<td>Have you tried to commit suicide?</td>
<td>• Max no plans to end life currently and Obese, mental health problems present</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever hurt yourself or have you wanted to kill yourself?</td>
<td>• Sudden change in behavior especially calmer after a period of weeks or months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do your friends/ family know about this? Do you still want to end your life? Have you ever hurt someone or yourself? (Think if the patient has the things he/she would need to carry out the plan (e.g., sleeping pills or a gun) if you could get some help, would you accept it?</td>
<td>• Attempts to commit suicide</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ask accompanying adult in private whether they have noticed any of the following:</td>
<td>• Sudden change in behavior especially calmer after a period of weeks or months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Giving away belongings, attempts to kill oneself</td>
<td>• Attempted to end life in the past, still has no plans to end life currently, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Direct or indirect threats to commit suicide</td>
<td>• No other obvious mental health problems currently</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Information to be given to the adolescent and accompanying adult(s)

1. **What is this condition?**
   - Everybody feels sad from time to time, when faced with difficult and painful life situations. In some people, the feeling of sadness, having very little energy and losing interest in some activities which they previously enjoyed, can continue for several weeks or months while still being able to function reasonably well. However, in other people a high level and persistent anxiety can hinder their ability to function normally. This is when we say that they have a mental health problem.

2. **What are the causes of this condition?**
   - Mental health problems are caused by a combination of factors:
     - a. Individual level - they may be inherited
     - b. Immediate environment - conflict in the family
     - c. Wider environment - poverty and deprivation
   - These factors tend to interact with the other to increase the likelihood of mental health problems.
   - The presence of these negative factors can be reduced and eliminated in the presence of protective factors such as being a part of a loving and caring family and a safe a close-knit community.

3. **What are the effects of the condition on the body?**
   - • Hinder daily activities (eq. Study, work)
   - • Self-harming behavior and suicide
   - • Higher risk of developing other health problems
   - • Violent behavior
   - • Substance use
   - • Unwanted pregnancy
   - • Negative body image

4. **What treatments are we proposing and why?**
   - • work with them to deal with the problem by working to shape their thinking and their behavior
   - • in some cases, this is combined with medication
   - • in severe cases, the patient is referred to an individual or an institution with specialized care to deal with mental health problems.

5. **What can I do?**
   - We will teach you how you could help yourself. You must make an effort to do this. In addition, you must reach out to family members, friends, and other sources of support in the community.

### Additional information on the recommendations made in the management column

1. **Inform the adolescent and the parents about the provisional diagnosis:**
   - Using the information from the section titled ‘Information to be given to the adolescents or their accompanying adults’, inform the adolescent about your provisional diagnosis.

2. **Discuss possible ways of dealing with the causes of the sadness:**
   - • Work with the adolescent to identify what if anything could be done to overcome the causes of the sadness. Identify what the adolescent can do to overcome the cause of sadness.
   - • Identify whose help the adolescent could draw upon for this. Help the adolescent identify who can help him/her. Identify whether the adolescent would like you to help him/her in any way.
   - • Offer your help by identifying ways to relieve him/her of the sadness.
A. Advise the adolescent on ways to prevent their sadness from dominating their thoughts and feelings:

(i) Being with someone who they trust and like when one is feeling sad or in low spirits, it may be helpful to be with someone whom they trust and like. It can be comforting.

(ii) Doing things that are pleasurable. Doing something that one likes (such as going for a walk, going to the movies, or reading a book) can help push away the feeling of sadness.

B. Advise the adolescent on how to monitor their progress:

- Keep a daily diary of how you are feeling.
- Once a week, go over your diary, and see how you are doing.
- If you believe that your condition is worsening. Please contact us (give a contact number).

C. Advise the parents on how to support their adolescent:

- Work at maintaining ongoing communication with your adolescent, even when there is some tension between you and your child.
- Encourage them to share their problems and be attentive and empathetic when they do.
- Explain to them that you will do everything that you can to help them and to draw upon them the support of others, when needed.
- Assure them of your love and that they can count on your support.

D. Counsel the patient and the parents for prevention of suicide:

- Ask them to explain their thoughts and feelings and to share their problems.
- Pay attention and demonstrate empathy.
- Discuss how the problems they are facing could be solved, so they need not turn to suicide as the solution.
- Provide comfort and support.
- Ask the parents to be with/watch over the adolescent to prevent self-harm.
- Provide the patient, his parents with names and contact details of organizations they could contact in case of emergency.
- Advise the parents to remove any objects like guns/sharp objects within the adolescent’s reach.

G. Criteria for referral to specialty care for the adolescent

1. Indications for primary physician care or primary health care provider (depends on severity of symptoms, clarity of diagnosis, comfort level of provider)
   - First episode of depression
   - Recent onset of depression
   - Absence of coexisting condition
   - Suicidal intentions/thoughts not present

2. Indications for specialty physician care:
   - Chronic, recurrent depression
   - Lack of response to initial course of treatment
   - Psychosis
   - High level of family discord
   - Instability of family to monitor patient’s safety
   - Recent suicidal attempt/current suicidal ideation with plans to commit suicide.

H. Factors that contribute to suicide:

- A history of previous suicide attempt is the single most important factor for suicide. One should not disregard the history of previous non-lethal attempts like the slashing of wrists, overdosing of pills and other seemingly non-lethal gestures.
- Alcohol may impair one’s judgment and can lead a person to become impulsive.
- Many suicides are triggered by an immediate loss like the loss of a loved one (to death or departure), loss of friends, loss of “face” (shame), separation, stress from the environment or family conflict like fighting within the family or friends can lead to suicide.
- A sense of helplessness, hopelessness, impulsivity, and anxiety are noted psychological traits in patients who attempt/commit suicide.

Teenagers who are being bullied in school may present with phobias, depression, anxiety, or psychosomatic pain.

---

**C1 - Alcohol Use**

**ASK**

- Does anyone in your family drink? Do you have friends who drink alcohol?
- Do you drink alcohol?
- How much alcohol do you use?
- In the past week/month how many times have you drunk alcohol?
- On what occasions do you drink?
- Who do you drink with – family, friends?
- Do you drink alone or with others?
- In the past week/month, how many times have you drunk alcohol?
- Have you ever been drunk?
- Have you been apprehended by police authorities for any violation resulting from drunkenness?
- Have you ever done things you don’t remember after drinking, blacked out, vomited or had unexplained? sun?
- Has anyone in your family or friends commented about your drinking?

**LOOK/FEEL**

- Head’s Assessment

**SYMPTOMS AND SIGNS**

- Any changes in Sensation
  - Severe: confusion, stupor
  - Moderate: mood swings, impaired judgment, mild impaired coordination, mild coordination
  - Minor: euphoria, mild impaired coordination

**CLASSIFY**

- Alcohol/Drug intoxication

**MANAGE**

- Provide messages as shown in Part 3 on the use of tobacco, alcohol, and other substances

**FOLLOW UP**

- Monitor every 2 weeks

---

**PRESENTING COMPLAINTS / QUESTIONS:**

Adolescent: Many of my friends drink. I can handle my drinking.

Parents: My son/daughter has been drinking with friends.

---

**MENtAL HEALtH CONCERNS**

**Adolescent Job Aid Manual**
### 1. How much alcohol do teens use?

Alcohol is the most frequently used drug by teenagers. Unintentional injuries are the leading cause of death among 15 to 24 years old and many of these injuries are related to alcohol use. Young people who drink are more likely to use tobacco and other drugs and engage in risky sexual behavior than those who do not drink.

### 2. What are the dangerous effects of alcohol use in teens?

Drinking alcohol may lead to the following effects:

- decreases ability to pay attention.
- the younger a person is when they begin drinking, the more likely they are to develop a problem with alcohol.
- deaths due to car crashes in which underage drinking is involved.
- alcohol is involved in nearly half of all violent deaths involving teens.
- suicide
- likely to engage in sexual activity, unprotected sex, or have sex with a stranger.
- excess alcohol use can mask other emotional problems, like anxiety or depression.
- use of other drugs, like marijuana.

### 3. How can parents prevent alcohol use?

Parents have a big role in presenting alcohol abuse.

- Communicate clearly with your adolescent about the negative effects of alcohol, as well as their expectations regarding alcohol/drug use.
- Provide adequate parental supervision.
- Encourage teen participation in extracurricular activities.
- Educate adolescent about appropriate coping and stress-management strategies.

### 4. What is alcohol intoxication?

A person is said to suffer from alcohol intoxication when the quantity of alcohol the person consumes exceeds the individual’s tolerance for alcohol and produces behavioral or physical abnormalities. In other words, the person’s mental and physical abilities are impaired. The person can’t function and certainly should not be operating a motor vehicle.

---

#### C2 - Substance Use

**PRESENTING COMPLAINTS / QUESTIONS:**

- Parents: I think my son / daughter is using drugs.
- Adolescent: I have tried smoking grass / marijuana. I have tried using drugs before but not now.

**ASK**

<table>
<thead>
<tr>
<th>Some adolescents have tried drugs, have you or any of your friends ever tried any drugs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What substance?</td>
</tr>
<tr>
<td>How often do you use?</td>
</tr>
<tr>
<td>How do you use the drug?</td>
</tr>
<tr>
<td>What are the effects of using the substance?</td>
</tr>
<tr>
<td>How often have you had a strong desire or urge to use the substance?</td>
</tr>
<tr>
<td>How often have you failed to do what was normally expected of you because of your substance use?</td>
</tr>
<tr>
<td>Has a friend or relative or anyone else ever expressed concern about your substance use?</td>
</tr>
<tr>
<td>Have you ever tried and failed to control, cut down or stop using the substance?</td>
</tr>
<tr>
<td>Do MEADS assessment</td>
</tr>
</tbody>
</table>

**LOOK/ LISTEN/ FEEL**

<table>
<thead>
<tr>
<th>Your physical appearance and overall lack of regard for personal hygiene</th>
</tr>
</thead>
<tbody>
<tr>
<td>Look for evidence of malnutrition and infection</td>
</tr>
<tr>
<td>Count the breaths in one minute</td>
</tr>
<tr>
<td>Count the pulse in one minute</td>
</tr>
<tr>
<td>Look for the following in the Skin:</td>
</tr>
<tr>
<td>- Abnormal</td>
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<tr>
<td>- Pustular acne (may appear with use of other drugs)</td>
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<tr>
<td>- Cigarette stains</td>
</tr>
<tr>
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<tr>
<td>Fever</td>
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<tr>
<td>Redness of the sclera</td>
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<tr>
<td>バラハリスメータの顔色</td>
</tr>
<tr>
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</tr>
<tr>
<td>- Abnormality</td>
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<tr>
<td>- Infection</td>
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<tr>
<td>- Lack of regard for personal hygiene</td>
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<tr>
<td>- Weight loss</td>
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<tr>
<td>- Tremors:</td>
</tr>
<tr>
<td>- Abdominal pain</td>
</tr>
<tr>
<td>- Marked change in emotional state or behavior</td>
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<tr>
<td>- Maladaptive pattern of use</td>
</tr>
<tr>
<td>- Recurrent or continued substance use</td>
</tr>
<tr>
<td>- Recurrent substance use has led to health, social, legal or financial problems</td>
</tr>
<tr>
<td>- Substances use is continued despite knowledge of effects</td>
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<tr>
<td>- Persistent desire or unsuccessful efforts to cut down or control substance use</td>
</tr>
<tr>
<td>- Alcohol Use/Substance Abuse</td>
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<tr>
<td>- Use / May be due to anxiety or social pressure</td>
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<tr>
<td>- May or may not have changes in emotional state or behavior</td>
</tr>
<tr>
<td>- No strong urge or desire to use the substance</td>
</tr>
<tr>
<td>- No health, social, legal or financial problems due to substance use</td>
</tr>
<tr>
<td>- Able to fulfill obligations at home, school or work</td>
</tr>
<tr>
<td>- Has knowledge of adverse effects of drugs</td>
</tr>
<tr>
<td>- Use Substance</td>
</tr>
<tr>
<td>- Has tried one or more substances over a 12 month period</td>
</tr>
<tr>
<td>- Recreational pattern of use</td>
</tr>
<tr>
<td>- Recreational or continued substance use</td>
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**SYMPTOMS**

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**CLINICAL**

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**FOLLOW UP**

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</tbody>
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Information to be given to the adolescent and accompanying adult(s)

1. What is a drug?
A drug is any chemical substance which when taken affects the normal way that a person’s mind or body works.

2. What is experimentation?
Most adolescents usually try alcohol, cigarettes, inhalants, or other drugs one or more times. However, many of these teens never go any further than experimenting, and they usually do not have any problems as a result of their substance use.

3. What is substance abuse?
For some adolescents, experimenting leads to regular or frequent use (abuse). Substance abuse is the overuse of a drug, with no due regard to accepted medical practices resulting in the individual’s physical, mental, emotional, or behavioral impairment. This results in problems at home (such as more arguments with parents), at school (such as failing grades), or with the law (such as driving under the influence or possessing illegal substances).

4. What is substance dependence (addiction)?
Adolescents can become physically and/or psychologically dependent on the substance. At this stage, use of the substance takes up a significant portion of the teen’s activities, continues despite causing harm, and is difficult to stop. Addiction is an ongoing (chronic), progressive, and possibly fatal disease.

### Signs and Symptoms of Substance Abuse

- Frequent use of tobacco
- Smokes more than 1 pack per day
- Smokes within 1 hour upon waking
- Smokes more than half a pack per day
- Smokes 10 or more cigarettes per day
- Cigarettes are a primary activity
- Abstinence fails
- Social and family support
- Social or legal problems
- Inability to control tobacco use
- Boredom
- Depression
- Insomnia
- Irritability
- Depression
- Anxiety
- Personal, social, and family problems

### C3 - Smoking and Tobacco Use

**PRESENTING COMPLAINTS / QUESTIONS:**
Parent: I want to know / I think my son/daughter is smoking.
Adolescent: Many of my friends smoke. I can handle my smoking.

<table>
<thead>
<tr>
<th>ASK</th>
<th>LOOK/LEARN/FEEL</th>
<th>SIGNS AND SYMPTOMS</th>
<th>CLASSIFY</th>
<th>MANAGE</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you tried smoking?</td>
<td>YES NO</td>
<td><strong>HEADS</strong> Assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes,</td>
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<tr>
<td>- when did you start smoking?</td>
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</tr>
<tr>
<td>- How often do you smoke?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- How much do you smoke?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- What effects does smoking have on you?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- Do you plan to quit?</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Do you have friends who smoke?</td>
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<td></td>
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<tr>
<td>Do other family members smoke?</td>
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<tr>
<td>If no,</td>
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<tr>
<td>HEADS Assessment</td>
<td></td>
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</tr>
</tbody>
</table>

- Daily use of tobacco
- Smokes more than 1 pack per day
- Smokes within 1 hour upon waking
- Smokes 10 or more cigarettes per day
- Cigarettes are a primary activity
- Abstinence fails
- Social and family support
- Social or legal problems
- Inability to control tobacco use
- Boredom
- Depression
- Insomnia
- Irritability
- Depression
- Anxiety
- Personal, social, and family problems

### Additional information on the recommendations made in the management column

Assess adolescents if at higher risk for chemical/substance dependency, if:

1. Child of alcoholics or addicts
2. Physically disabled
3. Gay
4. Engaged in other high-risk behavior (gang, crime, prostitution)
5. A history of depression; learning disability; hyperactivity; peers or siblings who use drugs; low self-esteem; physical or sexual abuse, runaway behavior, a significant loss such as divorce or death in the family, or a move to a new community, and a psychiatric disorder.

### Prevalence of smoking

- **5.8%** of children and adolescents report smoking cigarettes at least one time in their lives
- **2.9%** of children and adolescents smoke cigarettes on a weekly basis
- **1.4%** of children and adolescents smoke daily
- **1.8%** of children and adolescents report having tried more than one type of cigarette

### Follow-up

- Follow-up after 1 week for daily use of tobacco
- Follow-up after 2 weeks for regular use of tobacco
- Follow-up after 3 weeks for occasional use of tobacco
- Follow-up after 2 weeks for smokers
- Follow-up after 2 weeks for former smokers
- Follow-up after 2 weeks for new smokers
Information to be given to the adolescent and accompanying adult(s)

1. Why do adolescents smoke?
   - Adolescents smoke for the following reasons:
     - Social norm ("to be cool")
     - Curiosity
     - Advertising
     - Social pressure
     - Pleasure
     - Addiction

2. What are the health effects of tobacco?
   - Cardiovascular: ischemic heart disease, cerebrovascular disease, peripheral vascular disease
   - Cancer: lung, head and neck, esophageal, gastric, colorectal
   - Endocrine: menstrual disorders, decreased bone mineral density, erectile dysfunction
   - Pulmonary: COPD
   - Gastrointestinal: gastroesophageal reflux, peptic ulcer disease
   - Dermatologic: premature wrinkling
   - Ophthalmologic: macular degeneration
   - Immune system: effects on natural killer cells
   - Pregnancy complications: low birth weight, IUGR, SGA, spontaneous abortion, PROM, SIDS

3. Clinical Guidelines on Smoking Cessation
   - Ask about smoking at each visit:
     - Since adolescents come only sporadically for health care, tobacco use should be raised at every visit regardless of chief complaint.
     - Advise all smokers to quit:
     - Give advice that is clear and personally relevant. Reinforce good behavior.
     - Assess willingness to quit:
     - Ask the adolescent to describe thoughts or feelings about quitting.
     - Assist those who want to stop smoking:
     - Set a quit date, keep a journal, change smoking routine, give rewards.

4. Guide for adolescents:
   - Quitting is not easy but millions of people have done it and so can you.
   - Getting ready to quit:
     - Take several days to monitor smoking patterns and identify times of likely temptation
     - Set a quit day that is personally meaningful and fit with smoking pattern
     - Try to break familiar pattern. Before lighting up, try doing something else
     - Identify ways in which family members and friends can assist in effort to quit
   - Make plans for rewarding self for achievement of sub-goals
   - On quitting day:
     - Get rid of all cigarettes
     - Change morning routine
     - When you get the urge, do something else
     - Carry substitutes to put in your mouth
     - Reward yourself at the end of the day
   - Staying smoke-free:
     - Don’t be upset if you feel sleepy or short-tempered
     - Exercise regularly
     - Think about the positive effects of not smoking
     - Eat regular meals
     - Put the money that you would have spent on cigarettes in a jar and watch it grow
     - Let other people know you have stopped smoking
     - If you feel bad, try to solve the cause of the problem, tell yourself that smoking won’t make it better
     - If you break down and smoke, don’t give up. Quit again

5. RECORD YOUR FINDINGS AND TREATMENT PROVIDED

6. ASSESS AND ENSURE ONGOING SAFETY

7. PROVIDE INFORMATION ON FINDINGS OF EXAMINATION AND TREATMENT

8. ARRANGE COUNSELING AND SOCIAL SUPPORT

9. ARRANGE REFERRALS IF NEEDED

10. ARRANGE FOR A FOLLOW-UP VISIT

C4 - Physical and Sexual Abuse

APPROACH TO ADOLESCENT VICTIMS OF PHYSICAL AND SEXUAL ABUSE

1. PREPARE YOURSELF AND THE HEALTH FACILITY TO MANAGE ADOLESCENTS WHO HAVE BEEN ASSAULTED
   - Be aware of the types of violence that commonly affect adolescents
   - Know the considerations in providing health services to adolescents who are victims of violence and assault
   - Dealing with adolescents who are victims of violence and assault

2. TAKE A HISTORY
   - General medical history
   - History of the assault
   - Gynecological history (in cases of sexual assault in females)

3. DO A PHYSICAL EXAMINATION
   - General physical examination
   - Genital and examination (in cases of sexual assault in males and females)

4. PROVIDE TREATMENT
   - Physical violence
   - Sexual violence

PRESENTING COMPLAINTS / QUESTIONS:
Adolescent: I have been raped / abused.
Parent: I noticed some changes in behavior in my son / daughter.
In sexual assault, details of any symptoms that have developed since the assault should be obtained. These may include:

- genital bleeding, discharge, itching, or pain (which may indicate STI)
- urinary symptoms, such as burning (which may indicate urinary tract infection)
- anal pain or bleeding (which may indicate injury, foreign body or infection)
- abdominal pain (which may indicate internal trauma)
- any of the findings on examination could be a result of previous sexual intercourse, pregnancy or child birth.

- any complications during delivery

2.2 A Gynaecological History (in cases of sexual assault)

The purpose of taking a gynecological history in cases of sexual assault is to:

- Ascertain the risk of pregnancy and sexually transmitted infection
- Ascertain whether any of the findings on examination could be a result of previous sexual intercourse, pregnancy or child birth.

Ask the adolescent:

- When was the first day of your last menstrual period?
- Have you had any sexual relationship prior to this event?
- If so, when did you last have intercourse that you considered to be sexual? (Details may be required if forensic testing is to be performed)
- Do you use contraception? If so, what type do you use?
- Have you had any pregnancies How many and when did you have them?
- Were there any complications during delivery?

3. DO A PHYSICAL EXAMINATION

3.1 General Physical Examination

- General appearance
- Task for injuries in the hands and wrists, fingers, inner surfaces of the upper arms and the armpits, face, including the inside of the mouth
- Examine the ears, including inside and behind the ears
- Examine the head, neck
- Task for injuries in the chest, ribs, including the breast
- Examine the abdomen, buttocks, thighs, including the inner thighs, legs
- Examine the feet

3.2 Sexual Assault

The purpose of obtaining an account of the violence inflicted is to:

- Guide examination on all injuries (including those that relate to sexual assault) can be detected and treated
- Guide assessment of adverse consequences, such as pregnancy and sexually transmitted infections and guide relevant specimen collection (in cases of sexual assault)
- Guide documentation

In case of sexual assault it will be necessary to do a gynaecological examination. This is a sensitive examination and the health worker must adhere to the principles outlined in Part 1: Section 1C. Be patient and gentle in your approach. Examine the adolescent should be placed lying on her back with her knees drawn up, heels together and legs gently flapped apart. A sheet should be placed over her body; it should be drawn up at the time of the examination.

Solve: at the school

Use for:

- Genital bleeding
- Discharge, itching, or pain (which may indicate STI)
- Urinary symptoms, such as burning (which may indicate urinary tract infection)
- Anal pain or bleeding (which may indicate injury, foreign body or infection)
- Abdominal pain (which may indicate internal trauma)
- Any of the findings on examination could be a result of previous sexual intercourse, pregnancy or child birth.

- Any complications during delivery

2.3 Victim's History

Victims of assault must be treated with respect and compassion. This can help aid their recovery.

- Privacy and confidentiality must be ensured. Others should not be able to view or hear any aspects of the consultation.
- The physical examination of assault victims must be thorough; it will inevitably be intrusive and time consuming.
- If forensic evidence is to be collected, in the interest of avoiding multiple examinations and further distress to the adolescent, the medical examination and forensic evidence collection should, where possible, occur simultaneously.
- Informed consent must be obtained for examination and treatment, and for the release of information to third parties.
- All parts of the examination must be explained in advance; during the examination, adolescents must be informed when and where touching will occur and should be given ample opportunity to ask questions. The adolescent's wishes must be upheld at all times.
- All findings must be documented carefully to ensure that no important details are omitted. The use of a standard examination form is recommended.

Review Republic Act No. 7610 (Special Protection of Children Against Abuse, Exploitation and Documentation Act)
Follow local Post Exposure Prophylaxis (PEP) guidelines. Adolescents with severe, life-threatening injuries should be referred for emergency treatment immediately. Adolescents with less severe injuries, for example cuts, bruises and superficial wounds can usually be treated at the primary level.

The following may be indicated:
- medications for the relief of pain
- antibiotics to prevent wounds from becoming infected
- tetanus vaccine (according to local protocols).

Sexually transmitted infections
- Patients with a history of rape should be referred for gynaecology.
- Where there is trauma to the genital area, the health worker should consider referral to a gynaecologist.
- In patients who have been sexually assaulted is not recommended.
- Where laboratory facilities are available for STI testing, this should be offered.

The following may be indicated:
- Use of antibiotics to prevent wounds from becoming infected
- Tetanus vaccine (according to local protocols)

Patients with a history of rape should be referred for gynaecology.
- Where there is trauma to the genital area, the health worker should consider referral to a gynaecologist.
- In patients who have been sexually assaulted is not recommended.
- Where laboratory facilities are available for STI testing, this should be offered.

It is important to discuss any findings, and what the findings may mean, with the adolescent.

Care of injuries
- Teach the adolescent how to properly care for any injuries they have sustained.
- Explain how injuries heal and describe the signs and symptoms of wound infection.
- Explain the importance of completing the course of any medications given and discuss any side effects.

Management of emotional needs following sexual assault
- Discuss the signs and symptoms of SIs, including HSV, and the need to return for treatment if any signs and symptoms should occur.
- Stress the need to use a condom during sexual intercourse until their STI/HIV status has been determined.
- Explain the need to return from sexual intercourse until all treatments or prophylaxis for SIs have been completed until their sexual partner has been treated for SIs, if necessary.

Psychological support
- Explain to the adolescent and (with the adolescent’s permission) family members and/or significant others, that there is a wide range of normal physical, psychological and behavioral responses that the adolescent may expect to experience.
- Encourage the patient to confide in and seek emotional support from a trusted family member or friend.

The level of social support and/or psychological counseling required by victims of violence varies enormously, depending on the degree of psychological trauma suffered and the victim’s own coping skills and abilities. Some victims experience immediate psychological distress, others experience short-term and/or long-term psychological problems. The level of support required is best determined on a case-by-case basis.

Male victims tend to be especially reluctant to obtain counseling services, but in fact have much the same needs as women in terms of the support they need. Men should therefore be strongly encouraged to seek counseling.

Counseling services can be delivered through both individual and group sessions.

Where there is no formal counseling available, informal systems of social support are vital to the healing process and should be discussed with the adolescent.

Adolescents should be referred for support services as appropriate. This might include:
- shelters or safe houses
- organizations which provide counseling
- organizations which run support groups
- organizations which provide social - including financial - support
- organizations which provide legal support
- organizations which provide specialized support (e.g. victims of rape)

Health workers should be aware of the resources that are available locally for victims of violence and assault.

They should inform the adolescent what services they can get, and where and who they could get them from. They should also help the adolescent choose the most suitable option(s) for their particular requirements.

Providing information on the facility may make victims feel more comfortable in accessing follow-up services. Display posters and pamphlets about violence and where to go for help on the walls of your health facility.
**Decision Tree: Genital problems in male adolescent**

**PRESENTING COMPLAINT/QUESTION**
- I am having some discharge from my penis/ pain on urination
- I have pain and swelling in my inguinal/scrotal area

**FOLLOW RESPECTIVE ALGORITHM TO CONFIRM**

**D1 - Male Urinal Discharge / Pain on Urination**

<table>
<thead>
<tr>
<th>ASK</th>
<th>LOOK/FEEL/ LISTEN</th>
<th>SYMPTOMS AND SIGNS</th>
<th>CLASSIFY</th>
<th>MANAGE</th>
<th>FOLLOW UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate that you are going to ask him some personal questions and reassure him that all information will be confidential.</td>
<td>Say that you are going to examine him. Ensure privacy of setting.</td>
<td>Pusulent urethral discharge on history and/or examination. Dysuria may or may not be present. Gram stain show intracellular gram-negative diplococci. Note: History of pusulent urethral discharge alone is enough to confirm diagnosis, even if discharge is not evident at the time of examination.</td>
<td>Sexual Transmitted infection: Chlamydia, Gonorrhea</td>
<td>Ceftriaxone 250 mg IM single dose (12.5mg/kg for children) and Azithromycin 1g orally single dose (10mg/kg/day for 3 days for children) Alternative: Ceftriaxone 400 mg orally single dose (or 8mg/kg if less than 12 years of age) + Doxycycline 100mg orally single dose AND Cefixime 300mg orally 800 for 7 days.</td>
<td>Reassess after 1 week if no improvement, refer.</td>
</tr>
<tr>
<td>Do you have a discharge from your penis? If yes, what is the color of the discharge?</td>
<td>Look for discharge from the urethra. If there is no discharge, ask patient to gently squeeze the penis towards the tip (observe for discharge). Do Gram stain of urethral smear, if available. Do Uninsc.</td>
<td>Other signs of STI present</td>
<td>Possible STI, Possible Abuse</td>
<td>Use appropriate algorithm Use Algorithm on Physical and Sexual Abuse</td>
<td>Reassess after 1 week</td>
</tr>
<tr>
<td>Do you have pain/ difficulty when you urinate?</td>
<td>Look for other signs of STI: - Urethral abscess/vesicles - Swelling in groin - Scrotal pain or swelling</td>
<td>History of Sexual abuse and/or Signs of Abuse on Physical examination</td>
<td>Possible STI, Possible Abuse</td>
<td>Use Algorithm on Physical and Sexual Abuse</td>
<td>Reassess after 1 week</td>
</tr>
<tr>
<td>Have you had this problem before, or is this the first time?</td>
<td>Look for signs of abuse: - Hair loss/alopecia, bruises</td>
<td>Underlying Urinary tract infection</td>
<td>Request for Urine Culture test or Urinary tract infection</td>
<td>Reassess after 1 week</td>
<td></td>
</tr>
<tr>
<td>Do you have any other problems with your genitals? - Ulcer/have on genitals - Swelling in groin - Scrotal pain or swelling</td>
<td>Look for signs of abuse/ - history of child abuse, bruises/ - scars/ - fractures</td>
<td>Underlying Urinary tract infection</td>
<td>Reassess after 1 week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has anybody violated or abused you in anyway? Do HEADS assessment</td>
<td>General Physical Examination</td>
<td>Underlying Urinary tract infection</td>
<td>Reassess after 1 week</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Presenting Complaints / Questions:**
- Parent: “My son has discharge from his penis / My son has pain on urination.”
- Adolescent: “I have discharge from my penis / I have pain on urination.”
Information to be given to the adolescent and accompanying adult(s)

1. **What is the condition?**
   This is an infection of the urethra, the tube which carries urine from the bladder to the outside. It is likely that this infection has occurred as a result of unprotected sexual intercourse.

2. **What are the causes of this condition?**
   The infection is caused by two kinds of organisms. Patients infected with *N. gonorrhoea* are often infected with *C. trachomatis*.

3. **What are the effects of the condition on your body?**
   **Immediate effects:**
   * Gonorrhea is asymptomatic in about 10% of men after the usual incubation period. In others, the infection may cause a penile discharge (most marked in the morning), dysuria, and increased frequency of urination. There may also be itching and burning sensation around the urethra.
   
   **Long-term effects:**
   Infection can spread and cause prostatitis, epididymitis, seminal vesiculitis, periurethral abscess and fistula. The infection can also spread to other parts of the body, like the joints and can cause inflammation.

4. **What treatments are we proposing and why?**
   The aim of management is to determine the cause of the infection and to treat with the right medication. Patients treated for gonococcal infection can also be treated routinely with a regimen effective against uncomplicated genital *C. trachomatis* infection. Routine dual therapy without testing for Chlamydia can be cost effective.

5. **What can you do as a health provider?**
   For those patients classified as having urethral discharge from a sexually transmitted infection:
   - Please complete the treatment as advised.
   - Please come back after one week for review. No test-of-cure needed for patients with uncomplicated gonorrhea treated with one of the regimens in these guidelines. Treatment failure is most likely due to re-infection.
   - Please avoid any sexual activities.
   - Please discuss your condition with your partner. Sex partners should be referred for evaluation and treatment.
   - Sexual activity should be delayed until one is emotionally and physically ready for it. Sexual activity should take place only within a mutually faithful relationship.
   - Condoms must be used correctly in every sexual activity outside a mutually faithful relationship.
   - Refer if patient’s symptoms are persistent or recurrent.
   - Repeat urethral smear if symptomatic.

---

**Frequently Asked Questions**

**Understanding the reasons for the question**

In all these questions, the adolescent is anxious to know how a sexually transmitted infection may affect their future.

1. **Will I be able to become a father in the future?**
   
   Points to make:
   If an infection is detected early and treated properly, there is very little likelihood of any long-term problems. If the infection remains undetected and improperly/inadequately treated, it could affect your ability to have a child. To have a definite answer to this question, you have to be examined and tested further.

2. **When could I have sex again?**
   
   Points to make:
   You can have sex only after you have completed your treatment and are completely cured. It is very important that your partner also gets treatment and is completely cured. If not, you are likely to get the infection again.
   
   Avoid any sexual activities. Sexual activities should be delayed until one is emotionally and physically ready. Sexual activity should take place only within a mutually faithful relationship.

3. **Will I become completely cured?**
   
   Points to make:
   Sexually transmitted infections which are caused by bacteria and fungi can be completely cured. However, infections caused by viruses cannot be cured. Some of them, like Herpes, can recur causing discomfort. Others, like HIV, have serious long-term effects on health.
**PRESENTING COMPLAINTS/QUESTIONS:**

Parent: My son has a pain/swelling in my groin/scrotum. 

Adolescent: I have pain/swelling in my groin.

<table>
<thead>
<tr>
<th>ASK</th>
<th>LOOK/FEEL/LISTEN</th>
<th>SIGNS AND SYMPTOMS</th>
<th>CLASSIFY</th>
<th>MANAGE</th>
<th>FOLLOW UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have pain or tenderness in one or both sides of your scrotum?</td>
<td>Check temperature</td>
<td>Devoid of pain</td>
<td>Torsion, meaning that the cord that contains the tube that carries sperms to the testes is twisted.</td>
<td>Manage swelling</td>
<td>Follow-up within 24 hours and secure feedback</td>
</tr>
<tr>
<td>Do you have fever?</td>
<td>Check temperature</td>
<td>Swelling in your scrotum</td>
<td>Torsion</td>
<td>Torsion and any other causes of scrotal swelling</td>
<td>Manage swelling</td>
</tr>
<tr>
<td>Do you feel tenderness or swelling in your scrotum?</td>
<td>Check temperature</td>
<td>Swelling in your scrotum</td>
<td>Torsion and other causes of scrotal swelling</td>
<td>Manage swelling</td>
<td>Follow-up within 24 hours and secure feedback</td>
</tr>
<tr>
<td>Do you have other genital symptoms?</td>
<td>Check temperature</td>
<td>Signs of local skin infection</td>
<td>Torsion and any other causes of scrotal swelling</td>
<td>Manage swelling</td>
<td>Follow-up within 24 hours and secure feedback</td>
</tr>
<tr>
<td>Were you injured recently in your scrotum?</td>
<td>Check temperature</td>
<td>Signs of recent trauma</td>
<td>Torsion and any other causes of scrotal swelling</td>
<td>Manage swelling</td>
<td>Follow-up within 24 hours and secure feedback</td>
</tr>
<tr>
<td>Were you injured on one side or both sides?</td>
<td>Check temperature</td>
<td>Signs of recent trauma may or may not be present</td>
<td>Torsion and any other causes of scrotal swelling</td>
<td>Manage swelling</td>
<td>Follow-up within 24 hours and secure feedback</td>
</tr>
<tr>
<td>Did the pain begin suddenly or did it begin gradually?</td>
<td>Check temperature</td>
<td>Signs of recent trauma may or may not be present</td>
<td>Torsion and any other causes of scrotal swelling</td>
<td>Manage swelling</td>
<td>Follow-up within 24 hours and secure feedback</td>
</tr>
<tr>
<td>Is the pain on one side or both sides?</td>
<td>Check temperature</td>
<td>Signs of recent trauma may or may not be present</td>
<td>Torsion and any other causes of scrotal swelling</td>
<td>Manage swelling</td>
<td>Follow-up within 24 hours and secure feedback</td>
</tr>
</tbody>
</table>

**Information to be given to the adolescent and accompanying adult(s):**

1. What is the condition?

   The condition could be due to:
   - Torsion, meaning that the cord that contains the tube that carries the sperms from the testes to the urethra as well as the blood vessels get twisted.
   - An injury to the testes;
   - An infection of the testes.
   - Others
     - Testicular cancer
     - Varicocele
     - Spermatocele
     - Hydrocele
     - Inguinal hernia

2. What are the causes for the condition?

   - Torsion occurs because of incomplete or slightly faulty development of the tissues in the scrotum.
   - An injury can result from an accident or from trauma.
   - Infections of the testes may or may not be sexually transmitted. Mumps is an example of an infection that is not sexually transmitted, gonorrhea is an example of a sexually transmitted infection.

3. What are the effects of the torsion?

   A torsion may or may not be complete. In some cases, the torsion is reversible (i.e. the twisted tissue un twisted by itself). If the torsion is complete (meaning that the blood supply to and from the testes is completely cut off), this could have serious consequences including permanent damage to the testes.

   Injuries can result in pain and discomfort. If severe, they could result in serious and permanent damage to the testes.

   Infections too can result in pain and discomfort. If severe, and if left untreated, they could result in an inability of the testes to produce sperms.

4. What treatment are we proposing?

   Suspected cases of torsion are treated with pain killers and observed carefully. If there is no relief in the torsion, surgery may need to be carried out promptly.

   Mild injuries are treated with pain killers and dressings. Severe injuries may require surgery.

   Infections are treated with pain killers and in case of bacterial infections with antibiotics.

5. What can the healthcare provider do?

   For all patients:
   - Please complete the treatment and come back for review.
   - In addition, for patients who are classified as having a scrotal swelling resulting from a sexually transmitted infection, advise:
     1. Please avoid sex until you are completely treated.
     2. Please discuss your condition with your partner and try to ensure that she also gets treated.
     3. Using a condom correctly every time you have sex will protect you from getting another infection.

6. If not an emergency, are there some diagnostic tests that can be done?

   An ultrasound of the scrotum to help visualize the testes and its other parts may be useful to localize the cause of the swelling. However, this is best handled by a specialist.
1. What is the condition?

This is a pain that occurs just before or during the menstrual periods. The pain could be continuous or could come in bouts. It generally starts in the lower abdomen and moves to the lower part of the back and the inner part of the thighs. It is most severe in the early days of the period and gradually reduces in severity as the period continues.

2. What are the causes of the condition?

In adolescent girls, in the majority of the cases, the pain is not associated with an underlying medical problem. The pain is due to a chemical substance produced in the body called prostaglandins, which cause the muscles of the uterus to contract. The level of prostaglandins in the body is higher in the first 2-3 days of the period, that is when the pain is most severe.

3. What are the effects of the condition on your body?

If the pain is very severe, it may be accompanied by headache, diarrhea, nausea and vomiting. These symptoms too are caused by the action of the prostaglandins. If the pain is severe it can make it difficult for one to carry out daily activities. It can also affect one’s mood. However, there are no long-term negative effects.

4. What treatments are we proposing and why?

In cases where no pelvic pathology is likely:

The aim of the treatment is to reduce the pain. This is done through medicines that counteract the effect of the prostaglandin pain. This treatment is very effective and so further examination and laboratory tests are not needed in most cases.

In cases where pelvic pathology is likely:

In this case, further tests are required to find out what is causing the pain so that the right treatment can be provided.

5. What can you do?

Hot fomentation (i.e. the application of a hot water bottle or a warm pad of cloth on the abdomen and back) can help soothe the pain. If that does not help, you will need to take some medicines to reduce the pain. Rest if the pain is really severe. Once it subsides, try to continue with your daily routine. If there is no improvement, please come back to us.

Frequently asked questions

1. Will I be able to have a child normally in the future?

Points to make in the response

If based on the history and the physical examination, there is no likelihood of pelvic pathology, assure her that this problem will not prevent her from having a child in the future. If some pelvic pathology is likely, tell her that she will need to be checked and undergo further tests before a clear answer can be given to her question.

2. My friends say this problem becomes less after marriage or childbirth. Is that right?

Understanding the reason for the question

The adolescent wants to know whether this is true.

Points to make in the response

The pain may occur less commonly when a woman is married or enters a less formal union in which she has regular sexual activity. It usually tends to disappear after a woman bears a child.
Information to be given to the adolescent and accompanying adults

**Frequently asked questions**

1. What have you noticed?
   - Periods are always longer.
   - Lower conjunctival pallor,
   - Palmar pallor
   - Decreased sweating
   - Bruises
   - Lower part of body feels cold
   - Colder
   - Skin dryness
   - Gum bleeding
   - Feel tired most of the time
   - Weight and height
   - Sexually active
   - Possibly pregnant
   - Not possibly pregnant
   - Anemia
   - Needs emergency referral to specialist
   - Follow-up

2. How do I know that my periods are normal?
   - Adolescents: I bleed too much during my periods. My menstrual period is longer.
   - Adolescents: My periods are very heavy. My menstrual period is shorter.
   - Adolescents: My menstrual period is very heavy. My menstrual period is longer.
   - Adolescents: My menstrual period is very heavy. My menstrual period is shorter.
   - Adolescents: My menstrual period is very heavy. My menstrual period is shorter.
   - Adolescents: My menstrual period is very heavy. My menstrual period is longer.

3. What are the effects of the condition on my body?
   - Oxytocin, which helps the uterus contract, will be reduced.
   - The person feeling tired and weak.
   - Oxytocin to the different parts of the body leaving the person feeling tired and weak.
   - Oxytocin to the different parts of the body leaving the person feeling tired and weak.
   - Oxytocin to the different parts of the body leaving the person feeling tired and weak.
   - Oxytocin to the different parts of the body leaving the person feeling tired and weak.

4. What treatment are you proposing and why?
   - Treatment will be recommended if anemia is confirmed.
   - Treatment will be recommended if anemia is confirmed.
   - Treatment will be recommended if anemia is confirmed.
   - Treatment will be recommended if anemia is confirmed.

5. What is the treatment?
   - Treatment will be recommended if anemia is confirmed.
   - Treatment will be recommended if anemia is confirmed.
   - Treatment will be recommended if anemia is confirmed.
   - Treatment will be recommended if anemia is confirmed.
### D5 - Irregular Period

**PRESENTING COMPLAINTS/QUESTIONS:**

Adolescent: I don't have my periods monthly. Parent: Is the menstrual flow of my daughter normal?

<table>
<thead>
<tr>
<th>ASK</th>
<th>LOOK/FEEL/HEAR</th>
<th>SIGNS AND SYMPTOMS</th>
<th>CLASSIFY</th>
<th>MANAGE</th>
<th>FOLLOW UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>How old were you when you had your first period?</td>
<td>Some times you are going to examine her. Ensure privacy of the examination setting. Have a female colleague if necessary.</td>
<td>Pregnant OR Possibly Pregnant - missed/delayed periods - sexually active - not using contraceptives - any signs/symptoms of pregnancy</td>
<td>Use algorithm &quot;Suspected pregnancy&quot;?</td>
<td>Regular Periods OR Bleeding between periods possibly due to under-nutrition, chronic illness or possible pelvic pathology</td>
<td>Review within 3 months</td>
</tr>
<tr>
<td>When was your last period?</td>
<td>More than 2 years since her first period AND Irregular Periods: no periods for last 3 months, -menstrual cycle &gt;21 days or &gt;35 days, -frequent spotting/bleeding between periods, -not using hormonal contraception and Signs of and Symptoms of under-nutrition, chronic illness or possible pelvic pathology</td>
<td>Irregular Periods OR Bleeding between periods possibly due to under-nutrition, chronic illness or possible pelvic pathology</td>
<td># underweight, use algorithm on &quot;Nutritional concerns&quot;</td>
<td># with chronic illness, treat it or refer</td>
<td># with possible pelvic pathology, refer to specialist for further evaluation</td>
</tr>
<tr>
<td>How many days are there usually between periods?</td>
<td>Within last 6 months of using hormonal contraception AND Irregular periods</td>
<td>Irregular Periods OR Bleeding between periods associated with use of hormonal contraceptives</td>
<td># taking OCP &gt;4 months, refer. # using DHPA &gt;6 months, refer.</td>
<td>Review within 4 months</td>
<td>Review within 4 months</td>
</tr>
<tr>
<td>Do you have any long-standing illness?</td>
<td>Less than 2 years since her first period AND Irregular periods</td>
<td>Irregular Periods OR Bleeding between periods associated with use of hormonal contraceptives</td>
<td># underweight, use algorithm on &quot;Nutritional concerns&quot;</td>
<td># with chronic illness, treat it or refer</td>
<td># with possible pelvic pathology, refer to specialist for further evaluation</td>
</tr>
<tr>
<td>Do you think you could probably be pregnant?</td>
<td>Menstrual Irregularity of Early Adolescence</td>
<td>Menstrual Irregularity of Early Adolescence</td>
<td>Ensure the patient that irregular bleeding is common in first 2 years after first period</td>
<td>Review within 6 months</td>
<td>Review within 6 months</td>
</tr>
<tr>
<td>Are you sexually active?</td>
<td>Menstrual cycle between 21 days and 35 days AND Infrequent spotting between periods</td>
<td>Normal Menstrual Periods</td>
<td>Ensure that her menstrual pattern is normal</td>
<td>Follow-up within 6 months</td>
<td>Follow-up within 6 months</td>
</tr>
<tr>
<td>Do you use any contraceptive method to prevent pregnancy?</td>
<td>Do HEADSS</td>
<td>Do HEADSS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Information to be given to the adolescent and accompanying adult(s):**

1. **What is the condition?**
   
   Menstrual periods are considered irregular if the interval between the first day of one period and the first day of the subsequent period is less than 21 days or more than 35 days.

2. **What are the causes of the condition?**
   
   After the start of the menstrual periods, it takes some time for them to become regular. In some cases, this may take up to 18 months. This is perfectly normal as the body of the adolescent girl matures. In a small number of cases, the irregular bleeding can be due to a disease in the reproductive system. This needs to be checked further and appropriately treated.

3. **What are the effects of the condition on your body?**
   
   If the irregular bleeding is not associated with other menstrual problems and/or pelvic pathology, there are usually no adverse effects.

4. **What treatments are we proposing and why?**
   
   For those patients classified as 'irregular bleeding possibly due to pelvic pathology':
   - The aim of the treatment is to regularize the periods and the associated symptoms of pain and/or excessive bleeding.
   - For those patients classified as 'irregular bleeding possibly due to pelvic pathology':
   - Reassure the patient that the periods will become regular with time.
   - For those patients classified as 'irregular bleeding possibly due to pelvic pathology':
   - Ensure that all is well.

6. **What can you do?**
   
   For those patients classified as 'irregular bleeding possibly due to pelvic pathology':
   - Please complete the treatment and come back for review as advised.

7. **When should you have a pelvic examination?**
   
   See page 96.
D6 - Suspected Pregnancy

ASK

Are you sexually active?

If using contraception, do you use anything to prevent pregnancy?

If unprotected sex, was it for your period?

MANAGE

Positive pregnancy test or ultrasound confirms. counseel her to seek consultation or referral. 

The adolescent wants to continue with the pregnancy. 

- Refer for counseling and antenatal care (high risk pregnancy). 

The adolescent does not want to continue with the pregnancy, counsel on available options. 

PREVIOUSLY UNDERSTOOD

Do your HEADSS after your period?

Have you had unprotected sex?

If using contraception, refer to exclusion of pregnancy.

Tips for health worker: Date that you are going to examine her. Ensure privacy of examination setting. Have a female colleague nearby.

SYMPTOMS AND SIGNS

Positive Pregnancy Test or ultrasound confirms.

Fetal heart tones present

Pregnant

Unprotected use with symptoms of pregnancy but too early to be certain

Abortion is illegal

Counsel regarding likelihood of pregnancy. If possible, refer for pregnancy testing.

Discuss ways to prevent pregnancy until it is determined whether she is pregnant or not. 

Tips for health worker: If a pregnancy test can be done in your health facility, avoid doing a vaginal exam

A urine pregnancy test can be negative for up to 2 weeks after a missed period even if one is pregnant. If a pregnancy test done before this time is negative and if symptoms of pregnancy persist, the test should be repeated more than 2 weeks after the missed period.

SYMPTOMS AND SIGNS

General Physical Exam

Look for palpable uterus in the lower abdomen. 

A 12 week uterus is just palpable at the symphysis pubis, a 20 week uterus, at the level of the umbilicus, and a 36 week uterus, midway between the symphysis pubis and umbilicus.

Listen for fetal heart tones at about 20 weeks.

Do a Pregnancy Test. If pregnancy test is not available and uterus is not palpable,

Check for enlarged uterus and soft cervix on vaginal exam.

Follow-up

After 1 week

- Do prenatal checkups.

- Refer to Integrated Management of Pregnancy and Childbirth (IMIPC).

MANAGE

After one week to assess possible pregnancy.

If pregnant, manage as above.

Tips for health worker:

A female colleague nearby.

Look for palpable uterus in the lower abdomen. 

A 12 week uterus is just palpable at the symphysis pubis, a 20 week uterus, at the level of the umbilicus, and a 36 week uterus, midway between the symphysis pubis and umbilicus.

Listen for fetal heart tones at about 20 weeks.

Do a Pregnancy Test. If pregnancy test is not available and uterus is not palpable,

Check for enlarged uterus and soft cervix on vaginal exam.

Follow-up after 6 months

Advise her that she is unlikely to become pregnant.

Discuss ways to prevent pregnancy. 

Advise her to abstain from sex, see 1

Follow-up after 6 months

Discuss ways to prevent pregnancy.

Advise her to abstain from sex.

ASK

LOOK/FEEL/ LISTEN

SYMPTOMS AND SIGNS

Classify

Manage

Follow-up

1. All adolescents are advised to practice abstinence until they reach the proper age to prepare for a family.

2. If sexually active, abstinence should still be advised subsequently as the best option to prevent STIs and pregnancy.

3. If they opt to remain sexually active, all adolescents should be advised from several methods available.

4. Assess behavioral and social factors in the choice of contraception.

5. Group settings are also important. Some groups of adolescents everywhere, and in some settings, are more vulnerable to the risk of STIs, including HIV.

6. Proper education and counseling before and at the time of method selection can help adolescents make well informed choices.

7. The cost of obtaining contraception must be considered.

8. Medical conditions and contraindications may exist. Refer to the Philippine Clinical Standards Manual in Family Planning (DOH, 2006).

9. In addition to protection against unwanted pregnancy, they can provide protection against STIs including HIV. A disadvantage is lower use-effectiveness compared with hormonal methods and IUDs.

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Adolescent Job Aid Manual

Adapted from The Philippine Clinical Standards Manual on Family Planning (DOH, 2006)
Information to be given to the adolescent and accompanying adult(s)

1. **What is the condition?**
   Pregnancy is a normal condition in which a baby grows and develops in the womb of a woman. Pregnancy normally lasts for 9 calendar months.

2. **How does someone get pregnant?**
   Pregnancy occurs when a man inserts his penis into a woman’s (or a girl’s) vagina and discharges semen there. The sperms in the semen travel up the vagina and into the uterus seeking to find and fertilize an egg that is released by the woman’s ovary. The few drops of liquid which leave the penis before a man discharges semen contain sperms, and so pregnancy can occur when a couple have sex without a condom, even though the penis is withdrawn before ejaculation.

3. **How is pregnancy test done? How does it detect someone is pregnant?**
   Pregnancy tests that are commonly used test the presence of certain chemicals in the urine (antibodies to the presence of hormones secreted by the mother’s womb).

4. **Can the pregnancy test result be negative even though someone is pregnant?**
   Yes, a pregnancy test can show negative results even when a pregnancy exists. This is because it takes some time for the pregnancy test to become positive (i.e. 7-10 days after the missed period).

5. **What options can an adolescent avail of when found to be pregnant?**
   a. Birth planning: Delivery in a hospital or health center is highly recommended. It is important to know and understand why this is important and to decide to do it.
   b. Prevention of STI or HIV/AIDS: Use a condom in all sexual relations. Advice on how to use the condom.
   c. Spacing on the next pregnancy: It is recommended that the next baby be spaced 3 years apart. Advice on family planning counseling

Information for the health worker on classification and management of vaginal discharge

A complaint of abnormal vaginal discharge – abnormal in terms of quantity, color or odor – most commonly indicates a vaginal infection (vaginitis) whether sexually transmitted (trichomoniasis or not; bacterial vaginosis; fungus). Less often, vaginal discharge can be a result of sexually transmitted cervical infection (cervicitis) caused by gonorrhea or chlamydia. It is difficult to identify cases of cervicitis without appropriated diagnostic tests (which are expensive and are not readily available) or a speculum examination.

All non-pregnant adolescents with any history of not having had sex and presenting with abnormal vaginal discharge should receive treatment for bacterial vaginosis and trichomoniasis. Additional treatment for candidiasis is indicated if signs are present.

Additional treatment for cervical infection is indicated if signs or risk factors are present or if the patient is from a population group or area with high gonorrhea /Chlamydia prevalence.

For those treated for gonorrhea and Chlamydia – all sex partners within the past 2 months should be treated with the same treatment regimen whether they are symptomatic or not.

Please note that there are special considerations in the pregnant patient with vaginal discharge:

- Normal discharge is abundant during pregnancy
- Candidiasis is more common during pregnancy
- Discharge and spotting may indicate ectopic pregnancy or threatened abortion. Fever, bleeding, abdominal pain, and amniotic fluid leakage are signs of infection of the amniotic sac or sepsis. If pregnancy complications have been ruled out, treat all women with abnormal vaginal discharge for candidiasis, trichomoniasis, and bacterial vaginosis (note that treatment for bacterial vaginosis is different in pregnancy - metronidazole 200-250mg orally 3 times a day for 7 days). Recurrence in a patient who has appropriately completed therapy should be treated again for candidiasis again.
### D7 - Vaginal Discharge

#### PRESENTING COMPLAINTS/QUESTIONS:

- Parent: My daughter says she has vaginal discharge. Burning / itching sensation in her vagina. Adolescent: I have vaginal discharge, I have a burning / itching vagina.

<table>
<thead>
<tr>
<th>ASK</th>
<th>LOOK/FEEL/LISTEN</th>
<th>SIGNS AND SYMPTOMS</th>
<th>CLASSIFY</th>
<th>MANAGE</th>
<th>FOLLOW UP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk for gonorrhea / Chlamydia</strong></td>
<td>Probe: She believes she has been exposed to STI</td>
<td>Abnormal discharge (as above) and vaginal burning / itching or vulvar erythema, and no lower abdominal pain, and no cervical motion tenderness, and no cervical discharge or friability on speculum exam, and no risk factors for gonorrhea / chlamydia</td>
<td>Bacterial Vaginosis and Chlamydia</td>
<td>Treat for Bacterial Vaginosis and Chlamydia</td>
<td>Follow-up within 24 hours and secure feedback</td>
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<td>If sexually active</td>
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<td>Only if appropriate is a manual vaginal examination</td>
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<td>Advertise to return after 1 week if symptoms persist</td>
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<td>Feel for</td>
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<td>Tenderness on movement of the cervix</td>
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<td>Only if appropriate is a vaginal speculum examination</td>
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<td>Check:</td>
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<td>the mouth of the cervix for discharge</td>
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<td>Stability (firmly blotted when touched) and redness of the cervix</td>
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<td></td>
<td>Signs of other STI syndromes</td>
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<td>Genital ulcers</td>
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<td>Genital discharge</td>
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<td>General Physical Examination</td>
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<td>Clear, white, green, grey, yellowish</td>
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<td>Treatment for gonorrhea and chlamydia</td>
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</table>

#### D7 - Vaginal Discharge

**Risk for gonorrhea / Chlamydia**

- Probe: She believes she has been exposed to STI.
- If sexually active, only if appropriate is a manual vaginal examination.
- Feel for:
  - Tenderness on movement of the cervix.
- If only appropriate is a vaginal speculum examination:
  - Check:
    - The mouth of the cervix for discharge.
    - Stability (firmly blotted when touched) and redness of the cervix.
  - Signs of other STI syndromes.
  - General Physical Examination.

**Risk factors for gonorrhea / chlamydia**

- She believes she has been exposed to STI.
- Her partner has a discharge.
- She is from a population group or comes from an area with known high prevalence.

**Symptoms of other STI**

- Genital ulcers.
- Genital discharge.

**Do a general sexual and reproductive health assessment**

- Ask the health worker:
  - Prudential discharge: Assess the consistency, and vaginal pain, itching or burning, and the discharge is cycle (occurs in menstrual cycle) or the adolescent has not yet started menstrual periods (but is undergoing some breast development and some pubic hair).
Frequently asked questions by adolescents:

1. **Why should I have a pelvic exam?**

   A pelvic examination is a physical examination just for women. It may be done when a woman or girl has problems such as:
   - Vaginal infection. Signs of a vaginal infection include itching, burning, or unusual discharge.
   - Vaginal bleeding that is not part of the normal menstrual period
   - Pain in her belly or pelvis

   Once you become sexually active, you will need periodic pelvic examination. A pelvic examination is a way for your doctor to examine your pelvic organs to see if:
   - You might have been exposed to a sexually transmitted disease (STD)
   - You are pregnant

   If you have been sexually assaulted, a pelvic examination will allow your doctor to collect evidence and check for STDs.

2. **What is a Pap smear?**

   Probably the most important reason why a pelvic examination should be done is to be able to have a Pap smear (also called a Pap test) done. A Pap smear is a test that involves collecting cells from your cervix and then looking at them through a microscope to make sure they are normal and healthy. Experts recommend having this test done within three years of becoming sexually active, or by age 21. It is a good idea to have an annual Pap smear throughout your life because they can be invaluable in detecting cervical cancer, which if caught early is highly curable.

3. **Can douching my vagina (i.e. washing it with water and in some cases with products such as soap) help to prevent any infections or other problems?**

   It is better to avoid douching as it tends to wash away the body’s natural protective secretions.
   - Using products such as soap inside the vagina can cause irritation and lead to pain and discomfort. Just wash the outer part of the genitalia every time you go to the toilet and pat it dry with a clean cloth or paper towel.

4. **I have some vaginal discharge. How can I know whether it is normal or not normal?**

   Normal vaginal discharge is clear, thin in consistency, becoming thicker during the middle of the menstrual cycle and cyclic (there is some increase in the discharge about one week after the menstrual period begins). It also has a mild smell. Normally, there should be no pain, itching or burning in the vagina. Any change in the color, consistency, quantity, and smell may be due to an infection. If in doubt, see a health worker for advice.

   *Sample of a consent for Pelvic examination (See page 97) – should be obtained in all cases where the patient is a minor.*

---

**Consent for Pelvic Examination**

This is to certify that the procedure (pelvic examination) has been fully explained to me by Dr. . I have been given the opportunity to ask questions and have been answered satisfactorily. I therefore authorize Dr. _________ to perform the said procedure.

| Name of Patient | __________________________ |
| Signature | __________________________ |
| Date: | __________________________ |

| Name of Witness/Parent/Guardian | __________________________ |
| Signature | __________________________ |
| Date: | __________________________ |

*(for the Health Professional):*

I have confirmed with the patient that she has no further questions and wishes the procedure to go ahead.

| Name of Health Professional | __________________________ |
| Signature | __________________________ |
| Date: | __________________________ |
**D8 - HIV**

**PRESENTING COMPLAINTS/QUESTIONS:**
- Parent: Could my son/daughter have HIV?
- I have learned that my son/daughter is having sex/injecting drugs.
- Adolescent: Could I have HIV? I had sex without condom. I have injected drugs. Used a public toilet. I think my partner is having sex with others. I have kissed someone.

### Tip for health worker
- Communicate that you are now going to ask some personal questions and reassure him/her that all information will be kept confidential.
- Make sure the adolescents understands that having sex refer insertion of the penis into the vagina, anus, mouth.

### Why do you think you could have HIV?

**Symptoms associated with HIV infection**
- Do you have / have you had recently:
  - Noticeable weight loss
  - Prolonged diarrhoea
  - Prolonged fever
  - Painful purple bumps on your skin or in your mouth
  - White patches in your mouth

**Signs associated with HIV infection**
- Check for:
  - Weight loss of more than 10% (if previous weight is available)
  - Kaposi lesions (painful purple lump on the skin of the palate in mouth)
  - Fungal infection in the mouth
  - Generalized lymphadenopathy
  - Evidence of serious infection (e.g. respiratory infection)

### Signs/Features

<table>
<thead>
<tr>
<th>ASK</th>
<th>LOOK/FEEL/HEAR</th>
<th>CLASSIFY</th>
<th>MANAGE</th>
<th>FOLLOW UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any symptom associated with HIV infection</td>
<td>Any symptom associated with HIV infection</td>
<td>An HIV test is recommended but adolescent should receive pre-test counselling first.</td>
<td>Agree on a follow-up visit or refer the adolescent to HIV/AIDS facility.</td>
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<tr>
<td>Any sign associated with HIV infection</td>
<td>Any sign associated with HIV infection</td>
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<tr>
<td>Any illness associated with HIV infection (With or without identified risk factor)</td>
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### Signs of STI syndromes

- Check for:
  - Genital ulcer
  - Swelling in the groin
  - Discharge from the vagina
  - Discharge from the penis
  - Scrotal swelling

**At risk for HIV infection**
- No risk factor for HIV infection
- Any risk factor for HIV infection

**Follow-up**
- Do a general physical examination
- Do a Sexual and Reproductive Health Assessment
- Do a general physical examination
- Do a Sexual and Reproductive Health Assessment

**Provide the follow up messages:**
- HIV risk can be reduced if:
  - Sexual debut is delayed till one is emotionally and physically ready for it, and sexual activity takes place only within a mutually faithful relationship, where both partners do not have HIV.
  - Condoms are used correctly in every act of sexual intercourse outside a mutually faithful relationship.

**Follow-up after 6 months**

**Tips for the health worker**
- Encourage the adolescent to ask all partners to be tested within the last two months to have themselves checked by a health worker whether they are symptomatic.
- Counsel regarding contraception and safer sex.
Information to be given to the adolescent and accompanying adult(s)

What is HIV?
The HIV test is a blood test which detects the presence of chemicals that the body produces in the presence of HIV (i.e. antibodies). These antibodies are produced by the body 8-12 weeks after being infected with HIV.

What does a positive or a negative HIV test result mean?
And HIV-positive test result means that the person who has been tested has HIV infection. An HIV negative result means that the person who has been tested does not have HIV infection. As indicated above, the antibodies that are detected by the HIV test are produced by the body 8-12 weeks after infection with HIV and so in the first few weeks after infection occurs, the HIV test can still be negative although the person tested has HIV infection.

Why should you consider having an HIV test?
There are at least three good reasons for having a HIV test. Firstly, there are effective medicines to prevent the germ that causes HIV from multiplying in the body. In addition, health workers can provide medicines and advice to prevent or treat other problems resulting from infection if HIV on the body (e.g. tuberculosis). Secondly, if a woman who is infected with HIV wants to have a baby, she can be given medicines to reduce the likelihood of the HIV infection passing from her body to that of the baby (in her womb). Thirdly, knowledge of one’s HIV status can enable one to take the necessary steps to protect others from infection.

If you decide to have an HIV test what can we assure you?
Firstly, we ensure that we will not share the results of the test with anyone. Secondly, we assure you that we will provide you with all the care and support that we can, and in addition will direct you to other sources of care and support in the community.

One issue that you will need to consider!
It would be useful to consider who you would inform if you were found to have HIV. Parent and other members of your family as well as friends can be a valuable source of support. Try to identify one or two persons whom you like and trust, and could turn to for help.

Checking the adolescent’s understanding:
If you have the time, it would be useful to check the adolescent’s knowledge and understanding on the following issues.

- What is HIV?
- How is HIV spread (and how it is not spread)?
- How could HIV be prevented?
- What are the effects of HIV on the body?
- What is it that health workers can offer to people who have been found to have HIV?
- Recall the discussion on the meaning of a positive and negative test result.
- Inquire whether the adolescent has considered whom to share the result with.
- Empathize with the adolescent, saying that you are aware that waiting for the test result must have been hard. Assure him/her of your support.

If the result is positive:
- Share the test result.
- Learning the ‘bad’ news is likely to trigger a strong reaction; empathize with the comfort the adolescent.
- Check the adolescent’s understanding on the implications of the test result and provide further explanation if needed.
- Discuss who they would share the result with.
- Explain what support services could be provided.
- Explore what immediate support (if needed). Indicate when (s) he could come back for further discussion.

If the test result is negative:
- Share the test result.
- Learning the news – even the good news – is likely to trigger a reaction; give the adolescent some time to claim down.
- Check the adolescent’s understanding on the implications of the test result and provide further explanation if needed.
- Stress the importance of taking steps to continue staying HIV negative by protecting himself/herself and indicate what support you could provide for life.

PART III
Maintaining a Healthy Lifestyle
Sexual Activity

**Messages for Adolescents:**

1. Many adolescents become sexually active before they are ready to do so, and before they know how to avoid problems such as unwanted pregnancies, and sexually transmitted infections (including HIV).
2. Learn to say NO. Wait till you feel mentally and emotionally prepared to have sex. Do not be pressured by anyone to do so.
3. Learn to respect your bodies and demand that others respect your body.
4. Know your limits. Avoid situations that will lead to unwanted pregnancies or in acquiring sexually transmitted diseases. The only 100% sure way of not getting pregnant or acquiring Sexually Transmitted infections is by not having sex at all.
5. Avoid situations where you will be meeting strangers like eyeballing, chatting to strangers through the computer or texting.
6. If you are to have sex, you must use the condom at all times to protect yourself from sexually transmitted infections and HIV.
7. If you have had sex without a condom, check with your health provider on what to do to screen you from having acquired STI or from being pregnant.
8. If you suspect that you might be pregnant, or that you might have a sexually transmitted infection, seek help from a health worker. Firstly, they can confirm whether you are pregnant or have a sexually transmitted infection, and secondly, they could help you deal with it.
9. If you are living-in with your partner, it would be advisable for you to attend a parenting / and values education seminar.

**Messages for Parents:**

1. Sexual activity often begins during adolescence within or outside marriage.
2. Many adolescents are unprepared to protect themselves from these problems.
3. Adolescents need help to understand the changes that their bodies are going through, as well as support to deal with the thoughts and feelings that accompany their growing maturity.
4. Adolescents need to be aware of the problems they could face through too-early and unprotected sexual activity, and about what they need to do to stay healthy and well. They also need to be able to obtain the health services they need to avoid health problems, and to get back to good health if and when they face the problems.
5. Finally, they need advice and support to resist pressure to have sex before being ready for it.
6. Teach your adolescent to respect his/her body and demand that others respect his/her body too.

**What the health provider should do:**

1. Be able and willing to provide information, advice and support.
2. Discuss the problems he or she could face, and how to avoid them.
3. Discuss the pressures that he or she could face to have sex before being ready for it and teach him or her how to resist this pressure.
4. Encourage him or her to come to you at any time with a question, a concern or a problem.
5. Encourage him or her to seek help from a health worker for advice and support, when needed.
6. If pregnant, link to a health facility for antenatal care.
7. If one or both adolescents are minors and are already living-in, refer to the social worker for evaluation.

The use of tobacco, alcohol and other substances

**Message for adolescent**

1. Adolescence is a time of curiosity and experimentation. It is a time when many adolescents experience with tobacco, alcohol, and other substances.
2. Tobacco use has negative consequences on health both in the short and long term. Heavy alcohol use and the use of other substances (such as cocaine) can have very bad consequences during adolescence. The use of alcohol and other substances increases the likelihood of behaviors with potentially harmful consequences such as unprotected sexual activity, dangerous driving and violence. Injecting substances such as heroin greatly increases the likelihood of getting HIV. The early initiation and heavy use of tobacco and alcohol in adolescent increases the likelihood that their use will continue into adulthood with negative health and social consequences.
3. Many adolescents are unprepared to protect themselves from these problems.
4. Increasing the awareness of adolescents to the dangers of substance use, and building their ability to resist pressure from their peers and the media (i.e. television, magazines, etc.) can help reduce substance use.
5. Early detection of substance use, followed by counseling by health workers has been shown to be effective in motivating adolescents to give up substance use or to reduce the harm it could cause them.

**What you should do:**

1. Discuss the dangers of substance use with your son or daughter.
2. Teach him or her to resist pressure to use substances from their peers.
3. Clarify what your expectations are, and provide a good role model through your behavior.
4. Be watchful for signs of substance use by your son or daughter if and when you discuss it with him or her, and do not hesitate to seek help from a health worker in doubt.
5. Early detection of substance use, followed by counseling by health workers has been shown to be effective in motivating adolescents to give up substance use or reduce the harm it could cause them.

**What the health provider should do:**

1. Discuss the dangers of substance use with the adolescent.
2. Teach him or her how to resist pressure to use substance from their peers.
3. Clarify what the expectations of the adolescent and parents are.
4. Evaluate the support system.
5. Refer immediately if needed.
Mental Health

**Message for adolescents**
1. Adolescence is a time of enormous change in one’s life. These changes can be stressful.
2. Try to prevent/reduce stress by spending some time every day doing activities that you enjoy, being with people you like and doing some physical activity.
3. Do not use tobacco, alcohol or other substances, or act impulsively when you are upset (e.g. riding a motorcycle fast or picking a fight).
4. If you find it hard to deal with challenges at home or at your place of study, work or elsewhere, talk to a trusted adult or peer. They could give you comfort and support and help you think through clearly.
5. Feeling anxious or sad from time to time is normal. If you find these thoughts and feelings are bothering you, seek help from a health worker.

**Message for parents**

**What you should know:**
1. Adolescence is a time of enormous physical, psychological and social changes in an individual’s life. These changes can be stressful.
2. Adolescents need to learn how to deal with this stress in a healthy manner. They also need to feel valued and supported by those around them.
3. Adolescence in many countries face mental health problems. These problems cause them pain and suffering. They also impair their ability to carry out everyday activities. Sadly, in some cases, they can also lead to premature death through suicide.

**What you should do:**
1. Teach your son or daughter about the importance of coping with stress and strain in a healthy manner, and stress the importance of asking for help when needed.
2. Give him or her the love and support you can and encourage him to get involved in community activities.
3. Be watchful for changes in his or her moods or behavior.
4. If these changes drag on and seem to affect his daily activities, seek help from a health worker.

Accidents and Injuries

**Messages for adolescents**
1. Many adolescents die or are seriously injured as a result of road traffic accidents, drowning, burns, falls, burns and poisoning in their homes, places of study and work, on the roads and elsewhere in their communities.
2. Learning how to, and taking care to protect oneself can prevent many accidents.
3. Providing first-aid promptly and seeking medical help can save lives.

**Messages for parents**

**What you should know:**
1. Many adolescents die or are seriously injured as a result of road traffic accidents, drowning, burns, falls, burns and poisoning in their homes, places of study and work, on the roads and elsewhere in their communities.
2. Making your home and community safe will reduce the likelihood of your son or daughter being injured in an accident.
3. Ensuring that your son or daughter is well aware of what to do to avoid accidents will help them stay safe.
4. Ensuring that they know how to respond if and when accidents occur could help save the lives of members of your family and community.

**What you should do:**
1. Take steps to reduce the risk of accidents in your home and contribute to efforts to reduce accidents in your community.
2. Discuss the risk of accidents with your son or daughter.
3. Teach him or her how to avoid them, how to give first-aid and how and where – to call for help when someone is seriously injured.
Health-giving foods and healthy eating

Messages for adolescents

1. Many adolescents experience physical and psychological violence. Many girls – as well as boys – experience sexual violence. Working with members of your community to create awareness of the dangers of violence, to prevent it from occurring and to bring the perpetrators to justice, can make a real difference not only to the lives of your son or daughter but also to many other children and adolescents. 

2. Eating health-giving foods in a healthy manner is crucial for the growth and development and the good health of your son or daughter. Eating healthy foods in a healthy manner means that they are better prepared to deal with unpleasant surprises.

What you should do:

1. Contribute to efforts in your community to reduce violence and to bring perpetrators of violence to justice.
2. Improve the skills of the health care staff on how to handle victims of violence.
3. Display posters, leaflets, and other information that condemn violence, and information on groups that can provide support.
4. Contact organizations that address victims of violence. Contact church groups and women’s groups and discuss the support that they can provide.
5. Ensure that your health center has a list of resources.

Messages for parents

What you should know:

1. Many adolescents experience physical and psychological violence. Many girls – as well as boys – experience sexual violence. This violence often occurs in their communities, and sometimes even in their homes. It is perpetrated both by adults and by adolescents themselves. In addition to physical effects, violence can have psychological effects that are severe and long-lasting.

2. Many adolescents experience physical and psychological violence. Many girls – as well as boys – experience sexual violence. This violence often occurs in their communities, and sometimes even in their homes. It is perpetrated both by adults and by adolescents themselves. In addition to physical effects, violence can have psychological effects that are severe and long-lasting.

3. Forming and maintaining healthy eating habits will prevent your son or daughter from being underweight or overweight during the adolescent years; it will also help prevent health problems resulting from poor nutrition in adulthood.

What you should do:

1. Educate your son or daughter about health-giving foods and healthy eating.
2. Support your son or daughter to form healthy eating habits.
3. Provide your son or daughter with a good role model, by eating healthily yourself.

Healthy eating means:

- Eating the right amounts of healthy foods (neither too little nor too much)
- Having regular meals and avoiding having snacks at different times
- Limiting fatty, sugary or salty foods
- Consuming adequate fluids (such as clean water) daily, to replace the fluids lost through sweat, urine etc.
- Limiting sugary drinks

Messages for parents

What you should know:

1. Eating healthy foods in a healthy manner is crucial for the growth and development and the good health of your son or daughter.
Physical Activity

Physical activities include sports such as tennis or football, and exercise such as walking or jogging. It also includes work done at home (e.g., fetching water) or at work (painting a room).

Messages for adolescents

1. Regular physical activity has important physical, mental, and social benefits both during adolescence and later in life.

Physical activity has important physical benefits.
- It will help your bones and muscles grow and develop.
- It will help you remain (or become) fit and trim.
- It will improve your appearance.

Physical activity has important mental benefits.
- It can help to build your self-confidence and self-esteem.
- It can help you study and work better.
- It can help you calm down when you are anxious, sad or angry.

Participating in sports has important social benefits:
- It can help you meet people and develop a sense of camaraderie.
- It can help you learn:
  - how to play by the rules
  - how to cooperate with members of your team
  - how to deal with both victory and defeat.

What the adolescent can do:
1. Avoid sedentary activities by:
   - Limiting computer use to 2 hours a day

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Adolescent Immunizations

Obtaining the immunization history and completing the proper immunizations is an increasingly important area in the care of adolescents because of a variety of reasons:

a. High prevalence of common childhood illnesses appearing during adolescence
b. Lack of prior immunization or incomplete immunization
c. Vaccine failure

The challenge of ensuring that adolescents' immunizations are up-to-date is further compounded by inadequate documentation of previous vaccination. This can be resolved by proper documentation and use of vaccine registries. Immunization schedules are always changing, so health care providers are advised to keep abreast of the latest vaccine recommendations.

SUGGESTED IMMUNIZATIONS:
- Hepatitis B vaccine
  All adolescents who have not been immunized against Hepatitis B should begin the vaccination series during any visit. The following should be vaccinated:
  - Persons with lifestyle risk
  - Homosexual/bisexual men
  - Injecting drug users
  - Persons with occupational risks
  - Special patient groups: Hemodialysis treatment
  - Clotting factor recipients
  - Adolescents aged 10 -18 yrs should receive a single dose of

Tetanus and Diphtheria toxoid (Td) booster and every 10 years thereafter.
- Flu vaccine is now recommended yearly
- Measles, Mumps, Rubella

Those who have not previously received the second dose of MMR should complete the schedule by age 11-12 years.
- Varicella vaccine is recommended to be given similar to MMR
- HPV – may be given to all women starting at age 9 (3 doses – 0,1,6) or age 10 (3 doses – 0,2,6).

PRECAUTIONS:
- Vaccine is contraindicated in persons with hypersensitivity to any components for the vaccine.
- Caution and appropriate care should be exercised in administering to individuals with severely compromised cardiopulmonary status or to others in whom a febrile or systemic reaction could pose a significant risk.
- Adverse reactions may occur and should be explained to recipients.

MESSAGE FOR ADOLESCENTS AND PARENTS:
- Many teens think they are finished with their vaccinations but there are plenty of young people who need vaccination against various illnesses.
- Vaccination of adolescents is safe.
- Vaccination should be seen as a priority for adolescents whose prior immunization is lacking or incomplete.
- Adolescents who have incomplete vaccination can have their immunizations completed without restarting the series.
- Vaccines will not be given more frequently than the recommended intervals.
- “Minor illnesses” such as upper respiratory tract infections are not contraindications for vaccinations.
- Vaccine information should be provided prior to vaccination.
- Getting immunized is a life-long, life protecting job. Make sure you keep your immunizations up-to-date.

Recommendations of the Society of Adolescent Medicine of the Philippines, Inc.
Recommended preventive services for adolescents*

**RECOMMENDATIONS**

1. Annual health screening**
2. Risk Assessment / Screening**
3. Growth Monitoring and Promotion
4. Physical Examination***
5. Developmental Assessment
6. Anticipatory guidance/ counseling
7. Immunizations update

* All above recommendations are also affirmed by the Society of Adolescent Medicine of the Philippines, Inc.

** All adolescents should undergo annual health screening and risk assessment every year.

*** Physical examination of the adolescent follows the same format as that of the pediatric physical examination with some special features.


ANNEX A

ADAPTATION OF THE ADOLESCENT HEALTH ASSESSMENT FORM

Appendix 4A – A Practical Guide on Adolescent Health Care, pp 65-70

USING THE JOB AID MANUAL
ANNEX B

PSYCHOSOCIAL HISTORY and ASSESSMENT: These questions will help us know you better. Choose the best answer that best describes what you feel or do. Only your health provider and his/her assistant will see your answers.

HOME:
- Are there any problems within your family that directly or indirectly concerns you? (Meron bang problema sa inyong pamilya kung saan ikaw ay maaaring naaapektuhan?)
  - NO
  - YES
- Do your parents/guardian listen to you and take your feelings seriously? (Pinapakinggan ka ba ng iyong magulang/guardian?)
  - NO
  - YES
- Have you ever seriously thought of running away from home? (May problem ka ba sa iskuela o sa trabaho mo?)
  - NO
  - YES
- In the past year, have there been any major family changes? (Sa nakaraang taon, meron bang pagbabagong nagaganap sa inyong pamilya?)
  - NO
  - YES

EDUCATION:
- Are you studying? (Nag-aaral ka ba?)
  - NO
  - YES
- Are you working? (Ikaw ba ay nagtatrabaho?)
  - NO
  - YES
- Are you having problems in school/work? (May problema ka ba sa iskuela o sa trabaho mo?)
  - NO
  - YES
- Have you experienced bullying in school or at any other occasion? (Nakaranas ka ba ng bullying o pang-aapi sa iskuela o saan man okasyon?)
  - NO
  - YES

EATING HABITS:
- Are you satisfied with the way you look/ your weight? (Kuntento ka ba sa iyong itsura/ anyo o sa iyong timbang?)
  - NO
  - YES
- Have you tried to lose weight/ or maintain weight by vomiting, taking diet pills, laxatives, or starving yourself? (Sinubukan mo na bang maghuhubog ng timbang sa pamamagitan ng paguugat Ng kinain, uminom ng diet pills o pampadumi, o kaya ang di pagkain?)
  - NO
  - YES
- Has somebody pointed out that you have gained weight or lost weight? (May nagpuna na ba na ikaw ay tumataba o pumapayat?)
  - NO
  - YES

ACTIVITIES:
- Do you participate in any sports or activities in school? At work? At home? (Mayroon ka bang sinasalinan sports/ actbidad sa iskuela, trabaho o bahay?)
  - NO
  - YES
- Do you exercise regularly? (Regular ka bang mag-ehersisyo?)
  - NO
  - YES
- Do you use the internet/computer? (Gumagamit ka ba ng internet/computer?)
  - NO
  - YES

DRUGS:
- Have you ever used any of the following? (Nakagamit o sinubukan mo na bang)
  - Tobacco (Paninigarilyo)
  - Alcohol (Uminom ng alak)
  - Street drugs/prohibited drugs (Gumamit ng bawal na gamot?)
  - NO
  - YES

SEXUALITY:
- Do you have any concerns regarding your health/ your body changes? (Nababahala ka ba sa iyong kalusugan o mga pagbabago ng iyong pangangatawan?)
  - NO
  - YES
- Have you ever had sex? (Ikwak ba ay may karanasan na sa sex?)
  - NO
  - YES
- If yes, how many partners have you had in the previous year? (Kung O0, ilan na ang taong nakipag-sex ka sa taong nakaraan?)
  - NO
  - YES
- Do you think you may be gay, lesbian, or bisexual? (Initisp mo ba na ikaw ay ay, tomboy, o bisexual?)
  - NO
  - YES
- Have you ever been pregnant or gotten someone pregnant? (Ikwak ba ay nakaranas ng magbuntis o makabuntis?)
  - NO
  - YES
- Have you had a sexually transmitted infection? (Ikwak ba ay nakaranas ng magbuntis o makabuntis?)
  - NO
  - YES
- Do you use any form of protection when you have sex? (Mga ginagamit na bang pangproteksyon kapag ikwak ay nakipagkatulad?)
  - NO
  - YES

SAFETY/ WEAPONS/VIOLENCE:
- Have you ever been touched/ bit/ slapped/kicked/pushed or shoved in any way by any person? (Ikwak ba ay nakaranas malipuman/musatok/ masampal/ matulak ng kaht sinto?)
  - NO
  - YES
- Are you currently in a relationship where you are physically hurt, threatened, or made to feel afraid? (Nakaranas ka na bang masaktan o takutin ng iyong karelasyon sa ngayon?)
  - O
  - NO
  - YES

- Do you wear a seatbelt when riding a car? A helmet when riding a motorbike? (Gumagamit ka bang seatbelt, o gumagamit ng helmet kapag sumasakay ng motorbike?)
  - O
  - NO
  - YES

- Do you or anyone you live with have a gun, rifle, or firearm? (May kasambahay ka bang nagmamay-ari ng baril o rifle?)
  - O
  - NO
  - YES

**SUICIDE/DEPRESSION:**

- Are you anxious, sad, or depressed in any way? (Ikaw ba ay balisa o malungkot?)
  - O
  - NO
  - YES

- Have you thought of hurting yourself or ending your life in any way? (Naisip mo na bang saktan ang sarili mo o tapusin ang buhay mo?)
  - O
  - NO
  - YES

- Is there any member of the family with a history of suicide, depression, or anxiety? (May miyembre ng pamilya na nagtangkang magpakamatay, matiniding kalungkatan o laging balisa?)
  - O
  - NO
  - YES

N.B. For the health provider: Go through the checklist during the interview. Note inconsistencies.
ANNEX C

BML-for-age BOYS
5 to 19 years (z-scores)

References

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