

# HIV Counseling and Testing



Youth can obtain counseling and testing in a variety of settings. Youth may seek out HIV counseling and testing at youth centers, community health centers, or other settings, or they may receive HIV testing as a routine part of services at primary health facilities, antenatal clinics, STI clinics, or maternal and child health (MCH) clinics. In the integrated service models, HIV counseling and testing is often coupled with other routine medical tests.

The setting, available resources, cultural context, and the health priorities and needs of youth in a particular community will affect decisions about what level of HIV counseling and testing services is appropriate and feasible. In all settings, the following elements are essential, especially for youth:

- ◆ The test should only be administered after the client has given informed consent to be tested.
- ◆ Confidentiality must be assured.

- ◆ Clients must be able to get their test results.
- ◆ Counseling is needed to help youth understand what the test means, how to prevent transmission, how to change risky behaviors, and what types of services are available after getting their results.
- ◆ The counseling and testing service should be linked to youth-friendly services for care and treatment, contraceptive needs, and diagnosis and treatment of other STIs.

Models for offering HIV counseling and testing follow four basic steps, as follows:

**Step 1.**

**Offer the HIV test with varying degrees of counseling**

**Step 2.**

**Provide pretest counseling, which can vary extensively**

**Step 3.**

**Administer the HIV test, if the client decides to have one**

**Step 4.**

**Provide posttest counseling and support**

## **Two Testing Models**

In counseling and testing in clinical settings (see Figure 1), clients do not seek HIV testing per se but are in a situation where a provider may routinely offer it as part of other tests and services. A client may choose not to have an HIV test, which is being administered along with other tests. Counseling about preventive behaviors and other issues may come only after the test results are available.

In the traditional voluntary counseling and testing model (see Figure 2), the first step involves exploring the client's decision to seek testing. The second step involves thorough pretest counseling, including a careful discussion about how a client might cope with a positive test result.

# HIV Counseling and Testing in Clinical Settings Model

## Step 1: Offer HIV test routinely

Providers in clinical settings may approach HIV testing in quite different ways. They may offer HIV testing routinely along with other tests. In doing so, the provider should only administer an HIV test to a client who has given informed consent to be tested. In addition, the provider should explain the confidentiality policy of the clinic.



In some settings, everyone may be tested routinely for HIV as part of other tests unless a client expressly chooses not to be tested, which some refer to as choosing to “opt out.” In other settings, the test is routinely offered but the client receives the test only if they request it, that is, they “opt in” for the test. In either case, providers may choose to offer less counseling than they would in a traditional VCT setting except to get permission to administer the test.

Getting an HIV test can be traumatic under any circumstances, and without adequate counseling, the stress can be even greater. A young person may be particularly vulnerable under circumstances where providers do not work regularly with youth. Providers in clinical settings without any training in youth-friendly services should be aware of the needs of young people, should not be judgmental of their sexual behaviors, and should be aware of their needs for privacy and confidentiality. Moreover, the counseling component in this step, combined with knowing one’s test result later in the process, is critical for encouraging behavior change.

The discussion of Step 2 in the VCT model (see page 41) summarizes information useful for youth.

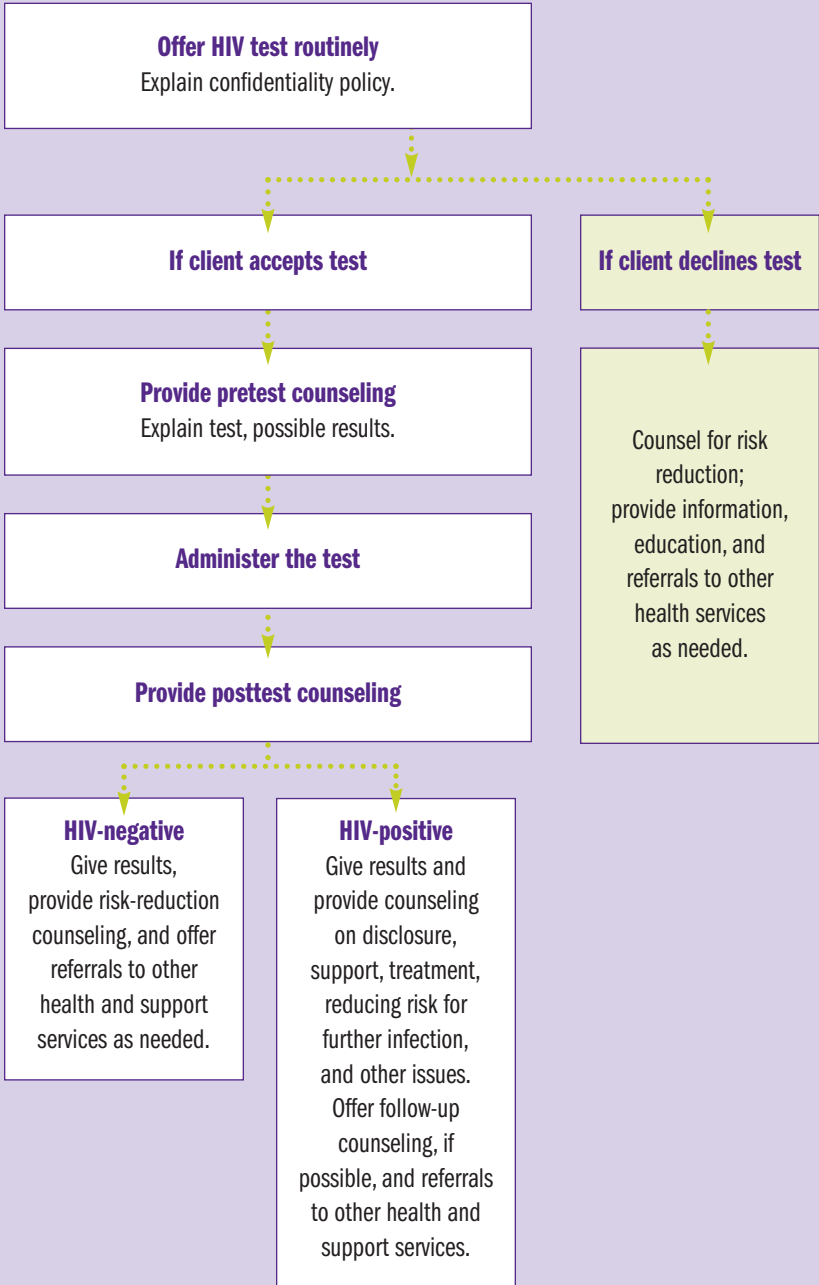
## **Step 2. Provide pretest counseling if your client accepts the test**

In a clinical setting, providers will spend varying amounts of time with each young person who receives an HIV test. The discussion of Step 2 in the VCT model (see page 41), summarizes the type of information that would be useful for young people to discuss before being tested. Providers in clinics should incorporate as much of this information as possible in working with young people. See page 54 for a discussion of the type of counseling and information to provide to those who decline the HIV test.

## **Steps 3 and 4. Administer the test and provide posttest counseling**

These two steps incorporate the same general information whether in clinical settings or in VCT settings. Steps 3 and 4 are discussed beginning on page 48.

**Figure 1: HIV Counseling and Testing in Clinical Settings**



# HIV Voluntary Counseling and Testing Model

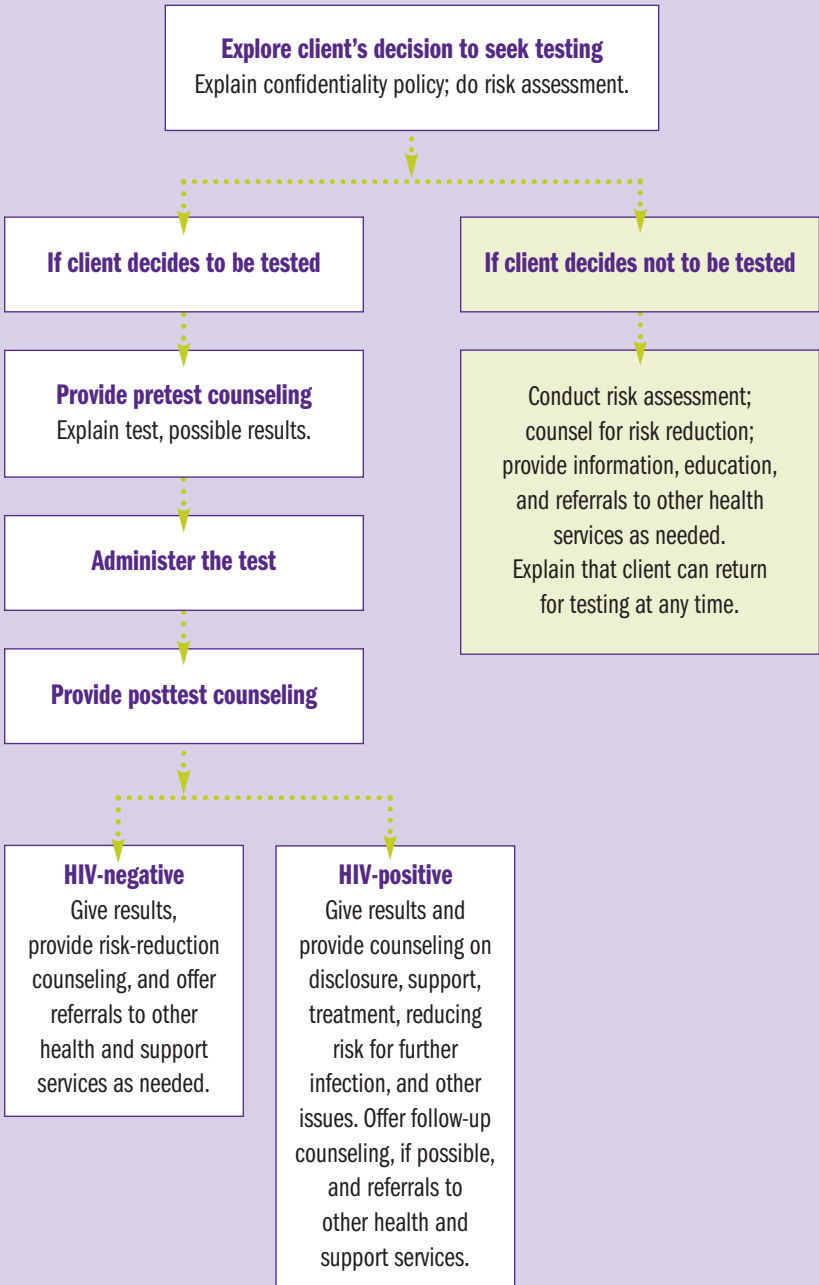
## Step 1.

### Explore client's decision to seek testing

If a young person has come with his or her parents or guardian, ask if you and your client can speak privately. Parents might not know or admit that their child is sexually active, and youth may hesitate to talk about their experiences in front of their parents. You might consider working with the parents, also, to help them accept their child's sexuality. You can encourage them to support their child instead of blaming him or her for being sexually active. Below are key issues in this step:

- ◆ Allow your clients to talk about why they want to be tested. A young person's decision to be tested for HIV may have been made without accurate information or under pressure from parents or a partner. Even if your clients have made an informed, independent choice, this step helps prepare them for the rest of the process.
- ◆ Establish a good relationship with your clients (as discussed in Chapter 1). Congratulate them for having the courage to come for testing and affirm their decision to look after their health.
- ◆ Explain your clinic's policies on confidentiality.
- ◆ Find out what prompted your clients to come for counseling and testing. Ask if they have any specific health concerns. Young people sometimes think they have symptoms of AIDS and have decided to come to the clinic to confirm their fears. The symptoms may be completely benign, but young people's fear that they are sick is one of the common reasons for them to visit a counseling and testing center.
- ◆ Find out whether or how your clients have been put at risk: through sex, by blood transfusions or other medical procedures, or through use of intravenous drugs. Try to explore the following issues without sounding like you are interrogating your clients:
  - Ask about their sexual history. Are they sexually active? Do they have a steady partner, a new partner, or multiple partners? Do they have older partners, exchange sex for money or gifts,

**Figure 2: HIV Voluntary Counseling and Testing**



or have same-sex partners? Do they use condoms (regularly? occasionally? correctly?) or other contraceptive methods?

- Ask if they have any history of blood transfusions or if they have had any other injections, tattooing, or medical procedure that could have exposed them to infection.
- Explore their current or past drug or alcohol use as well as that of their partner(s). Explain that you are not going to judge them, but that you are asking these questions because drug and alcohol use could be increasing their risk for unprotected sex, and injecting drug use itself is a means of transmitting HIV.

Based on their answers to these questions, you might find that your client has not been at risk for acquiring HIV and simply wants information. Or if he or she has engaged in any risky behaviors, you can use this information during counseling to develop a practical, personalized plan to help him or her change these behaviors. If your clients are sexually active, this is also a good time to ask if they are protecting themselves and their partners from unplanned pregnancy, as well. (See Chapter 4 for more information on preventing unintended pregnancy.)

- ◆ Try to rule out coercion. Explain that testing is voluntary but that they will be best served by knowing their status. Advise them to exercise good judgment about revealing their status. They are not required to tell their test results to anyone, although if they feel safe doing so, they should inform their partner(s).
- ◆ Explore their ability to deal with the results and their understanding of the possible implications. A positive test will likely be very traumatic. Do you sense that they might hurt themselves or others? Do they have support of family or some other trusted adult? If you strongly suspect that a client is not equipped to handle the test's results, you might suggest that he or she return for more counseling and bring a trusted friend or adult. Or, with your client's approval, work with his or her parents or guardian.

## Step 2. Provide pretest counseling if your client decides to be tested

Young people who decide to be tested may be nervous and anxious. They may worry about the test itself, in addition to what its result will be. Acknowledge their fears and give them some time to express their concerns. If the client decides not to be tested, see page 54.

- ◆ Depending on the policies of your center or local guidelines and laws, you might need to get parental permission to administer the test. In some countries, policies are flexible enough to allow some called “mature minors” to decide for themselves to be tested. The term can refer to those younger than 18 years who are married, pregnant, parents, engaged in behavior that puts them at risk, or in other relevant situations (such as orphaned and head of a household). If parental consent is required, offer to talk to your clients’ parents or guardian.
- ◆ Discuss what HIV is, how it is transmitted, and what risky behaviors could lead to transmission. Explain what AIDS is.
- ◆ Explain how the HIV test is done. Young clients may be concerned that it will hurt or cause discomfort. Answer any questions they have about the test and its accuracy.
- ◆ Although HIV tests are very accurate, explain that the test’s reliability depends on the last time they may have been exposed to

In some countries,  
policies allow  
“mature minors”  
to decide  
for themselves  
to be tested.

HIV and how quickly their body produces antibodies. It can take up to three or even six months after exposure to HIV — the “window” period — for it to be detected.

- ◆ Provide a clear explanation of what negative and positive test results mean.
  - A *negative* test result means that HIV antibodies — particles that are produced by the body in defense of HIV — were not identified in the person’s blood. This means that the person is either not infected, or that he or she has been infected so recently that HIV antibodies have not yet been produced and cannot be detected by the test. If your client has engaged in risky behavior in the past three months, it is possible that he or she may still become infected. Explain that in this case, your client should return for another test. Also explain that a person who tests negative is not immune; he or she can still become infected if he or she practices risky behavior in the future.
  - A *positive* test result means that HIV antibodies were detected in the person’s blood. It does not mean that he or she has AIDS but that your client is infected with HIV and could transmit the virus to others if he or she practices unsafe behaviors.

Talk with  
your clients  
about who  
they will  
turn to  
for support.

- ◆ Talk with your clients about who they will turn to for support. Who will they tell about the test's results? What will a positive or negative result mean to them, their family, and their partner?
- ◆ Inform the client how long it will take to get the results. Most tests produce results almost immediately. Clients will often get the result soon after the test. Discuss whether they are ready to receive the results right away.
- ◆ If the results will not be ready right away, reinforce how important it will be for clients to know their status and, thus, return for the results. Try to get them to commit to do so by finding out when they will return and how they will get back to the facility. Talk to your clients about how they will handle nervous or fearful feelings during the waiting period. Stress the importance of practicing safe behavior while they are waiting to return, and help them develop a concrete plan for protecting themselves and their partner(s) during the waiting period. You might suggest they bring a trusted friend, parent, or other family member with them when they return to get their results.
- ◆ It may be appropriate to discuss HIV testing issues with a young person and his or her sexual partner. Knowing the HIV status of a partner is important, and pretest HIV counseling may provide a useful time for a couple to think about such issues, including secondary prevention if one partner does turn out to be infected. Counseling couples in this setting may also promote staying faithful to one partner and taking steps to prevent further infection.



# Practicing Abstinence

# A

Abstinence is the surest way to avoid HIV/AIDS, other STIs, and unintended pregnancy. If young people choose to remain abstinent or practice “secondary abstinence,” help them develop a strategy to do so. Secondary abstinence refers to choosing abstinence after previously engaging in voluntary or coerced sex. Review these strategies with your clients:

### Be clear about why you want to wait.

- ◆ List your reasons. Talk them over with someone who supports you.
- ◆ Check your list from time to time to remind yourself.

### Have a plan.

- ◆ Know what situations might make it hard to stick with your choice.
- ◆ Decide ahead of time what you will do to avoid or deal with difficult situations, such as leaving when you are being pressured to have sex.
- ◆ Instead of having a sexual relationship with someone you are interested in romantically, think of other ways to express your feelings.

### Be impressed with yourself.

- ◆ It can be hard to go against the crowd and make your own choices.
- ◆ Give yourself credit. You deserve it.

### Get support.

- ◆ Hang out with friends who know about and respect your decisions.
- ◆ Avoid people who might pressure you.
- ◆ If pressured, tell someone in authority.

### Practice communication skills.

- ◆ Learn to say “No!” with conviction.
- ◆ Give a reason, such as, “I’m not ready.”
- ◆ Turn the tables: “You say that if I loved you I would have sex, but if you really loved me, you wouldn’t insist.”

## Role-Play: Practicing Abstinence

You might help your clients practice what to say if someone is using the following arguments to pressure them to have sex.

### If their partner says:

### They can say:

**“If you have sex, you will be more popular, beautiful, or manly.”**

**“That’s not true. Deciding not to have sex won’t make me less of a woman [or man]. It’s my own choice, no one else can make that decision for me.”**

**“If you do not have sex, people will think you are homosexual.”**

**“That’s crazy. Lots of people, gay and straight, want to wait to have sex.”**

**“Everyone in the movies and on television is having sex. Why can’t we?”**

**“Sure, the movies show how fun sex is, but they don’t show the consequences. They don’t show the girl who had to drop out of school because she was pregnant or the boy who got an STI.”**

**“You should have sex for the first time just to get it over with.”**

**“Why should I want to just get it over with? I want sex to be special, with someone I really care about.”**

**“There is no good reason to wait to have sex. You should do it now.”**

**“There are a lot of good reasons to wait. I don’t want to worry about getting pregnant or getting HIV or some other infection. I’m just not ready to have sex now.”**

Adapted from *Abstinence Focus Poster No. R045*. Scotts Valley, CA: ETR Publishing, 2002; Grossman L, Kowal D. *Kids, Drugs, and Sex, Preventing Trouble*. Brandon, VT: Clinical Psychology Publishing, 1987.

## Being *Faithful*

---

**B** If your clients are sexually active and wish to remain so, discuss the concept of being faithful to their partner. Having multiple, concurrent sexual partners puts young people at a much greater risk of acquiring HIV and other STIs. Help them think of other good reasons to be faithful:

- ◆ Ask them to recall why they chose their current partner. What did they like about him or her? What benefits does the relationship bring them? Security? Love? Companionship? Friendship?
- ◆ Have them consider how cheating could affect their partner and their relationship.
- ◆ Suggest they steer clear of situations and people who might tempt them to do something they would later regret.
- ◆ Explain the benefits of having both partners receive testing — that way, they can reduce anxiety and uncertainty about the risks of acquiring HIV or other STIs.



## *Using* Condoms

---

**C** If your clients are sexually active and wish to remain so, emphasize that condoms provide dual protection against STI/HIV transmission and unintended pregnancy. Young people, especially women, may need strong negotiation skills for using condoms. You might help your clients practice what to say if one partner is pressuring the other not to use condoms.

## Role-Play: Talking about Condoms

**If their partner says:**

**They can say:**

**“I don’t like using condoms. It doesn’t feel good.”**

**“I’ll feel more relaxed, and if I’m more relaxed, I can make it feel better for you.”**

**“We have never used a condom before.”**

**“I don’t want to take any more risks.”**

**“Using condoms is no fun.”**

**“Unplanned pregnancy or getting an STI is much less fun.”**

**“Don’t you trust me?”**

**“I trust you are telling the truth. But with some STIs, there are no symptoms. Let’s be safe and use condoms.”**

**“Why should we use a condom? Do you think I have AIDS?”**

**“No, but I could have an STI. We need to protect both of us.”**

**“I will pull out in time.”**

**“I can still get pregnant or get an STI!”**

**“I thought you said condoms were for casual partners.”**

**“I decided to face facts. I want us to stay healthy and happy.”**

**“I guess you don’t really love me.”**

**“I do, but I don’t want to risk my health to prove it.”**

**“We’re not using condoms, and that’s it.”**

**“O.K. Let’s do something else, then.”**

**“Just this once without.”**

**“It only takes once to get pregnant, or get an STI, or get HIV.”**

# All HIV Counseling and Testing Models

## **Step 3.** **Administer the test**

Depending on what type of test you use, clients may either wait 15 to 20 minutes (“rapid testing”) for the result or they might need to return several days later. If the results will be ready quickly, try to make clients comfortable while they are waiting. Give them educational materials, as appropriate, about HIV, STIs, and preventing pregnancy. If they need to come back another day, once again stress how important it is that they return for the result and posttest counseling.

When the test is positive, follow-up tests should be recommended to confirm the result. If a second test is negative, a client should return for another round of tests to clarify the HIV status. Procedures, time to wait for follow-up tests, and types of tests used vary depending on local practices and guidelines. The World Health Organization provides guidelines on testing procedures in a 2004 report available at: <http://www.who.int/hiv/pub/vct/en/rapidhivtests.en.pdf>

## **Step 4.** **Provide posttest counseling**

Often, test results will be ready fairly quickly, but if clients have had to wait several days for the results, congratulate them for coming back.

Ask if they have any questions. It is usually best to present results fairly quickly, since clients are likely to be anxious. If you are required to do so, or if clients request, invite their parents or guardian to attend the session. They might also want a friend or family member present to provide support.

It is important to provide counseling to both HIV-negative clients, as well as those who test HIV-positive.

### ***If the result is negative***

- ◆ Acknowledge your clients' feelings of relief. Explain that a negative result means that HIV was not detected but emphasize that they could still become infected if they practice unsafe behaviors or that they might currently be infected if they practiced unsafe behaviors in the last three months. Suggest that if they have engaged in any risky behaviors — sex with multiple partners, sex with a partner who engages in risky behaviors, use of injecting drugs — in the last three months, they should return to confirm the results by taking another test in one to three months, depending on the date they may have been exposed to HIV.
- ◆ Encourage them to consider the benefit of being faithful to one partner and explain the risks of having multiple, concurrent partners (see page 46).
- ◆ Reinforce any healthy behaviors they reported in the pretest session — such as using condoms and being faithful to one partner — and help them develop a plan to change any risky behaviors and maintain their HIV-negative status.

Help youth  
to develop a plan  
to change  
any risky behaviors  
and maintain  
their HIV-negative  
status.

- ◆ Review information on HIV prevention, and, if appropriate, explain and demonstrate the correct use of condoms and provide some sample condoms. Discuss ways to negotiate condom use or overcome peer pressure and abstain from having sex. (See tips on pages 44–47.)
- ◆ Note the importance of using condoms consistently and correctly. Research involving HIV-discordant couples has shown that inconsistent condom use provided no more protection than not using condoms at all.
- ◆ If youth are aware of the new availability of antiretroviral (ARV) treatment in their area, help them realize that if they are not abstaining, they still need to practice safe sex. ARVs may help a person feel better, but they do not cure AIDS and do not eliminate the risk of HIV transmission.
- ◆ Review information on preventing other STIs as well (see details in Chapter 3). Provide services and make referrals as needed.
- ◆ Give clients information on preventing unintended pregnancy if appropriate (Chapter 4). Provide services and make referrals as needed.
- ◆ Refer clients as necessary for ongoing medical care, counseling, support, or development of life skills such as self-esteem, problem-solving, and dealing with peer pressure.

### ***If the result is positive***

You might find it very difficult to tell a client that he or she has tested positive for HIV. Try to deliver the news in a caring but not overly emotional way. Give clients the hopeful message that a person with HIV can remain healthy for a long time if they practice positive living habits.

- ◆ Review what a positive test result means. Explain that they have HIV infection, but that they have probably not yet developed AIDS — unless they are appearing with an opportunistic infection or other clinical signs that may suggest they have AIDS. Review the difference between HIV and AIDS.

- ◆ Allow your clients to express their feelings. Give them as much time as necessary. They might be angry, depressed, or afraid. They might feel betrayed by their partner or refuse to accept the test's result. Listen to them, reflect their feelings, offer empathy, and show that you care about what they are going through.
- ◆ Ask your clients whom they will tell about their test results. Help them determine if they will be safe sharing their HIV status. Some young people could face stigma or, even more seriously, physical abuse after sharing their results, so they might need to keep the information private.
- ◆ If they will be safe doing so, encourage them to tell their status to any sexual partner(s) they have had or — if appropriate — to anyone with whom they have shared a needle. Acknowledge their fears about doing so. Offer to role-play; try first acting as your client, so that he or she can learn how to explain his or her status. Then, allow your client to practice by pretending that you are the person they need to tell.
- ◆ Ask your clients to encourage their partner(s) to get counseling and testing.
- ◆ Encourage your clients to think about who they will turn to for support. Parents? Other family members? Religious leader? Trusted friends? Help them determine who would be most supportive. Again, you might help them practice how to talk to these people about being HIV-positive.
- ◆ Encourage clients to make a short-term plan. What will they do when they leave the counseling session? Who will they talk to immediately? What will they do to cope with the results over the next few days and weeks?
- ◆ Work with them to develop a long-term plan for practicing safe behaviors. Be practical and specific. Make sure the plan reflects what your clients can do, not simply what their parents or

friends think is best. Tell clients how to protect their current or future partner by either abstaining or by using a condom correctly every time they have sex. Even partners who are already HIV-infected need to be protected from being exposed to a different strain of HIV. The introduction of a new strain could further weaken an already-compromised immune system. Demonstrate correct condom use and provide some sample condoms.

- ◆ Ask them whether there is anything that could prevent them from making positive changes. They might need guidance on how to negotiate condom use or how to overcome peer pressure and abstain from having sex. (See tips on pages 44–47.) If they are injecting drug users, you could refer them to a needle exchange or substance abuse program.
- ◆ Review information about preventing other sexually transmitted infections (Chapter 3). Offer any appropriate educational materials, services, and referrals.
- ◆ Your clients or their partners may be at risk for unintended pregnancy. Discuss the clients' intentions about pregnancy and explain the risk of transmitting HIV to the baby. Offer information (see Chapter 4), services, and referrals, as needed.
- ◆ Discuss your clients' needs for care, treatment, and support.
  - Refer them to a doctor, even if they do not feel sick. Explain that they should tell the doctor about their status. Their doctor can evaluate whether they need any treatment at this stage and can provide advice on nutrition and other healthful lifestyle approaches that may delay the onset of AIDS and other opportunistic infections. The doctor might also recommend antiretroviral drugs, which can have a dramatic impact on the quality of life of people living with HIV/AIDS. Refer clients to health clinics in your area that are equipped to provide the services necessary for people who are HIV-positive.

- Emphasize the importance of maintaining their health. Drugs, alcohol, smoking, and poor nutrition all make the body weak and more susceptible to AIDS and opportunistic infections.
- If your client is pregnant, explain that treatment options exist that can dramatically reduce the risk of passing HIV on to her child. Make appropriate referrals.
- Have readily available a list of contacts and suggested support groups, youth clubs, additional counseling, and faith-based support (see Chapter 6). Very few people make long-term behavior change after one or two counseling sessions. For lasting, positive changes in behavior, your clients will need ongoing support and counseling.

If your client is pregnant, explain that treatment options exist that can dramatically reduce the risk of passing HIV on to her child.

### ***If client declines the test or decides not to be tested***

In a clinical setting, a provider should counsel about risk reduction while providing information, education, and referrals to other health services as needed.

In a VCT setting where a young person has sought out testing, the provider could note that although testing is voluntary, knowing one's HIV status is important, particularly if the client or partner has engaged in risky behavior. Even though your client decided not to take an HIV test, this is still a good opportunity to talk about healthy behavior; to provide information on avoiding HIV, other STIs, and unintended pregnancy; and to refer them to other services as appropriate.

- ◆ Make sure your clients understand how they are vulnerable or may become vulnerable to HIV. You might suggest they return for testing another time, when they feel more comfortable or when they think they may be at risk.
- ◆ Explain how clients can minimize their risk of acquiring HIV or other STIs — by abstaining from sex or, if they are sexually active, by being faithful to their partner, and by using a condom every time they have sex. (See tips on pages 44–47.) Demonstrate correct condom use and provide condoms to those clients who are sexually active. (See Chapter 3 for more information about other STIs.)
- ◆ If your clients are or may become sexually active, find out about their desire for children and offer information on preventing unintended pregnancy if appropriate (see Chapter 4). Make referrals as necessary.
- ◆ Refer them for other medical services, counseling, support, or education in life skills. Chapter 5 provides tips on a few selected life skills. Chapter 6 provides space for you to outline a referral network of resources in your community.

# Sexually Transmitted Infections



**A**dolescents may think they are too young or too sexually inexperienced to acquire STIs. They may also think they are not at risk, because they incorrectly believe that STIs only occur among people who are promiscuous or who engage in “bad” behaviors. As a provider, you can play an important role not just in treating young people who contract STIs, but in helping them learn about prevention.

Young people are particularly vulnerable to STIs, including HIV, and consequent health problems because:

- ◆ They lack information about how to prevent STIs.
- ◆ They are less likely to seek proper information or treatment due to fear, ignorance, shyness, or inexperience.
- ◆ The risk of acquiring trichomoniasis, chlamydia, genital herpes, or human papilloma virus (HPV) is greater at first exposure to the STI.
- ◆ Adolescent females are more susceptible to infections than older women due to their immature cervixes.
- ◆ Early sexual experience can result in trauma to vaginal tissue, increasing adolescent women’s vulnerability to STIs.
- ◆ Adolescents who begin sexual activity early are more likely to have a greater number of sexual partners over the course of their lifetimes.

## HIV — A Sexually Transmitted Infection

In an HIV counseling and testing situation, young people will be most focused on HIV, which is a sexually transmitted infection. Counselors using this manual should already have background information on HIV. A short summary of basic information on HIV transmission, prevention, and treatment follows. The rest of this chapter summarizes information on other STIs, which can have serious consequences and are very important to understand as well.

HIV is most commonly transmitted in one of three ways:

- ◆ Through sexual intercourse (semen and vaginal fluids)
- ◆ Through contact with infected blood (shared or reused needles, accidental sticks with needles, shared razors, body piercing, transfusions of infected blood)
- ◆ From mother to infant during pregnancy or delivery (vaginal fluids) or through breastmilk

HIV is not transmitted:

- ◆ Through the air, the way tuberculosis or colds are
- ◆ By insect bites
- ◆ Through saliva or kissing; “wet” kissing is considered safe if no cuts in the mouth are present
- ◆ Through touching or hugging
- ◆ Through food
- ◆ By sharing plates, cups, or glasses with someone who is infected
- ◆ Through swimming
- ◆ On toilet seats
- ◆ Through condoms (as has been rumored in some countries)

Sexual activities that increase the risk of HIV include:

- ◆ Vaginal sex without a condom
- ◆ Anal sex without a condom
- ◆ Taking semen in the mouth during oral-genital sex
- ◆ Any sexual act that causes bleeding

HIV infection can be prevented through abstinence, mutual monogamy with an uninfected partner, or using condoms correctly during each act of intercourse. Studies among HIV-discordant couples have shown that when male latex condoms were used consistently, even with regular exposure to infection, self-reported consistent condom users had a near-zero risk of HIV. However, among these HIV-discordant couples, inconsistent condom use carries considerable risk of HIV infection.

Among HIV-discordant couples, inconsistent condom use carries considerable risk of HIV infection.

Although there are drugs that can help to manage the symptoms and illnesses of HIV-positive patients, these drugs are expensive and are not widely available in developing countries. The regimens can be difficult to take because of side effects, and in some cases infection may become resistant to drugs. Long-term effects of these drugs on quality and duration of life remain unknown. For the vast numbers of those infected with HIV, the infection will eventually lead to death.

## STIs Have Serious Consequences

Young people need to know symptoms that may indicate they have a sexually transmitted infection. Adolescents should be counseled to seek treatment as soon as possible if they have any of the following symptoms:



- ◆ Urethral discharge or painful urination in young men
- ◆ Genital sores or ulcers in young women or men
- ◆ Lower abdominal pain or tenderness in young women
- ◆ Unusual vaginal discharge or vaginal itching in young women
- ◆ Painful urination or painful intercourse for young women

People who contract STIs risk serious long-term health problems, including:

- ◆ Permanent infertility
- ◆ Chronic pain related to pelvic inflammatory disease (females)
- ◆ Cancer of the cervix
- ◆ Heart and brain damage (without treatment, can develop 10 to 25 years after initial exposure to syphilis)

Also, STIs are a risk factor for HIV transmission and acquisition.

STIs can be transmitted from mother to infant during pregnancy and birth. Infants of mothers with STIs may:

- ◆ Have lower birth weights
- ◆ Be born prematurely
- ◆ Be at increased risk of other disease, infection, and blindness

## Sexually Transmitted Infections: Issues for Young Women

Generally, the long-term health consequences of an STI can be more numerous and severe for women than for men.

- ◆ A woman's risk of contracting an STI during a sexual encounter appears to be greater than a man's risk because women are biologically more susceptible to STIs.
- ◆ The surface of the vagina is larger and more vulnerable than the skin-covered penis.
- ◆ The amount of ejaculate deposited in the vagina during intercourse is greater than the amount of cervical and vaginal secretions to which a man is exposed.
- ◆ Young women often have a condition called cervical ectopy, in which the cells that line the inside of the cervix extend to the outer surface of the cervix. These cells are more vulnerable to infections such as chlamydia.
- ◆ Once they have an STI, young women are at greater risk of reproductive cancers and infertility. Other health problems can include pelvic inflammatory disease, ectopic pregnancy, and spontaneous abortion.
- ◆ Young women are less likely than men to experience symptoms, so some STIs go undiagnosed until a major health problem develops.

Because young women are especially vulnerable to STIs and their long-term consequences, one of the best ways to protect them is to encourage young men to practice responsible sexual behaviors. Counselors can:

- ◆ Encourage abstinence
- ◆ Encourage sexually active young men to use condoms
- ◆ Help young men learn and identify the signs of STIs
- ◆ Promptly treat STIs or refer young men to a treatment center
- ◆ Encourage young men with STIs to notify their sexual partners immediately
- ◆ Encourage young women to seek diagnosis and treatment promptly if their partners have an STI

# Sexually Transmitted Infections: Key Issues to Discuss

## Bacterial

### Syphilis

- ◆ If untreated, long-term effects include damage to major organ systems, paralysis, deafness, blindness, insanity, spontaneous abortion, stillbirth, premature birth, and death.
- ◆ Women can transmit to infants during birth. Health workers should test all women during the prenatal period.
- ◆ Can be cured with antibiotics.
- ◆ Important to take medications as directed and to finish all medications.
- ◆ Genital ulcers can increase the risk of HIV acquisition, so client should be tested for HIV.

### Gonorrhea

- ◆ Scarring of fallopian tubes can lead to infertility.
- ◆ Scarring can lead to sterility and urination difficulty in men.
- ◆ Newborns' eyes can be infected during birth.
- ◆ Can be cured with antibiotics.
- ◆ Important to take all medications as directed and to finish all medications.
- ◆ Can increase risk for HIV.

### Chancroid

- ◆ Ulcers can cause a condition that results in an inability to retract the foreskin over the head of the penis among uncircumcised males.
- ◆ Can be cured with antibiotics.
- ◆ Important to take medications as directed and to finish all medications.
- ◆ Clients should see provider 3-5 days after treatment begins, then return weekly until infection is gone.
- ◆ Can increase risk for HIV.

### Chlamydia

- ◆ Bacteria can infect urethra, cervix, or other pelvic organs.
- ◆ Scarring of fallopian tubes can lead to infertility or ectopic pregnancy.
- ◆ Newborns' eyes and lungs can be infected at birth.
- ◆ Can be cured with antibiotics.
- ◆ Important to take medications as directed and to finish all medications.
- ◆ Can increase risk for HIV.

# Viral

## HIV/AIDS

- ◆ No cure, so prevention is crucial.
- ◆ People with HIV may live with minimal symptoms or be symptom-free for many years. However, they may still infect others during this period.
- ◆ Drug therapies may reduce HIV levels in blood and semen, reduce symptoms, and delay onset of AIDS. However, treatments are expensive, have severe side effects, and are not widely available in developing countries.
- ◆ Can be transmitted to infant during pregnancy, childbirth, or breastfeeding.

## Genital herpes

- ◆ Pregnancy loss and preterm delivery.
- ◆ Can be transmitted from mother to infant during vaginal delivery if symptoms are present.
- ◆ No cure.
- ◆ Medications can be given to relieve pain, reduce length of outbreak.
- ◆ Abstain from sex while ulcers are present.
- ◆ Can be transmitted even when symptoms are not present.
- ◆ Can increase risk for HIV.

## Hepatitis B

- ◆ Long-term problems can include chronic hepatitis, cirrhosis, liver cancer, liver failure.
- ◆ Death possible.
- ◆ Can be transmitted from mother to infant.
- ◆ No cure.
- ◆ Symptoms can be treated.
- ◆ Preventive vaccine available in many industrialized countries.

## HPV (human papillomavirus)

- ◆ Very common.
- ◆ Usually causes no symptoms and goes away on its own.
- ◆ No cure.
- ◆ Some types cause cervical cancer. Vaccines for these types are available for young females in some countries.
- ◆ Other types cause genital warts, which can be removed by burning, freezing, or using chemicals.
- ◆ If possible, client should undergo Pap smears to detect.

## Protozoan Trichomoniasis

- ◆ Premature childbirth, low birth weight, and risk of HIV acquisition.
- ◆ Can be treated.
- ◆ Return if not cured or problem recurs.

The “good” news about STIs is that they can be prevented, and many can be cured.

The “good” news about STIs is that they can be prevented, and many can be cured. Preventive measures include abstinence, mutual monogamy among uninfected partners, or using male latex condoms correctly during each act of intercourse. Female condoms offer protection against bacterial and possibly viral STIs. Other barrier methods, such as diaphragms or spermicides, may offer some protection from bacterial STIs for women whose partners do not use male condoms.

STIs caused by bacteria can usually be treated successfully with antibiotics. These include gonorrhea, syphilis, chlamydia, and chancroid. Trichomoniasis, a protozoan infection, can also be treated. STIs caused by viruses cannot be cured, although the symptoms of some, including hepatitis B, genital herpes, and HPV, can often be managed so that the client’s quality of life is improved.

The chart on pages 60–61 outlines key STI counseling issues for providers working with young people. It is important to remember:

- ◆ Anyone at risk of STIs should use male latex or female condoms for protection. It is extremely important to use condoms consistently and correctly.
- ◆ Confidential notification of sexual partners is an important element of STI treatment and prevention. Sexual partners should be evaluated and treated, if necessary, to avoid reinfection. Adolescents may have an especially difficult time discussing STIs with sexual partners. You can help by volunteering to notify partners confidentially.
- ◆ Clients who are infected should abstain from sex until their infection is resolved or use condoms to protect their partners.

# Pregnancy Prevention

**A**s a service provider or program manager, you can play a vital role in helping young people prevent too-early and unintended pregnancies. You can:



- ◆ Educate young people about how their bodies function, what changes accompany puberty, and how pregnancy occurs.
- ◆ Inform youth that reproductive health is a lifelong process.
- ◆ Empower youth to delay sexual relations until they feel ready to accept sexual responsibility.
- ◆ Help young people develop decision-making skills and feel confident and empowered to follow through on decisions.
- ◆ Provide adolescents with information about the health, emotional, and socioeconomic risks of adolescent pregnancy.
- ◆ Provide referrals and help for young people who feel powerless to determine when they have sex and with whom.

- ◆ Inform about and offer access to safe, effective, and affordable contraception.
- ◆ Encourage sexually active youth to think about dual protection, using a combination of contraceptives to prevent unintended pregnancy and the transmission of HIV and other STIs.

As you begin to work with adolescents, you may find that your goals differ from the goals of the young people you serve. You may want to encourage adolescents to delay sexual activity. You may want couples to consider birth spacing, but young women and men may not want to use contraception until they have reached their desired family size. However, it is important to guard against letting personal biases influence professional behavior. You need to provide information but also to listen to, support, and encourage young people to make their own decisions and good choices for their future, based on their knowledge and reproductive goals.

When counseling youth about contraception, you should explain that adolescent pregnancy carries special health risks. Even when a pregnancy is wanted and planned, the risks are higher for adolescent mothers and their infants. You can explain that there are both health and socioeconomic reasons to delay childbearing until a woman is in her twenties.

You should explain that adolescent pregnancy carries special health risks.

## Why Delay Childbearing?

- ◆ A young woman under age 16 has not reached physical maturity. If her pelvis is too small, she may suffer prolonged labor or obstructed delivery, which can result in death of mother or infant, hemorrhage, infection, or fistula. A fistula is an abnormal passage created between two internal organs or between an internal organ and a body surface. In prolonged or obstructed labor, fistulas may occur between the vagina and rectum or urethra, leading to incontinence and other health problems.
- ◆ Young women, especially those under age 15, are more likely than women age 20 and older to experience premature labor, spontaneous abortion, and stillbirths.
- ◆ First births are typically more risky than subsequent births. Women giving birth for the first time have a higher probability of developing hypertensive disorders, including preeclampsia and eclampsia, conditions marked by protein in the urine, high blood pressure, and edema.
- ◆ Infant death rates are typically higher for adolescent mothers than for older women.
- ◆ Delaying childbearing can give young women the opportunity to pursue formal education and work outside the home.
- ◆ Men who delay the start of their families can pursue educations and jobs without the pressure of providing for a family.
- ◆ Delayed pregnancy can mean smaller families and can offer economic benefits for the couple.



# Contraceptive Methods for Adolescents

Although all methods are medically safe for young people, some are more appropriate than others. Sterilization is not recommended for young people because it is permanent and because the younger the client, the stronger the likelihood of regret. This chart offers information on contraceptive methods and their use by adolescents. The pregnancy rates shown are for “perfect use,” which refers to using a method consistently and correctly at every act of intercourse, and “typical use,” which usually has a pregnancy rate higher than perfect use.

## Method/Pregnancy Rate : Appropriate and Safe for Adolescents? : Counseling Issues

### Perfect Use/Typical Use

#### Abstinence

Yes, appropriate for those who have not yet begun sexual activity, as well as for those who have.

- ◆ Surest way to prevent pregnancy and STIs, including HIV.
- ◆ Requires high degree of motivation, self-control, and commitment from both partners.

#### Male condoms

2%/15%

Yes. Condoms are typically accessible, available, and affordable to young people. Protect against STIs/HIV.

- ◆ Must be used correctly and consistently with each act of intercourse.
- ◆ Can be used with other contraceptives except female condom.
- ◆ No systemic effects, although some individuals are allergic to latex.
- ◆ Clients should be instructed to use emergency contraceptive pills (ECPs) as a backup method when condom breaks or slips. ECPs can be given in advance.

#### Female barrier methods

female condom 5%/21%  
diaphragm 6%/16%

Yes. Female condoms provide some protection from STIs/HIV.

- ◆ Must be used consistently and correctly with each act of intercourse.
- ◆ Can be used alone or in combination with other contraceptives, except the female condom with male condom.
- ◆ No systemic effects.

**Spermicides**  
*foaming tablets, foams, films, gels, suppositories, and creams*  
**18%/29%**

Yes, although they do not provide good protection from pregnancy and STIs. They should be used only when other methods are not available (better than no method at all).

- ◆ Must be used consistently and correctly with each act of intercourse.
- ◆ Not as effective as some other methods.
- ◆ Clients must follow directions about how to place high in vagina and how long to wait before intercourse can begin.
- ◆ New application of spermicide is necessary for repeated acts of intercourse.
- ◆ Must be left in place at least six hours after intercourse (douching or rinsing the vagina is not recommended).
- ◆ Can be used simultaneously with condoms, used as a backup for other contraceptives, or used when a couple changes from one method to another.
- ◆ Side effects include vaginal or penile irritation; switching to another type of spermicide can help. If used often, may increase risk of HIV infection.

**Combined oral contraceptive pills (COCs)**  
*(contain estrogen and progestin)*  
**0.3%/8%**

Yes. Do not protect against STIs/HIV.

- ◆ Must be taken daily to be effective.
- ◆ Fertility returns quickly when pills are discontinued.
- ◆ Clients need directions on what to do if pills are missed (see page 72).
- ◆ Possible side effects: nausea, headache, breast tenderness, bleeding changes.
- ◆ Noncontraceptive benefits: regular and less painful menses; reduced risk of ovarian cancer, endometrial cancer, ectopic pregnancy and symptomatic pelvic inflammatory disease.
- ◆ Not recommended for breastfeeding women.

Method/Pregnancy Rate Perfect Use/Typical Use	Appropriate and Safe for Adolescents?	Counseling Issues
<b>Progestin-only pills (POPs)</b> <b>0.3%/8%</b>	<p>Yes. Do not protect against STIs/HIV.</p>	<ul style="list-style-type: none"> <li>◆ Must be taken daily to be effective; should be taken within three hours of the same time every day.</li> <li>◆ Good choice for breastfeeding women because they do not contain estrogen.</li> <li>◆ Fertility returns quickly when pills are discontinued.</li> <li>◆ Clients need directions on what to do if pills are missed.</li> <li>◆ Possible side effects: irregular menstrual cycles, spotting and bleeding between periods, amenorrhea.</li> </ul>
<b>Injectables</b> <i>progestin-only and combined injectables (contain estrogen and progestin)</i> <b>0.3%/3%</b>	<p>Yes. Concerns exist about effects of progestin-only injectables on bone density when given during adolescence, but benefits generally outweigh risks. Do not protect against STIs/HIV.</p>	<ul style="list-style-type: none"> <li>◆ Common side effects: irregular menstrual bleeding, prolonged bleeding, amenorrhea.</li> <li>◆ Less common side effects: weight gain, headaches, dizziness, and mood changes.</li> <li>◆ Noncontraceptive benefits: decreased risk of symptomatic pelvic inflammatory disease, ectopic pregnancy, and endometrial cancer.</li> <li>◆ Pregnancy may not occur for up to nine months after discontinuation.</li> <li>◆ Clients must remember to return for reinjections.</li> </ul>

**Subdermal implants**  
**0.05%/0.05%**

Yes. Do not protect against STIs/HIV.

- ◆ Offers three to seven years of contraceptive protection, depending on the product.
- ◆ Possible side effects: lighter, irregular bleeding or amenorrhea.
- ◆ Implant insertion and removal are surgical procedures requiring a trained provider.

**Intrauterine devices (IUDs)**  
**0.6%/0.8%**

Yes. Appropriate for women in stable, mutually monogamous relationships. Women under age 20 who have not given birth appear to have greater risks for expulsions. Do not protect against STIs/HIV.

- ◆ Safe, effective, and requires little effort on the part of the user.
- ◆ Copper T IUD offers pregnancy protection for at least 12 years.
- ◆ Side effects of copper IUDs include heavier menses, cramping.
- ◆ User should check IUD strings monthly to make sure device remains in place.
- ◆ Clients should be told to come back immediately if they have abdominal pain, fever, chills, delayed menses, or missing strings.

**Fertility awareness-based methods**  
**4-5% (Two Day and Standard Days)/Not available**

Yes, when regular menstrual cycles are established. Do not protect against STIs/HIV.

- ◆ Training is essential to help young people understand fertility and menstruation and to identify fertile and nonfertile times.
- ◆ Requires high degree of motivation, self-control, and commitment from both partners.
- ◆ Irregular menstrual cycles, such as in months following menarche or pregnancy, complicate use.
- ◆ Can be used alternatively with other contraceptives (such as condoms or diaphragms) during fertile days.
- ◆ Not as effective as some other methods.

**Not available/25% (other methods)**

## Method/Pregnancy Rate Appropriate and Safe for Adolescents? Counseling Issues

### Perfect Use/Typical Use

#### Lactational

#### Amenorrhea Method (LAM)

**0.9%/2%** (for 6 mos. after birth)

Yes. Does not protect against STIs/HIV.

- ◆ Appropriate for women who are less than six months postpartum, fully or near-fully breastfeeding, and amenorrheic.
- ◆ 98% effective if women meet all three criteria.
- ◆ If any criteria change, client may not be protected from pregnancy.
- ◆ Client should discuss other contraceptive options before LAM criteria expire and receive chosen method in advance. (Breastfeeding women should avoid methods containing estrogen since the hormone can affect breastmilk production.)

#### Withdrawal

**4%/27%**

Yes. Does not protect against STIs/HIV.

- ◆ Can be used by a man at any age if he can predict ejaculation and ensure ejaculate will not come in contact with his partner's genital area.
- ◆ Requires a high degree of motivation, self-control, and commitment from both partners.
- ◆ Not as effective as some other methods.

#### Sterilization

**Female: 0.5%/0.5%**

**Male: 0.10%/0.15%**

No medical reason to deny sterilization to youth, but generally not recommended for people at the beginning of childbearing years. Does not protect against STIs/HIV.

- ◆ Not recommended for adolescents; young age and low parity are associated with high levels of regret.
- ◆ Any individual seeking sterilization should be counseled that it is a permanent method.

**Emergency  
contraceptive  
pills (ECPs)**

**POPs prevent 85%  
95% of pregnancies if  
used within 72 hours.**

**COCs prevent 57%  
77% of pregnancies if  
used within 72 hours**

(Either can be used  
up to 5 days, but  
effectiveness  
decreases.)

Yes. Effective method of pregnancy prevention for couples who have unplanned sexual intercourse, who forget to use a method, or who experience condom breakage or slippage. Can be used by women and girls forced or coerced into sexual activity. Do not protect against STIs/HIV.

- ◆ Counsel about proper pill dosage.
- ◆ Possible side effects for ECPs: nausea and vomiting.
- ◆ Antiemetic drugs can help reduce nausea.
- ◆ Nausea and vomiting less common with progestin-only ECPs.
- ◆ Start within 120 hours (5 days) after unprotected intercourse. The earlier the method is started, the greater the effectiveness.
- ◆ Counsel to have a pregnancy test if menstruation is more than one week late.
- ◆ Counsel about the use of a regular contraceptive method.
- ◆ Clients can receive ECPs in advance and use them as needed.
- ◆ POPs are more effective as ECPs than COCs in preventing pregnancy.
- ◆ Specially marketed ECP products are available in many countries.

**Source for pages 66–71:** Contraceptive Effectiveness. In World Health Organization, Johns Hopkins Bloomberg School of Public Health, and U.S. Agency for International Development, *Family Planning: A Global Handbook for Providers*, 2007.

## Contraceptive Methods: Other Issues

Several other issues dealing with contraception for adolescents are discussed below: abstinence, what to do about missed pills, and dual protection.

### **Abstinence**

Saying no to sex can be difficult for many young people. There may be pressure from peers who claim “everyone” is having sex, or pressure from partners who argue that sex is the best way to prove love and affection, or pressure from older friends and relatives who say having sex is a way to show that you are an adult.

You can help youth develop “refusal skills” by counseling them about abstinence.

Adolescents may not feel they have many choices, but as a provider, you can explain to young people that they can say no to sex if they are not ready or if they have in the past had sex (voluntarily or coerced) and now want to be abstinent. You can help them develop “refusal skills” by counseling them about abstinence. One way to do this is to help them imagine situations in which they might find themselves and help them practice saying no. For some examples of how to help youth to choose abstinence, see pages 44–45.

### **What to Do about Missed Oral Contraceptive Pills**

If a young woman forgets to take combined oral contraceptives (COCs), you can explain that the World Health Organization has provided guidance for the standard low-dose pill that is easy to follow. The key concept is: Just keep going. Whenever a woman realizes she has missed pills, regardless of



how many she has missed, she should take one as soon as she remembers —and continue taking a pill every day at the usual time. That may mean taking two pills at the same time or on the same day. Two additional points help round out the recommendation:

1. If she misses three or more pills, she should use a backup method (or abstain) for seven days.
2. If the missed pills occur in the third week of the cycle, she should skip the seven placebo pills and just go on to a new pack.

Even when women miss several pills in the middle of the pack, the probability of a viable ovulation is rather low. The risk increases if the missed pills are at the beginning or end of the 21 active pills, which in effect increases the vulnerable pill-free interval to more than seven days.

## Dual Protection

Because many young people face the double risk of unintended pregnancy and STIs, dual protection may be recommended.

Dual protection is defined as the simultaneous prevention of STIs (including HIV) and unintended pregnancy. For example, a couple may use condoms to protect against STIs and oral contraceptives to prevent unintended pregnancy. Or they may use condoms as their primary means of preventing pregnancy and transmission of STIs, with emergency contraception as a backup to prevent unintended pregnancy if the condom breaks or slips. Practicing abstinence is also an option.

Although dual protection offers obvious benefits, its use can be problematic for adolescents. This is because both abstinence and consistent use of condoms require high motivation, and members of this age group may have difficulty using two methods consistently and correctly.

## Negotiating Condom Use

You can help adolescents learn to negotiate condom use by:

- ◆ Encouraging young people to talk about contraception and STI protection before they have sex.
- ◆ Encouraging young men to take responsibility for protecting themselves and their partners by preventing an unintended pregnancy or STI.
- ◆ Helping young women learn the skills they need to insist on condom use.
- ◆ Helping young people overcome embarrassment in talking about condoms.

One strategy that is effective in helping young people negotiate condom use is role-playing (see page 47). In a one-on-one counseling session, you and your young client can pretend to be a couple discussing condom use. In a larger group setting during an education session, for example, you may ask two young people to volunteer to participate.