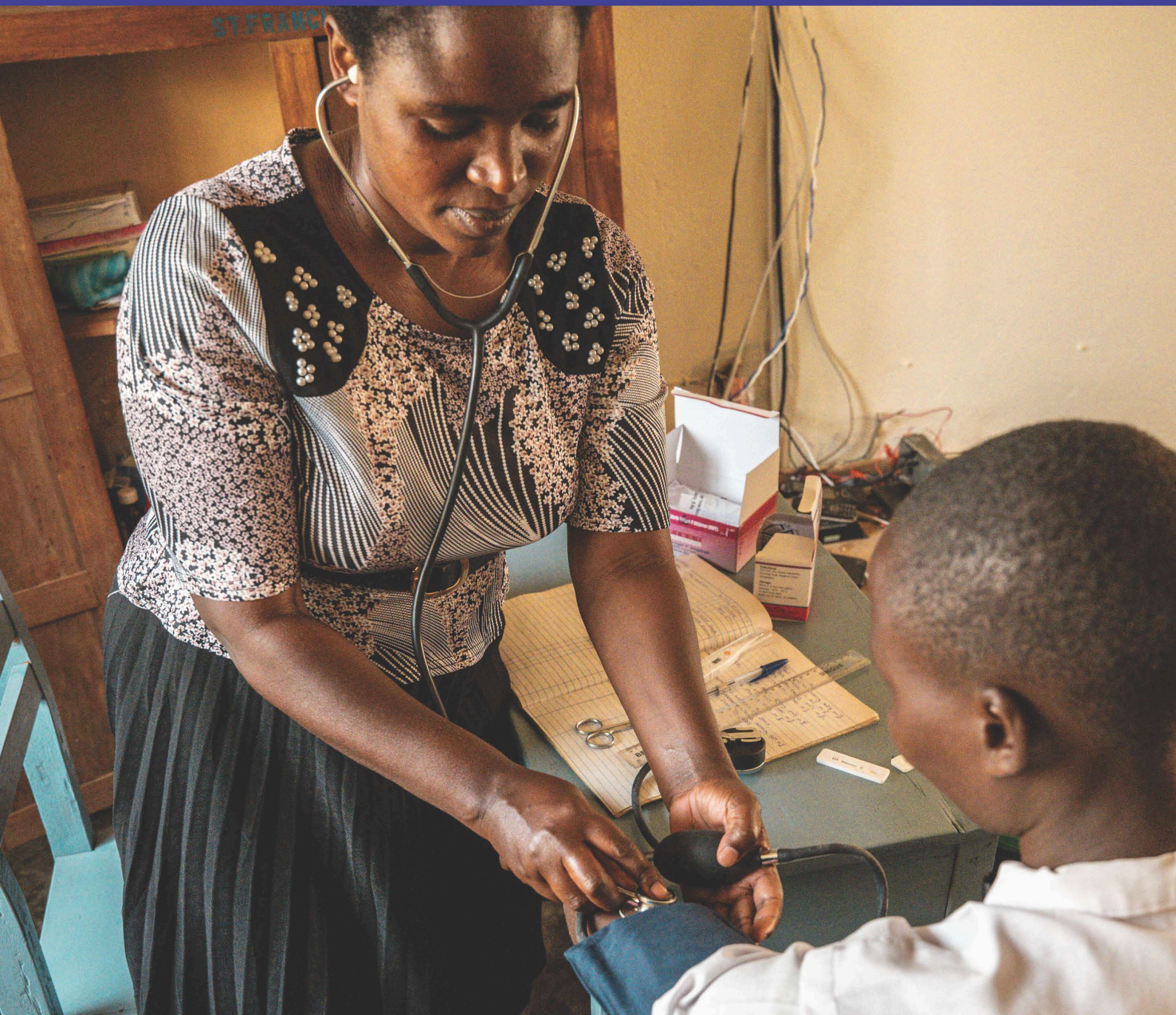


Clinical Provider Manual



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www.healthychilduganda.org

HAY! Curriculum Team Members: Jenn Brenner, Kyomuhangi Teddy, Kyokushaba Clare, Heather MacIntosh, Ellie Vyver, Elizabeth Kemigisha, Barbara Naggayi, Jaelene Mannerfeldt, Joy Muhumuza

Contributors and Technical Advice: Jerome Kabakyenga, Edward Mwesigye, Joan Abaatyo, Godfrey Zari Rukondo, Neema Murembe, Adrama Faida, Agirie Lubega

Compilation, Editing and Layout: Cavelle Dove, Aidee Idongesit, Derek Cheung, Jacque Stagg

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A core curriculum development team was complemented by district and partner technical experts whose combined input resulted in this product. Key published and web-based references used are cited in references on the last page. Current national policies, guidelines, and international best practices informed these sections.

Core HCU curriculum team members were: Jenn Brenner, who provided overall project direction and content; Kyomuhangi Teddy, Kyokushaba Clare, Heather MacIntosh, Ellie Vyer, Elizabeth Kemigisha, Barbara Naggayi, Jaelene Mannerfeldt, and Joy Muhumuza were key contributors throughout the process. Joan Abaatyo and Godfrey Zari Rukondo (mental health and addictions), Neema Murembe (gender-based violence), Adrama Faida (nursing advisor), and Agirie Lubega (midwifery) contributed and reviewed content. Cavelle Dove, Aidee Idongesit and Derek Cheung supported compilation and editing. Edward Mwesigye, District Health Officer of Bushenyi, provided leadership and overall policy guidance. HCU Ugandan director and visionary Dr. Jerome Kabakyenga continues to provide mentorship.

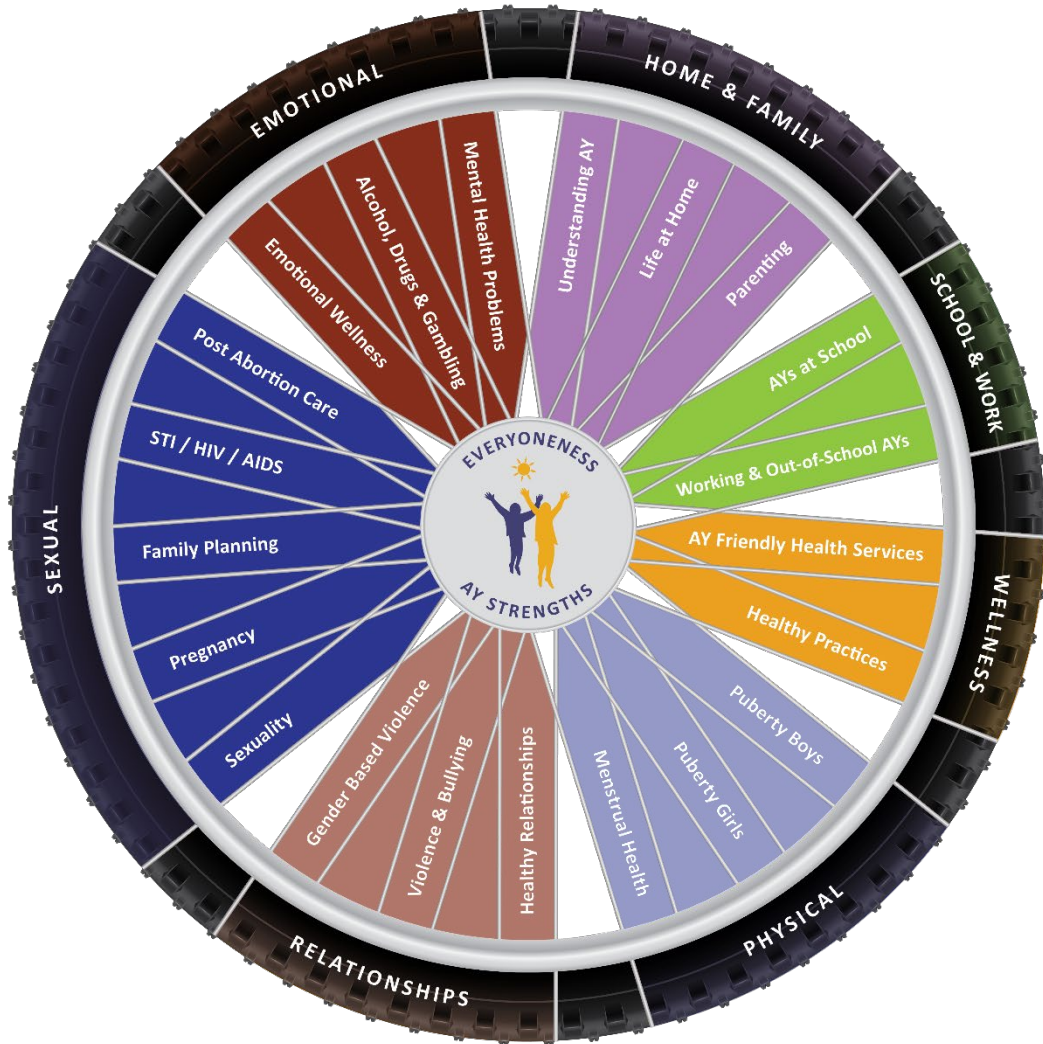
We thank the originators of our two key *HAY!* themes. ‘*Everyoneness*’ as a motivating concept emerged during early *HAY!* activities from participants throughout Bushenyi and Rubirizi districts. Our team was inspired by the concept and integration of a ‘*Strengths-Based Approach*’ for adolescent care in Dr. Kenneth Ginsberg’s excellent ‘Reaching Teens’ online resource (see references). *Everyoneness* and a *strengths-based* focus have resonated so well during *HAY!* work in the difficult pandemic/post-pandemic environment.

How to Use this Manual

This content-focused manual complements other *HAY!* package materials and targets community leaders and providers in rural southwest Uganda. Messages align with the ***HAY!* Community Job Aid** available resources, policy, guidelines, and context relevant to southwest Uganda. This manual complements but does not replace medical judgement or published guidelines. For discrepancies, defer to usual/national practice recommendations, and please provide feedback to us. The *HAY!* Wheel shows topics covered; each module includes ‘Key Messages’ and some include ‘Danger Signs’. Topics on the *HAY!* Wheel are ordered from least complex/sensitive to most complex/sensitive as you travel clockwise around the wheel.

Thank you for choosing this manual. Comments and suggestions are welcome at www.healthychilduganda.org

Figure 1: The HAY! Wheel



HAY! Health Worker Workshop Schedule

	Day 1	Day 2	Day 3	Day 4	Day 5
	All staff (clinical and non), all HF levels	All Clinical Staff, all HF levels			Clinical officers, Doctors, midwives
9:00	Introduction & <i>Hay!</i> Orient	AY Psychosocial Screening	Sexuality	PAC	Hands-on clinical skills Implants, IUDs, PAC, injections
10:00	Understanding AYs	Positive Parenting	Puberty	Violence and Bullying	
11:00	Tea Break				
12:00	ABCs of AY Communication	Beliefs: Helpful, Harmful, or Neutral?	Menstrual Health	GBV	
1:00	LUNCH				
2:00	Confidentiality and Privacy	Tricky Questions	AY Pregnancy	Alcohol, drug use & gambling	
3:00	Respectful Care	Healthy Relationships	Family Planning	Mental Health Problems	
4:00	The <i>HAY!</i> Job Aid	Emotional Wellness	STI/HIV/AIDS		

Workshop Opening

Begin with Introductions. Next, set the stage. In the large group, explain that there will be some 'agreements' for workshop participation. Acknowledge that many AY topics are sensitive and to get the most from this workshop, cooperation is needed to ensure the safety and comfort of all participants. Post the Workshop Agreements poster and discuss each point. Participants may suggest additional agreements also.

Confidentiality means that whatever happens and is talked about during training is never discussed with others elsewhere. Respectful participation involves listening and discussion. Non-judgement means no one is judged for what they tell, reveal, or answer. Questions and mistakes are encouraged. There are no wrong questions. We learn by making mistakes. Ask for help any time it is needed, before, during, or after the workshop. Participants may experience triggering or sensitive topics. If ever a participant wishes to leave, this is fine. Someone will be available to talk with them or refer them for help if necessary.

Workshop Agreements

1. Confidentiality
2. Respectful participation
3. Non-judgement
4. Questions and mistakes encouraged
5. Ask for help

About *HAY!*

Healthy Adolescents and Young People (*HAY!*) supports health for **adolescents and young people** (called '**AYs**' throughout this manual) in southwest Uganda. *HAY!* encourages districts, health facilities, communities, families, and AY themselves to celebrate AYs and address their health needs. Together, *HAY!* participants build skills, innovations, tools, and motivation. This maximizes the tremendous potential of AYs in their communities.

In Uganda, males and females aged 10 to 24 years old are called AYs. Uganda has a large AY population. One in every three Ugandans is an AY. AYs are the future of our families, communities, and country. AYs have unique and important health needs to remain healthy and thrive. Our community and families are the best placed to support AY basic needs and rights. Our country, communities, and families all benefit when Ugandan AYs stay healthy.

Most AYs are healthy most of the time. However, some AYs may encounter serious barriers when trying to access health information and services. Other AYs develop preventable health problems. Some AYs practice behaviours that put their health and futures at risk. Uganda has many excellent policies that support AY health. Still, early childbirth, limited family planning, addiction, and gender-based violence remain persisting common AY problems.

During *HAY!* baseline studies (2020), AYs told us about their desire to become responsible adults and future leaders. At home, they wish for attention and care. At facilities, they seek confidentiality, privacy, respect, and appreciate health providers who are empathetic and work together with them to solve problems. AYs fear being judged, shamed, and blamed when they present with a health challenge or question. They desire affordable, easily accessible services such as clinics held during evenings or weekends, separated from adults and young children and with short wait times.

Stakeholders talked about common AY barriers to health, including poverty and isolation. At facilities, trust in health workers and confidentiality (in clinical and non-clinical staff) were lacking. Services were seen as unfriendly to AYs, who often choose private facilities over government health facilities for sexual and reproductive health services. Threats to AY programming identified include resistance to change, lack of comfort discussing sexuality and rights, popular myths, taboos, and cultural and religious practices.

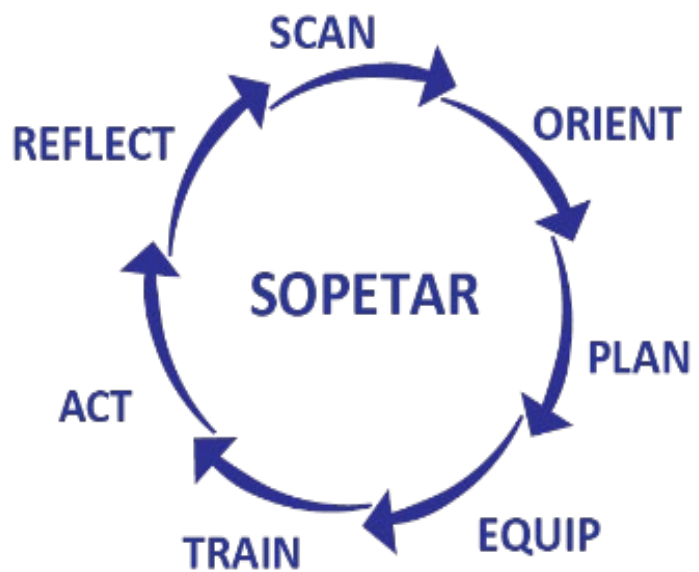
Throughout *HAY!* districts, motivation for AY health from leaders, health facility staff, communities, and parents is very strong. Village Health Teams (VHTs), the health system, and other community structures are core to AY wellness. Despite potential challenges, stakeholders and AYs themselves express urgency and desire to participate in change.

“[AY are] our children, sisters and brothers, and friends to our children... We are highly motivated to improve the lives of AY.”

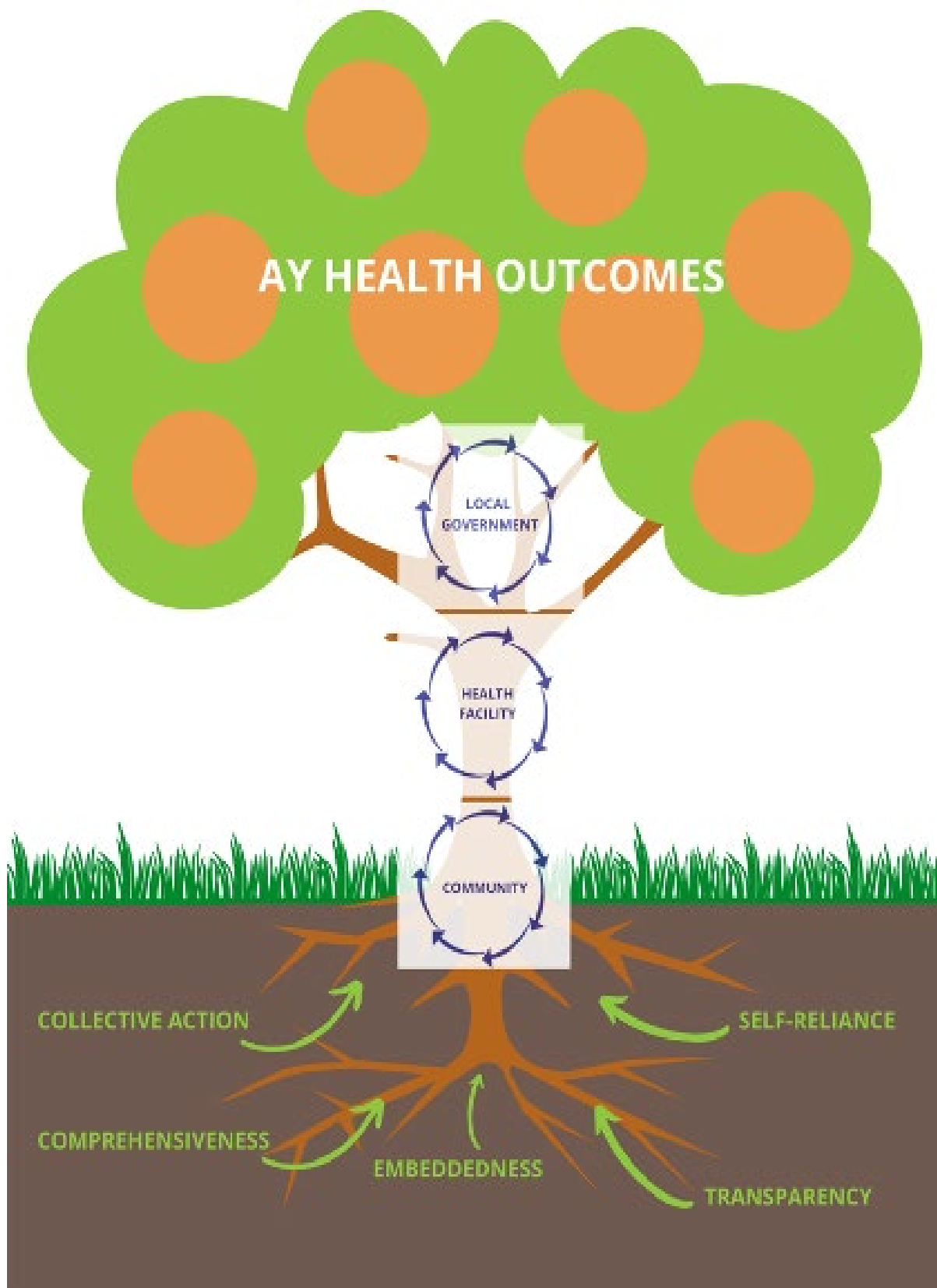
“AY health challenges are real; we need to act now.”

The HAY! Initiative

HAY! will serve half a million people living in three southwest Uganda districts. Aligned with district and national AY health priorities, HAY! builds on two decades of best practices. This includes the successful *MamaToto* maternal and child health initiative (Bushenyi and Rubirizi districts, 2012-2015). HAY! maximizes engagement through purposeful, timed and ordered activities remembered as SOPETAR (Scan-Orient-Plan-Equip-Train-Act-Reflect).



The HAY! tree ‘**Roots**’ ensure HAY! is strong and long-lasting. A solid and supportive ‘**Trunk**’ supports activities like meetings, providing equipment, training, and mentorship for local government, health facilities, and communities. Together, roots and the trunk produce plentiful ‘**Fruits**’ which represent AY health improvements.



The *HAY!* Approach

- Advocate for healthy Ugandan AY and a bright future.
- Together we can all take small steps to create big change!
- Parents, family, health workers, teachers, and the whole community cares about AYs and their health.
- All AYs have special qualities and talents.
- Help AYs use their strengths to contribute to the community and family.
- Speak up and take community action to promote healthy AY and decision-making.
- Celebrate AY achievements and contributions in families, schools, and community.



HAY! embraces ‘**Everyone**ness’ and ‘**AY Strengths**’ as critical and cross-cutting concepts. **Everyone**ness is a home-grown idea from *HAY!* communities, highlighting how ‘everyone’ in a district has something important to contribute to AY health. When ‘everyone’ comes on board, real AY change happens. Motivated families, workplaces, schools, facilities, and communities know their needs and are ‘ready now’ to work together. AYs themselves must be included as a core part of the solution.

HAY! takes a **strengths-based** approach. Highlight AY strengths. Promote a positive portrayal of AYs. Discourage negative AY stereotypes. This promotes positive AY behaviors, confidence, and motivation. Celebrate all AY achievements and contributions, even when small. Share stories of AY contributions to families, schools, and communities widely. Set rules, boundaries, and expectations in communities to keep AY safe. When sharing health messages, emphasize ‘what to do’, not what ‘not to do’. Support high-risk AYs but also provide support and opportunities for AYs who are succeeding to help them attain their goals. Provide AYs with new opportunities to contribute to the community, families, and serve others.

“It takes a whole community effort to create change. No one group can do it on their own!”

“HAY! must reach as many different groups and individuals as possible. Recognize us for our unique potential contributions and we will have the greatest impact”

“AYs themselves must be part of every solution. As a community let’s create a strong net to lift them up--nothin for them without them!”

Raise our expectations for AY and prepare them for the world! After all, they will lead us into the future!

Understanding AYs

- Adolescence is an exciting and challenging period of growth, development, and discovery.
- Risks and new experiences prepare an AY for adulthood.
- Build AY resilience through connections with caring adults
- Support AYS to develop their unique identity and values.



Adolescence is an exciting time of growth, development, and discovery. Changes are normal as a child becomes an adult. From age 10 to 24 years, chemical (hormone) changes affect body growth, shape, and characteristics. Major brain changes occur. New activities are tried. Thinking becomes more critical. Feelings are more complicated. New emotions and stresses are experienced. Dramatic changes in family, friends, and intimate partner relationships occur. AYs engage deeply and start to understand where they fit within families, communities, and the world.

Brain development, emotions, and peer pressure cause many AYs to push limits, experiment, and take more risks than adults. AYs may be especially excitable around friends. Some AYs take more risk than others. Taking risks is an important part of growing up. New experiences prepare AYs for decision-making as adults. To learn, AYs stretch limits, innovate, practice self-control, and explore new skills.

Some common AY characteristics:

- Make own decisions about future, school, and work
- Identify strengths and limits
- Experience more extreme moods
- Become attracted to friends and intimate partners
- Explore “*who am I?*”
- Friends matter greatly
- Separating from families
- Experiment and take risks
- Consider how to contribute to family, community, and world
- Often wonder “*Am I normal?*”
- Think independently
- Clarify beliefs
- Grow rapidly, becoming stronger and more coordinated

Most AYs are caring, energetic, and committed. Most do not get in trouble or cause problems. Most want to succeed in school. They value their family, friends, and jobs. Most adapt well to their changing bodies, brains, and social environment. Some AYs struggle more and face difficult challenges.

Give all AYs roots and wings. **Roots** provide stability and are created through community, family, and caring, responsible adults who will always welcome them back. **Wings** encourage AYs to become independent and fly high to reach their goals. Support AYs to find their dreams. Prepare them with skills to navigate the world. Help AYs avoid dangerous risks. Provide clear boundaries to keep them safe and healthy.

Provide extra support to AYs struggling with adolescent changes or facing adversity. Look for underlying causes for difficult behavior. Ensure every AY has a reliable adult who cares. Avoid judging or labelling AYs based on how they look or who their friends are. Avoid assuming that AYs will cause trouble. Instead communicate the good behaviors and contributions they can make. Life obstacles can prepare us to be stronger. Help vulnerable AYs recover from challenging circumstances to reach their full potential.

Support Resilient AYs

- Make AYs feel safe, welcome, and normal
- Model responsibility and respect
- Give space but also create boundaries
- Provide opportunities
- Promote supportive relationships with responsible adults

Core Communication Strategies

- Choose a good place and time to meet.
- Listen actively. Focus on AY strengths. Avoid judging.
- Support AYs to make decisions that are right for them



Adults play a critical role in AY lives. Sometimes AYs seem like they don't want to share with adults. This is normal as AYs figure out their identity and become independent. AYs want to feel heard and connected to adults and communities. Be patient. Many AYs open up once they trust an adult.

Talking to AYs can be rewarding. Some people are very comfortable talking with AYs. Other people are less confident. Know if you have a heart for adolescents. If you are willing to learn, that is great. Any conversation with AYs is better than no communication. You don't need to be perfect. Be willing to listen and show ongoing interest and be patient. If talking to AYs is too difficult, it is ok to refer more sensitive cases to someone else. Just ensure that every AY gets the care they need and deserve.

Good AY Communication Strategies:

RIGHT PLACE, RIGHT TIME: Create time. Choose a safe, private, and quiet space. Meet when you are calm and not distracted.

PRIVACY AND CONFIDENTIALITY: Ensure privacy. Talk with an AY to gain trust. Explain the discussion is confidential and you will only share their information with their permission or if there is a safety concern.

PATIENCE AND RESPECT: Be patient. Build a trusted relationship over time. Start with friendly small talk and happy topics. Talk about sensitive topics once the AY is comfortable. Some topics may be easier if you ask non-personal questions first. For example, ask a young AY if their friends or others their age are using alcohol before asking about their own use.

APPRECIATE STRENGTHS: Find an AY's strengths. You could ask: *"What are you really good at? What would others (friends, parents) say you are really good at?"* Reflect back their strengths and hopes, even if an AY has made dangerous choices.

BE A GOOD LISTENER, AVOID JUDGEMENT: Use active listening. Ask open-ended questions. Show empathy. Appreciate an AY has sought your advice. Use positive body language like eyes, body position, and level of sitting. Do not be distracted, for example, by your phone. Talk *with* an AY, not *at* an AY. Do not judge. Do not argue. Avoid lecturing.

SUPPORT AND GUIDE AY DECISIONS: AYs are experts in their own lives. Help an AY make their own decisions. Wait for an AY to be ready for information. Help them believe change is possible. If they are ready to change, be their partner. Look together at the positives and negatives of a choice. Break big problems into small steps, one at a time. Identify people who can help.

DO's of AY Communication

- Find a private and comfortable place
- Be patient. Take your time. Build trust slowly
- Listen well. Avoid distractions (like phones)
- Appreciate AY strengths. Be positive
- Avoid judging. Do not argue. Be calm
- Talk with an AY. Avoid lecturing
- Break big problems into small steps
- Help an AY solve their OWN problems

Parenting an AY

- Build an open and supportive relationships with your AY.
- Be a role model. Celebrate AY strengths
- Be available. Listen. Discuss topics important to your AY.
- Provide clear expectations. Use non-harmful discipline.
- Prepare your AY for healthy puberty, menstruation, relationships, and emotions.
- Parenting an AY can be challenging. Ask for help. You are not alone.
- Advocate for your AY if experiencing illness, bullying, violence, mental illness, pregnancy, or addiction.



Build strong and supportive relationships between an AY and both parents and all adults in a home. Parents and caregivers are key people in an AY's life who teach how the world works. Families set cultural norms and expectations and create traditions. Work together with all adults in the home to support an AY.

During adolescence, AYs gain skills to become independent adults. Some adolescents appear to reject parental guidance. Some withdraw from their families. However, AYs need family support. Feeling valued by family increases AY confidence and wellness. Encourage meaningful AY contributions within families.

Parenting an AY can sometimes be challenging. Do your best. Some key positive parenting strategies can help.

CELEBRATE AY STRENGTHS AND ACHIEVEMENTS. Show appreciation for AY efforts. Praise actions and contributions (however small). Every AY has things they do well. Tell them you are proud. Avoid hurtful comments.

BE A ROLE MODEL. AYs learn how to act by watching their parents. What they see shapes future interactions with their own families. Treat your AY as you hope they will treat others. Demonstrate respect, honesty, and kindness. Do your best to show positive ways of managing conflict and anger.

BE AVAILABLE. TALK WITH YOUR AY ABOUT TOPICS THAT MATTER TO THEM. Do little things together, like cleaning, washing, cooking, harvesting, playing football, making crafts, or just sitting. Listen to them. Show interest in their activities and opinions. Ask questions about their life, goals, fears, and challenges.

PROVIDE CLEAR EXPECTATIONS. USE NON-HARMFUL DISCIPLINE. Provide guidance and reward good behaviours. Encourage independence while providing appropriate discipline. Set and clearly communicate expectations. Provide fair rules and consequences. Use non-harmful discipline. Avoid violence.

PREPARE YOUR AY FOR PUBERTY, MENSTRUATION, RELATIONSHIPS, AND EMOTIONS. Do everything you can to meet AY needs. Provide a safe home, healthy food, and the best education you can. Provide sanitary products for girls. Provide needed medicines. Help your AY cope with sadness and stress in a healthy way. Encourage them to seek help if they cannot handle a problem.

SHOW LOVE AND CARE. Let your AY know you will always support them when needed. Understand it is normal for an AY to seem distanced at times. They still want your love and care. If your AY makes a

mistake or behaves badly, tell them you expect better next time. However, explain you love them no matter what.

ENCOURAGE AY EXERCISE, NUTRITION, SLEEP, IMMUNIZATION, AND SAFETY. Talk to your AY about substance use, violence, unplanned pregnancy, and STI/HIV/AIDS. Encourage routine care and advice from the Health Centre.

ASK FOR HELP WHEN YOU NEED IT. Parenting an AY can be hard. You are not alone. No one is a perfect parent. Do the best you can. Some AYs go through a challenging time and this is not your fault. If your AY is struggling or you feel tired or unsure, reach out for help from family, the community, and the Health Centre.

IDENTIFY IF YOUR AY NEEDS HELP. BE THEIR ADVOCATE. Speak up if your AY experiences health challenges, bullying, violence, mental health problems, pregnancy, or addiction. Watch for changes in mood, sleep, eating, or school that could signify illness, mental health, or substance use problems. Take your AY to a health facility immediately if they express thoughts of self-harm or threaten others.

HAY! Job Aid

Provide health promotion during one-on-one encounters, group health talks, in homes, schools, and communities. Health promotion may be planned, or teachable moments may arise.

The Job Aid is divided into topics shown in the **HAY! Wheel**. Topics are ordered from less to more complex. Position the job aid so words and details face the facilitator. The audience sees pictures. Each topic contains:



Key Messages: Repeat throughout and at the end of every talk.



Danger Signs: Always take an AY with a danger sign to the Health Centre immediately. Review during every talk.



Discussion Questions: Engage and encourage audience action. Add, adapt, or omit questions as needed.

- Use **'As an AY'** questions when meeting AYs alone or in a small group.
- Use **'In our family'** questions when meeting parents/caregivers.
- Use **'In our community'** questions for community or AY groups.

The Job Aid may be used in many settings. Some examples are:

- Group health talks for 10-13-year olds.
- One-on-one patient encounters, home visits, and group health talks for AYs 13 years and older.
- Home visits and one-on-one counselling with parents of AYs.
- Health talks for community groups such as at outreaches, radio shows, and AY camps.

Choose a time and place that promote comfort and privacy. For one-on-one encounters, start with small talk about interests, strengths, or family. Talk about a less sensitive topic first then move to more sensitive topics. Begin group health talks with an engaging starter or question. For all audiences, choose topics depending on interest and needs.

Use discussion questions to stimulate action. Adjust or add questions depending on your audience. Encourage your audience to identify clear steps forward. Prompt them to commit to a specific action they could take NOW with available resources.

STOP the interview or talk immediately if you identify a danger sign or an at-risk individual. Manage the situation safely. If you are not a health worker, seek help immediately from the Health Centre.

Pause the interview or talk if an emotional or concerning response is triggered. Judge if you should stop or continue. Consider if counseling or medical assessment is required. If you are not qualified to help, assist the individual to get care as soon as possible from a qualified and trusted provider.

Stop or change topics if you experience personal emotions or discomfort during a discussion. Seek help for yourself from a qualified and trusted provider if needed.

AY-Friendly Health Services & Spaces

- Expect respectful AY health services that are non-judgmental, confidential, and private.
- Access AY health services regardless of age, sex, education, marital status, religion, HIV status, disability, tribe, or poverty.
- Seek health worker advice to make informed decisions including about sensitive topics.
- Your health worker is there to listen and serve without judgment.
- Speak to a trusted adult if you experience discrimination or disrespect.
- Take community action to strengthen AY health services.



AY-friendliness is important in facilities, households, and communities. Create welcoming spaces tailored for AY maturity, growth, and life circumstances at places where they work, live, and visit. Make community spaces attractive to AYs and promote AY healthy and active living.

Our health system often lacks dedicated AY services. There are many services targeting babies and young children. Adults and maternity care have dedicated places and services. Programs targeting health and wellness for 10–24-year-olds are often missing. AYs requiring care in clinics or wards may be surrounded by very old or very young people with minimal privacy. Many health providers lack AY health and communication training. AYs may feel especially uncomfortable seeking care for sexual, reproductive, or mental health needs. Delayed or absent care leads to unnecessary health risks.

Facility Respectful Care Actions

- Bring everyone on board
- Review facility spaces and record keeping
- Engage all facility staff in innovating
- Let AY know that their confidentiality and privacy is respected
- Provide a system for AYs to report confidentiality breaches and suggest privacy improvements
- Enforce repercussions for confidentiality breaches

AY-friendly health facilities consider space, availability, quality services, friendly trained staff, geographic accessibility, available transport, and easy identification. AY-friendly spaces are welcoming, private, and reduce stigma. Engage AYs in creating friendly spaces at health facilities.

AY-friendly community spaces may be located at or near sporting or social venues, places of worship, or marketplaces. Ensure accessible toilet/latrine facilities with handwashing and privacy.

Household AY-friendly spaces are possible through small adjustments. Make efforts to create private spaces. Ensure bath shelters and latrines have enough privacy and handwashing facilities. Provide adequate healthy food for AYs living at home.

Respectful Care, Confidentiality & Privacy

- Provide respectful AY health services that are non-judgmental, confidential, and private.
- Provide AY health services regardless of age, sex, education, marital status, religion, HIV status, disability, tribe, or poverty.
- Protect AY health information, including at work and outside work.



AYs have a right to **respectful care** that is non-judgmental, **confidential**, and **private**. This includes from all health facility staff (doctors, clinical officers, midwives, pharmacists, lab technicians, social workers, cleaners, administrators, security), health unit management committees, village health teams, and school staff. If respect, confidentiality, or privacy are lacking, AYs may choose not to raise sensitive issues or not to attend needed health services.

Respectful care is compassionate and non-judgmental. Provide every AY the same care regardless of background. Make all patients feel welcome and valued. Communicate clearly. Avoid judgement. Use an appropriate tone. Avoid hurtful words and gestures. Ensure an AY understands their care. Involve AYs in health decision-making. Respect accompanying friends and family. Treat every AY like you would treat your own family member.

Promoting AY Confidentiality and Privacy

- Tell all AYs about confidentiality and limitations
- Tell AYs which services they can access with their own consent
- Meet with AYs alone where possible
- Know how to directly contact an AY needing a follow-up.
- Keep health records secure
- Practice (ahead of time) what to do if you see/asked about a patient in public
- Partner with parents. They can be allies to promote positive outcomes

Confidentiality means patient information is not shared, except with another health worker directly caring for that AY. Protect AY information during work and outside work. Avoid talking about AY health information to others or where others may hear you. Do not tell anyone else (except if referring a patient) about a medical condition, questions that an AY asked, or services sought or provided. Do not disclose your health-related relationship with an AY even if you are directly asked. Take extra care in small communities or if you know an AY or if an AY patient is your relative.

Privacy means a client can receive care without being seen or disturbed by others.

Healthy Practices

- Eat a balanced diet, get enough sleep, and stay physically active.
- *Females:* Get immunized with HPV and tetanus toxoid vaccines.
- Wear seatbelts and helmets.
- Safely operate bicycles, motorcycles, or cars without the influence of alcohol or drugs. Remain attentive. Avoid distraction.



An AY body goes through many changes, requiring enough nutrition, sleep, and exercise. **Eat a balanced diet.** Provide a rapidly growing adolescent body with plenty of *Energy-Giving* (carbohydrates), *Body Building* (protein), and *Protecting* (fruits and vegetables) foods. Eat enough food. Eat healthy food. Limit junk and fast food. Eat together with your family when possible.

An AY who eats too much or too little may have a health problem. With too much food (or too much unhealthy food) an AY may become overweight. Maintain a healthy weight to reduce future risk for stroke, diabetes, and high blood pressure. Too little food may be a sign of a medical condition or an eating disorder. An AY with an eating disorder may experience rapid weight loss, depression or anxiety, exercise too much to try to lose weight, or may think they look fat when they are not overweight. If an AY eats too much or too little, seek advice from the Health Centre.

Get enough sleep, at least 8-10 hours per night. Sleep helps an AY body grow and strengthen. An AY with enough sleep can do well in school and sports. Have a good bedtime. Reduce 'device' use prior to bed and in the sleeping area. Use a consistent evening routine to help your body relax.

Stay physically active. Improve health during adolescence through regular physical activity. Activity may include walking, sports, gym class, gardening, or dancing. Exercise keeps the heart healthy, the mind healthy, controls emotions, reduces stress, and maintains a healthy weight. Stay active to reduce future risk of heart disease, stroke, diabetes, high blood pressure, cancer, and depression.

Prevent Injury. Cars, motorcycle, and bicycle collisions are main causes of serious and long-term injury and death in young Ugandans. Reduce injuries and save AY lives. Always wear a seat belt in a car. Always wear a helmet on a motorcycle and bicycle. Never drive after drinking alcohol or taking drugs. Do not ride with a driver if you suspect they have taken alcohol or drugs. Avoid distraction during walking, riding, and driving. Texting during driving is dangerous. Even when walking, pay attention and avoid texting.

Get Immunized! Vaccines prevent serious illness and are a safe and effective way to keep AYs healthy. Young girls receive the HPV vaccine at ten-years-old to prevent cervical cancer. At 15 years old, girls receive tetanus toxoid immunization to builds immunity against tetanus to keep future babies healthy. Give boys and girls the COVID-19 vaccine which is safe and can prevent severe illness and disease spread.

Seek Routine Care. You don't need to be sick to attend a Health Centre. Seek regular checkups. Meet with a health worker for all AY health questions and advice about staying healthy, too!

Puberty

- Puberty changes start earlier or later for some boys and girls. This is normal.
- Keep a positive attitude about puberty changes and body shape.
- Manage body odor through regular washing.
- Seek health worker advice for puberty concerns.
- Support and prepare AYs for puberty changes.



Puberty is the time when bodies and sexual organs change so having a future baby becomes possible. Puberty is triggered by chemicals in the body called hormones. Puberty changes begin in most AYs between 9 and 15 years old. Maintain a positive feeling about puberty changes and your own body shape. Do not worry if puberty is earlier or later, or faster or slower. This is normal. Do not worry if your penis or breast size is different from others. Eat a healthy diet and get enough sleep and exercise.

Expect puberty body changes:

Boys' only	Girls' only	Both boys and girls
<ul style="list-style-type: none"> • More muscles, broad shoulders • Penis, testes, and scrotum grow • Erections (may occur before puberty) • Nocturnal emissions (wet dreams) • Deeper voice 	<ul style="list-style-type: none"> • Wider hips. Enlarged belly, thighs, buttocks • Breasts grow • Periods start • White vaginal discharge 	<ul style="list-style-type: none"> • Taller, gain weight • Hair growth (pubic area, underarms, legs) • Body odor

During puberty, male bodies begin to produce sperm. Adolescent boys may experience more frequent erections (stiffer and larger penis). Sometimes sperm and fluids are also released through the penis (ejaculation). If ejaculation occurs during sleep, an AY wakes to find his sheets or clothes wet (wet dream). Wet dreams are completely normal. They usually stop when boys get older.

Increased body odor is normal in both male and female adolescents. Smell occurs due to increased sweating and oil production by the skin. Manage body odor and reduce infection through regular washing with soap and clean water. Wash hands after using the toilet and before and after touching food. Bathe daily, including the pubic area and underarms. Antiperspirants in the underarm area may reduce odor. Maintain good hygiene. Comb hair, brush teeth, and keep nails clean and short. Change knickers/panties regularly. Wear clean clothes when possible.

Acne is common in AYs. This can be pimples on the face, back, or chest. Some AYs develop very severe acne that can lead to scarring and emotional distress. Acne is caused by hormones. Acne is not caused by food or poor hygiene. Acne can be treated. Seek advice from a health worker for severe acne.

Puberty body changes are NOT signs of being ready for marriage. A woman or man must be at least 18 years old to marry according to Ugandan law. Important considerations for marriage readiness include education, employment, and maturity of both partners.

Share feelings about puberty with a trusted adult or your VHT. Seek advice from a health worker for questions or concerns about puberty.

Prepare young adolescents for puberty body changes. Reassure them and help them accept and love their new bodies as they develop.

FOR HEALTH PROVIDERS:

Tricky Questions:

Is acne (pimples) caused by what a teen eats or other things they have done? Is severe acne normal?

Acne is caused by increased androgen secretion and affects the skin. Most acne is not caused by anything a teenager does or does not do (i.e., food, poor hygiene). However, good hygiene is helpful in managing your acne.

Acne in teenagers is common. However, some young people develop more pimples and may develop very severe acne. These AYs did not do anything to cause this to happen. Severe acne can lead to scarring and emotional distress. It can be treated. See a health worker to discuss severe acne.

Is it normal for boys to have wet dreams (nocturnal emissions)?

Yes, it is normal. During puberty, testes begin to produce sperm. During an erection, boys may ejaculate. This is when semen (sperm and fluids) is released through the penis. If an erection and ejaculation occur during sleep, a boy wakes to find his sheets or clothes wet. This is called a 'nocturnal emission' or 'wet dream'.

Nocturnal emissions may occur in growing boys because of sexual excitement. Wet dreams are completely normal and no reason for concern. They typically stop when boys get older.

Is body odor normal among adolescents? Do girls going through puberty also develop body smell?

Body odour is normal during puberty and occurs both in male and female AY. It is due to increased sweating and the production of oils by the skin, which happens in both boys and girls. Reduce body odour by washing with soap and water daily. In some communities, antiperspirants in the underarm area are encouraged which help to reduce odour.

Is it ok for fathers to talk to their girls about body changes in growing up or hygiene during menstruation? Is it ok for mothers to talk to their boys about body changes in growing up including hygiene or wet dreams?

Yes. It is important that both parents freely give information on managing changes in growing up for girls and boys. Providing education and support for both parents related to all puberty changes, in both boys and girls is important. Often, the parent of the same sex may feel more comfortable discussing some topics due to cultural issues, and this is fine. If a parent is not comfortable answering questions or sharing information with their AY or where a same-sex parent is not available, seeking support from a VHT, health worker or other trusted adult is a good option.

Is developing breasts an indication that a girl is ready for marriage?

No. Breast development occurs over many years and is not related to marital readiness.

A woman must be at least 18 years old to marry according to Ugandan law. Important considerations include education, employment, and maturity of both partners.

Does developing beards and a changing voice mean that a boy is ready to marry?

No. Beard development and voice changes are expected changes during puberty and are not related to marital readiness.

A man must be at least 18 years old to marry according to Ugandan law. Important considerations for marriage include education, employment, and maturity of both partners.

What does penis size in boys and breast size in girls mean?

There are normal variations in the sizes of penises and breasts. Boys should not worry about penis size, for, when erect, they all work just fine. Breasts, like penises, serve their intended function irrespective of size.

Menstrual Health

- Periods are a normal part of puberty for girls.
- Continue usual activities as desired during periods.
- Manage period pain with home remedies.
- Seek health worker advice for excessive bleeding or pain.
- Provide AY females with sanitary materials, private changing, disposal, and washing facilities.
- Speak up and take community action to reduce stigma about periods.



Menstruation (having periods) is a normal part of puberty for girls. A girl's first period usually starts between 12 and 14 years old, about 2 years after breasts begin to grow. However, some girls start periods by 8 or 9 years old.

Periods occur because female ovaries release one egg each month. If this egg connects with sperm from a male penis, it grows inside her uterus into a baby. To prepare, her uterus builds a thick layer of tissue and blood. If an egg doesn't connect with a sperm, the egg and blood-like fluid leave the body through the vagina which is a period.

Bleeding usually occurs approximately once per month (28 days) and lasts 3 to 7 days. During the first two years periods may have heavier or lighter bleeding and there may be more or less time between bleeding. Usually, periods become more regular as a girl gets older.

A female remains physically strong during her period. There are no medical reasons to restrict usual activities. Continue bathing, swimming, cycling, physical education, work, and school. Eat a usual, well-balanced diet. There is no need to isolate from family or community.

Some females experience mild to strong cramping in their abdomen or back in the days near periods. Others notice breast tenderness, tiredness, mood changes, worsening pimples, constipation, or bloating. Manage symptoms with exercise, good nutrition, and enough rest. Use a warm cloth or bottle, gentle rubbing, or pain relievers.

A female can get pregnant anytime she has sexual intercourse. Having sex during periods does not prevent pregnancy. Always use protection during intercourse to prevent pregnancy. Unprotected sex during periods may also increase the risk of STIs/HIV/AIDS.

Seek advice from a health worker for period problems including heavy bleeding, too much pain, irregular periods more than 2 years after periods start, periods that start early (before 8 years old) or late (after 16 years old) or if you are sexually active and have missed or irregular periods.

Choose a sanitary product that is comfortable for you to manage periods. Common choices absorb blood after it leaves the vagina like clean cotton cloths, disposable or reusable menstrual pads, and gauze-wrapped cotton. Other choices like tampons and menstrual cups are inserted into the vagina to collect blood. These do not affect virginity. Only choose menstrual cups and tampons if very good washing facilities are available since they must be kept clean and inserted properly to prevent infection. Change all sanitary products at least 4 times a day to prevent infection.

Your first period always comes as a surprise. Know what to expect before your periods begin. Do not be afraid to ask for information and help. Once periods start, if unexpected periods or heavy bleeding cause bleed-through accidents, do not feel alone, ashamed, or embarrassed. If this happens often, seek support from a trusted adult.

Many communities and families treat menstruation as a secret matter. Women and girls suffer from stigma related to periods. Some AYS are not prepared to manage periods. Some cannot access sanitary products. Homes, schools, and communities may lack adequate toilets, clean water, and disposal facilities.

Support menstrual health to promote female rights to health, education, and dignity. Discuss periods openly. Normalize periods. *At home*, provide sanitary materials, soap, water, and a disposal pit. *At school*, ensure separate clean latrines for boys and girls with doors. Provide pits or an incinerator. Stock emergency sanitary pads and changing clothes. Encourage sharing of questions and experiences with friends, relatives, parents, VHTs, and teachers. Engage boys in discussions to help them understand the period experience and reduce teasing and bullying.

Points about Periods

- Periods are normal and healthy. They are not a sickness
- Irregular cycles in the first years are normal
- Talk about menstruation. It is not a secret
- Physical exercise is important
- Continue usual activities during periods
- Manage bleeding with pads or other products
- Exercise, warm cloths, rest, and pain medicine can relieve period pain
- A girl who has started periods can get pregnant

FOR HEALTH PROVIDERS

Tricky Questions

Can girls participate in usual activities during periods?

Yes, Menstrual periods are healthy and normal. There are no medical reasons why a girl cannot move about in public. It is healthy to participate in all usual physical activities during a period. Periods should be normalized, and girls should be supported to help them maintain good hygiene and use sanitary products appropriately.

Some cultural and religious groups (i.e., Muslims) have specific beliefs related to activities during menstruation.

Why do some young girls experience irregular menstruation?

Irregular periods are common when menstruation first starts during puberty. During their first years of periods, many girls notice longer or shorter time between periods. Some experience heavier or lighter bleeding. Seek care for a young girl if bleeding is very heavy or causes severe pain.

If a girl is sexually active and has irregular or absent periods, she could be pregnant and should seek health care. If a young girl has not had any sexual intercourse, she does not need to seek care for irregular periods unless the bleeding is very heavy or if she has pain. If irregular periods continue for more than 2-3 years after starting periods, see a health worker for assessment.

At what age does menstruation start?

Most girls experience their first period between 12 and 14 years old. However, some girls may start as early as 8 years old, and others may begin at 15 years old. Menstruation may start earlier in well-fed girls compared to girls who are leaner or do not have a healthy diet. Consult a health worker if periods start before 8 years old or do not begin by 16 years of age.

Does having sex during periods prevent pregnancy?

Having sex during periods does not necessarily prevent pregnancy. A female can get pregnant anytime she has sexual intercourse. Not all vaginal bleeding is a period. Because of this, always use protection to prevent pregnancy when having intercourse. Having unprotected sex during periods can increase the risk of acquiring sexually transmitted infections such as HIV.

Should girls talk about periods in public?

Yes, talking about periods is normal and should not be embarrassing. Encourage girls to share questions and experiences about menstruation with friends, siblings, parents, or other trusted adults such as VHT, teachers, or relatives.

How do I manage menstrual cramps?

Manage menstrual cramps with exercise, good nutrition, and getting enough rest. Use a warm cloth or bottle or gentle rubbing to soothe the lower abdomen and lower back. Mild pain relievers such as ibuprofen (top choice), or paracetamol also help with the discomfort.

Does early sex reduce menstrual cramps?

No. The timing of sexual activity does not reduce menstrual cramps. Menstrual cramps are a sign of ovulation.

If a dog licks a girl's used sanitary pad, does that mean she will never get pregnant?

No. There are many beliefs and myths about menstruation in all cultures that are false. Use garbage bins when disposing of sanitary products to keep the environment clean.

What are the best menstrual sanitary products for girls to use during their periods?

There are many different sanitary products available such as pads, tampons, and menstrual cups. The best product is the one that the girl is comfortable using. All sanitary products should be changed at least 4 times a day to prevent infection.

Should girls eat a special diet during menstruation?

No special diet is needed. They should eat a well-balanced diet as they would at any other time.

If a menstruating girl climbs a tree will the tree stop producing fruits?

No, menstruation cannot affect the ability of a tree to bear fruit. Fruits are part of a healthy diet for adolescents, including menstruating girls and women.

Healthy Relationships

- Seek healthy relationships where both people feel happy, safe, and respected.
- Unhealthy AY relationships can cause stress, violence, low self-esteem, or stigma.
- Settle disagreements safely and without violence.
- Enter an intimate relationship only when ready. Do not feel pressured or rushed.
- Talk to a trusted adult to improve or end an unhealthy relationship.



AYs have many important relationships with parents, family, friends, teachers, employers, and intimate (love) partners. Seek healthy relationships where both people feel happy, safe, and respected. Some AY relationships as an AY are intimate (love) relationships. Only enter an intimate relationship when ready. Do not feel pressured or rushed. Seek a healthy relationship. Avoid unhealthy relationships that cause stress, violence, or low self-esteem.

In a Healthy Relationship

- You show respect and feel respected
- One person does not control the other person. You ask each other what you want to do
- You settle disagreements safely without violence
- Each person's qualities are strengthened
- You share common interests but enjoy outside friends and activities too
- You don't feel forced to do anything
- You feel happy when together
- You feel safe around the other person. You want to keep them safe too

In an Unhealthy Relationship

- You do something even if you think it is not right
- Your partner does not let you succeed in school or other activities or makes you feel guilty
- Your partner blames you for their problems
- Your partner is jealous or controlling. They limit your time with other friends or family
- Your partner forces you to change your behavior, dress, hobbies, interests or personality
- Your beliefs, values, or boundaries are not respected

Unhealthy relationships can sometimes change. Strengthen a relationship through respectful interactions. Share thoughts and feelings openly. Listen to one another. Ask about each other's interests. Discuss shared interests, sports, or hobbies. Spend time outside the relationship. Participate in school, peer groups, and activities separately. Resolve disagreements with love and respect. Avoid intense anger, aggression, and violence.

Anger is a normal human emotion. Conflict in a relationship occurs when people have different beliefs, ideas, or interests. In a healthy relationship, anger is controlled and conflict is resolved in a non-aggressive way. Use soft words to describe angry feelings. Use 'I' statements. For example, instead of saying, 'You make me so angry,' say, 'I feel angry.' Express your opinion calmly. Listen to each other. Some small tips may help in situations of anger and conflict. Breathe deeply and slowly. Imagine a relaxing place. Count to ten before speaking. Walk away from the situation. Find a quiet space alone. Pray or meditate. If anger or conflicts are common or dangerous, talk with a trusted adult to improve or end an unhealthy relationship safely.

Violence & Bullying

- All AYs deserve to live free from violence, abuse, and bullying.
- AY violence and bullying in relationships, homes, schools, workplaces, and communities is unacceptable.
- AY violence and bullying can cause physical and emotional health effects.
- Talk to a trusted adult or health worker if you are being abused or bullied.
- Take an AY with a severe injury to the Health Centre immediately.
- Speak up and take community action to prevent AY violence and bullying.



Danger Sign:

- Severe injury

Violence is a major cause of injury, death, and emotional trauma for AYs. Every AY deserves a life free from violence, abuse, and bullying. AY violence occurs in relationships, homes, schools, workplaces, and communities. Most violent crimes occur between friends, people known to each other, and family. Violence risk increases when an AY shows aggressive behaviour, uses drugs or alcohol, is involved with a gang, frequently threatens others, or is withdrawn.

Violence affecting AYs includes child abuse, youth violence, and gender-based violence (GBV). **Child abuse** examples are beating, food deprivation, or burning. AYs living with disabilities are at increased risk. **Youth violence** mainly involves adolescent boys and young men. Examples are fighting, gang violence, and youth killing. **GBV** mainly affects adolescent girls and young women. Hitting, kicking, throwing acid, and burning are examples of *physical violence* and *emotional abuse*. *Sexual harassment* includes unwanted grabbing, coercion, threats, and sexual comments. *Sexual abuse* includes attempted rape, or rape, forced touching, or defilement. GBV can happen to anyone and is never the victim's fault.

Collective violence of one group against another can occur, including tribal or religious attacks, rebellions, terrorism, and war. Sometimes, AYs are specifically targeted or recruited, both males and females. **Bullying** occurs when someone uses their power to cause harm, fear, distress, or to control another person. Over time, AY bullying can lead to violence, school problems, sad feelings, isolation, or suicide. Bullying may occur one-on-one in person, in groups, or even online (cyberbullying). Bullying can happen in rural areas or cities, in schools, and in public places. Bullying risk increases for AYs who are perceived as different, such as living with a disability, non-local language speakers, with few friends, or perceived as lacking confidence.

Bullying may be **physical**, such as pushing, hitting, spitting, or tripping. Or it may be **verbal**, like name-calling, teasing, or threats. **Social** bullying means excluding, spreading rumors, or humiliating someone. **Cyberbullying** is bullying that occurs on digital devices. It is increasingly common. Examples are mean SMS texts, online rumours, or posting embarrassing or nude pictures. Cyberbullying can be extra harmful since messages spread very quickly and are hard to control.

Violence and bullying (and cyberbullying) are not a normal part of growing up. They are never okay. Everyone deserves to be treated with respect. Talk to a trusted adult or health worker if you are abused or bullied.

If an AY discloses violence and bullying, let them know you believe them. Be empathetic. Avoid judging. If an AY is facing violence now, help them leave the situation immediately. If you witness someone hurting another person, encourage them to leave the space and calm themselves if it is safe to do so. Otherwise, seek help from the authorities immediately. For a severe injury or recent (<72 hours) sexual assault, take them to the Health Centre immediately. For other reported abuse or minor injuries, attend a health facility once safe.

Speak up and take community action to prevent AY violence and bullying. Send a clear message that violence and bullying are never ok. Protect those at risk and experiencing violence and bullying. Let them know they are not alone. Support them to seek help. Safety is a top priority.

Gender-Based Violence (GBV)

- Females deserve to live free from gender-based violence (GBV). GBV is never acceptable.
- GBV can occur in dating, marriage, school, workplace, community, and families.
- Say 'no' to undesired sex or sexual advances at any time.
- Tell a trusted adult or health worker if you experience GBV.
- Take an AY with recent sexual violence or severe injury to the Health Centre immediately.
- *Speak up and take community action to reduce AY GBV.*



Gender-based violence (GBV) occurs when one person directs hurtful actions at another person because of their gender. GBV is rooted in gender inequality and abuse of power. Harmful cultural norms that make it seem acceptable for men to have power over women worsen GBV. AYs are especially at risk because they have low power and face a culture of silence and of obedience with older adults.

Usually GBV involves a male (man/boy) harming a female (woman/girl). GBV can occur in dating, marriage, school, workplace, community, and families. GBV often occurs between people who know each other or can occur between strangers. Abuse can occur in public or in private. GBV examples are verbal abuse (like sexual harassment, coercion, intimidation), physical abuse (like beating or battering), sexual abuse (like defilement, forced sex, rape, sex trafficking, forced prostitution), or other abuse (forced or early marriage, dowry-related violence, female genital mutilation).

GBV is serious and threatens health and lives. Initially, AY victims may be physically injured with cuts, broken bones, bruises, swelling, or vaginal or anal bleeding. Later, victims may experience depression, disturbed sleep, traumatic memories, disfiguring scars, or infertility. Some GBV victims die from suicide or violent death. AYs who witness GBV may be traumatized and experience mental health problems.

GBV can happen to anyone. AYs who are poor, disabled, lacking education, isolated, or living with substance abuse (self or others) are at higher risk. GBV risk for all females increases in communities that lack social support, police protection, health services, or are in crisis (i.e., pandemic) or political instability.

For Young Women: Decrease risk of dating violence through planning. Tell a trusted person where you are going, who you are with, and when you expect to return. Plan for safe travel home. Know how to communicate in case of an emergency. Avoid overuse of alcohol or drugs.

For Young Men: Respect AY females. Everyone (male and female) has the right to say 'no' to undesired sex or sexual advances at any time. A female who has overused alcohol or drugs is unable to consent for sex. If you are an AY male who feels like committing violence, stop. Leave the situation. Seek help.

If you experience GBV or feel threatened, flee if in immediate danger. Find a safe place to hide or call the police. Seek help from a trusted adult or a health worker to end an abusive relationship safely. If you have experienced GBV in the past, it is never too late to tell someone. Disclose when you are ready. Abuse is not your fault. Abuse is never okay.

If you see GBV occurring, seek immediate help from authorities. Take an AY with a severe injury or recent sexual abuse to the Health Centre immediately. For less recent sexual abuse or minor injuries, help an AY attend the Health Centre as soon as it is safe to do so.

If an AY discloses GBV, let them know you believe them. Be empathetic. Avoid judging. Identify available resources. Refer them for help. If they face GBV danger now, help them leave the situation immediately.

As a community, speak up and act to prevent AY GBV. Reduce stigma. Avoid victim-blaming. Model healthy relationships and anger self-management. Support violent people to change.

FOR HEALTH PROVIDERS

Manage Acute Sexual Violence

- Emphasize: respect, safety, privacy, confidentiality, and non-judgement
- Assess: ABCs, injury care
- History: focused, relevant
- Test: HIV, RPR, pregnancy
- Treat: cefixime, doxycycline; PEP, EC (<72h)
- Refer as necessary
 - Report
 - Follow-up and psychosocial support

Sexuality

- New feelings about sexuality and relationships are normal during puberty.
- Make informed and healthy decisions about if and when to become sexually active.
- Seek healthy relationships where sexual activity only occurs if both you and your partner consent.
- Say 'no' to sex or sexual advances at any time if undesired.
- Seek advice from a health worker to prevent STI/HIV/AIDS and unplanned pregnancy



Sexuality development occurs throughout life. Sexuality is complex and shaped by values, beliefs, emotions, personality, spirituality, and culture. *Gender roles* are how society tells us to behave based on our biological sex. *Sensuality* is how our body derives pleasure. *Body image* describes how we feel about our bodies. *Relationships* involve forming a loving, caring, trusting relationship with a partner. *Love* is an intense affectionate feeling for another person. Boys and girls become more aware of their sexual feelings during adolescence. New feelings about sexuality and relationships are normal during puberty.

Sexual intercourse occurs when an erect male penis penetrates a female vagina. If a tiny egg from a female joins a tiny male sperm which is travelling in the liquid made by the male, a baby may start to grow.

Deciding if and when to become sexually active can be confusing for AYs. Feeling curious about sex is normal. Make informed and healthy decisions. Sometimes, AYs hear warnings about the dangers of sex. Other times, media, songs, and peers make having sex seem common. Many AYs believe everyone else is having sex. Yet many AYs have never had sex. Deciding to have sex is a big step. Wait until you are ready. The right time is different for everyone.

Consider pregnancy, STI/HIV/AIDS, and emotions in decision-making. Take action to prevent STI/HIV/AIDS and unplanned pregnancy if sexually active or considering sexual intercourse. Higher-risk sexual behaviors include unprotected sex without a condom, early sexual activity, multiple sex partners, a high-risk partner, and sex trade work.

Seek a healthy relationship where sexual activity only occurs if both partners consent. A partner who does not respect a 'no' decision, may not be the right partner for you. Every AY, male or female, has the right to say 'no' to sex or sexual advances at any time. This is even true if someone has said 'yes' in the past to the same partner or to a different partner. No one should ever be forced or pressured to have sex. If that happens, do not blame yourself. Tell a trusted adult or seek medical and counseling help.

Reduce the risk of unwanted sexual encounters. Make informed decisions about your desire for abstinence or sexual activity in advance of encounters. Avoid alcohol and drugs. Take caution when others are using drugs and alcohol. Ensure safe travel in remote locations or at night.

Provide sexuality and FP information to help AYs make informed choices. Giving such information does not increase sexual activity. AYs with limited information may receive unreliable information, leading to poor choices. Encourage AY sexuality discussions with caring adults, parents, and health providers.

FOR HEALTH PROVIDERS

Tricky Questions

Does giving young people information about sexuality encourage them to have sex and engage in promiscuous behavior?

No. Providing information about sexuality, family planning, and post-abortion care is important to help AY make informed choices about their sexual health. Giving such information is not associated with increased sexual behavior. AY with limited access to information from credible sources often seeks advice from peers or the media, which may be inaccurate and unreliable, leading to poor choices.

Is it OK to masturbate?

Yes. Masturbation means touching your genitals for sexual pleasure. Masturbation is common and is normal in both male and female AY. It is a private activity. Masturbation won't harm you. Some AY masturbate, others do not.

Is the first sexual intercourse experience painful for a woman?

It may be, but not always--the degree to which a woman experiences pain with her first sexual intercourse varies. Sexual intercourse in the context of consensual and loving relationships may lead to pleasure for both partners.

Does labial pulling reduce a girl's chance of needing a future C-section?

No. Labial pulling does not reduce a woman's chance of delivering by C-section. Indications for C-sections are several and determined by health workers when a woman is in labour to ensure that the baby and mother are safe.

During puberty, labia naturally develop and enlarge to accommodate a safe vaginal birth. There is a lot of normal variation in labia shape and size.

Labial pulling is common in some Ugandan communities. To increase the length of the labia in adolescent girls following the start of menstruation, female family members (often paternal aunts) will begin the practice of regularly applying herbs and pulling the labia. Girls and their friends together may be encouraged to regularly pull the labia.

This is a cultural practice that is believed to enhance beauty and sexual pleasure. Labia pulling does not have any direct health benefits. Application of herbs during pulling may increase a girl's/woman's risk for genital infection. Considerations related to this practice include the pain involved in the process, swelling afterwards that might affect activity/walking, the sensitivity of genital touching at a vulnerable age by others, and the potential for emotional trauma.

Is female genital mutilation (FGM) a safe practice?

FGM involves the removal of portions of the external female genitalia or other injuries to the female genital organs. FGM is a harmful practice secretly performed in some communities in Uganda. It involves partial or total removal of the clitoris and labia minora. The FGM act 2010 in Uganda is a comprehensive law against FGM and this has reduced the incidence of FGM.

All forms of FGM carry no medical benefits. Instead, they may have immediate and long-term health complications such as bleeding, infection, urinary retention, UTI, and pelvic infections. Long-term complications may include infertility, excessive growth of scar tissue, and disfigurement. Women who have experienced FGM may experience sexual dysfunction. Prolonged and obstructed labor is another

complication, which may cause perineal scars, requiring extra incisions, leading to bleeding, obstetric fistulae, or fetal death.

Does an intact hymen mean a girl is a virgin?

No. Virginity is not related to the hymen.

The hymen is a membrane (soft piece of inner skin) located at the opening of the vagina and may have many different appearances. The opening in the hymen allows for the passage of menstrual blood.

Virginity is not related to the hymen. In some Ugandan communities, there are practices of conducting virginity checks before marriage; using how a hymen looks may be an unreliable way to assess virginity.

Many vaginas have a large opening while some may have smaller openings. The hymen also may tear due to a fall or other injuries related to the genitals.

How can I handle my sexual feelings?

Boys and girls become more aware of their sexual feelings during their teenage years. New feelings about sexuality and relationships are normal during puberty. Sexual feelings may be related to sensual feelings (body), relationships (forming a caring relationship with a partner), and love (intense affection for another person). Recognizing these feelings are normal is important and can eventually form the basis for a healthy relationship. Talking to a trusted adult about these feelings and emotions can be a support. Other healthy pursuits like sports and hobbies can help maintain strong relationships and healthy bodies and minds during the adolescent period.

Pregnancy

- Later and planned pregnancy reduces AY school dropout, poverty, stigma, and pregnancy complications.
- A girl who has unprotected sex can become pregnant even prior to her first period.
- Eat a balanced diet, get enough rest, and sleep under an insecticide-treated net during pregnancy.
- Attend antenatal care, prepare a birth plan, and deliver at the Health Centre even with no male partner.
- Support pregnant AYs, especially unmarried females.
- Speak up and take community action to reduce stigma.



Some young females find themselves pregnant before they wish to start a family. Unplanned pregnancy, especially for AYs, may lead to early school dropout and poverty, especially if partner, family, and community support is lacking. Too often, young mothers experience stigma and shame. Early pregnancy increases the risks of pregnancy complications for the mother and baby.

Prevent early and unplanned pregnancies through family planning (FP) information and services. Abstinence is the only way to fully avoid the risk of early pregnancy. Seek FP advice when abstinence is not realistic or wanted and pregnancy is not desired. Any female who has unprotected sex can become pregnant, even prior to her first period. FP advice for AYs is available from Health Centres.

Reduce the risk of unwanted sexual encounters. Make informed decisions about your desire for abstinence or sexual activity in advance of encounters. Avoid alcohol and drugs. Take caution when others are using drugs and alcohol. Ensure safe travel in remote locations or at night.

Provide extra support to AYs experiencing early or unplanned pregnancy, especially if lacking a supportive partner. Encourage a balanced diet, enough rest, and use of an insecticide-treated net during pregnancy. Support antenatal care attendance, birth plan preparation, and health facility delivery. Ensure a pregnant AY knows pregnancy danger signs and can find help quickly. Support her to breastfeed and care for her new baby.

Take community action to reduce stigma, blame, and shame. These lead to depression, anxiety, isolation, and poor health for the AY, her baby, and even her family. Support a young mother to be a contributing community member, achieve education, and the whole community can celebrate a healthy baby.

Family Planning

- Make informed choices about when to have children and how many.
- Family planning is safe for AYs.
- Access confidential AY family planning services at the Health Centre.
- Choose the family planning method that is best for you.



Access information and family planning (FP) services to prevent unplanned and early pregnancy. FP enables young couples to decide to have children or not, when to start a family, and how many children to have. Plan your family to ensure school, work, and relationship stability prior to having a child. Plan your family to ensure enough food, clothes, shelter, and school fees. Use FP to space children (at least 2 years apart) and promote health for mother and baby.

Health Centres offer confidential AY FP information and services. Many different FP methods are suitable for AYs including condoms, contraceptive pills, injections, implants, and intrauterine devices (IUDs). FP is safe for AYs. Use FY services if you are a sexually active AY.

Choose the best FP method for you. Some FP methods protect from STI/HIV/AIDS while others do not. Some methods may cause side effects. For example, some females experience mild nausea for a few weeks when starting contraceptive pills. Once the body is used to the tablets, the nausea goes away. Your health provider can advise about the normal side effects of different methods. Permanent FP methods (tubal ligation for women, vasectomy for men) are recommended for people who are sure they do not want more children and are not commonly chosen by AYs. With good FP information, AY females and males can choose a method that works best for them. In a stable relationship, FP works best when a couple makes FP decisions together.

AY FP Considerations

- How well does it prevent pregnancy?
- Does it protect from STI/HIV/AIDS?
- How much will it cost?
- How easy is it to use?
- Where can I get it?
- What are the advantages?
- What are the disadvantages?
- What side effects might occur?

Emergency contraception pills may prevent pregnancy if taken within 48-72 hours following unprotected intercourse. Once a pregnancy starts, emergency contraception pills cannot end the pregnancy. Seek advice from a Health Centre.

Sensitivity and confidentiality are especially important when discussing FP with AYs. Where possible, engage both partners in FP discussions.

FOR HEALTH PROVIDERS

AY Contraceptive Choices

Method	Pregnancy Prevention	STI/HIV Protection	Cost (some available at HF)	Ease of use	Availability	Potential Side Effects
Abstinence	100%	100% Protection	Free	++	+++	None
No Method	15%	None	Free	+++	+++	Pregnancy
Rhythm method	75%	None	Free	++	+++	Pregnancy

Withdrawal	78%	None	Free	+	+++	Pregnancy
Condom	82%	Best Protection	≤5000/Pack of 3	++	+++	Allergic reaction, pregnancy
Birth Control Pill	91%	None	6000/3 months	++	++	Irregular bleeding,
Depo-Provera	94%	None	≤5000/injection (3 months)	+++	+++	Irregular bleeding, amenorrhea
Implant	>99%	None	Not sold in Pharmacy (3-5y)	+++	+++	Irregular bleeding
Intrauterine Device (IUD)	>99%	None	Not available to purchase (5y)	+++	+	Heavy bleeding, cramps
Emergency Contraception	>95%	None	8000 per treatment (often out of stock)	++	+	Pregnancy

Reference: Canadian Contraceptive Consensus, 2015

Tricky Questions:

Does the withdrawal method of family planning prevent pregnancy?

The withdrawal method is a natural method of family planning. It occurs when a man withdraws his penis from a woman's vagina during intercourse just before he ejaculates (which is when fluid is expelled from the tip of his penis). Withdrawal prevents pregnancy about 80% of the time. This means that if a typical couple uses this method of family planning only, pregnancy will occur in about 1 in 5 women in a year of use. Compared to other common family planning methods, withdrawal is less effective.

The withdrawal method has some disadvantages:

- It has a high failure rate when a man fails to withdraw. The man controls whether to try to withdraw in time or not.
- A man produces pre-ejaculate fluid that may contain small amounts of sperm. Sometimes this fluid may lead to pregnancy even if he withdraws in time.
- The withdrawal method does not prevent STI/HIV/AIDS.

Can taking pills after intercourse prevent or terminate (end) pregnancy?

Emergency contraception pills can be taken following intercourse to prevent pregnancy from occurring when a man and woman/girl have had unprotected sex. The treatment must be taken within 48-72 hours after the sexual encounter. Seek advice from a Health Centre if emergency contraception is desired. Once a pregnancy has started, emergency contraception pills cannot be used to terminate the pregnancy.

Does the birth control pill cause weight gain? Or weight loss?

No. Recent research shows modern birth control pills do not affect body weight. Any woman who experiences weight changes when she starts using family planning that she thinks might be a side effect of FP should seek advice from a health worker.

Are IUDs safe for adolescents and young people to use?

Yes, IUDs are safe for use by adolescents and young people. An IUD (intrauterine device) is a reversible, long-term form of family planning that is inserted by a health worker. IUDs can provide contraception

to a girl/woman for up to 10 years, depending on the device type. Sometimes IUDs are also used to provide menstrual suppression or help to control menstrual bleeding or pain.

Do IUDs and implants migrate through the body?

No, neither move once they are in place. The end of an IUD is inserted into the uterus via the cervix, and it remains securely in place until it is removed. There is a short string that is at the opening of the cervix and can even be felt by the AY. Implants are inserted into the underside (inside) of the upper arm and remain tightly held in place by the skin. They are later removed from the same position.

Does using birth control at a young age impact a girl's future fertility?

No. Birth control use does not affect long-term fertility. Once birth control is stopped, a woman can become pregnant. Sometimes there may be a couple of months while her body adjusts to being ready for pregnancy. If a desired pregnancy does not come after stopping FP, consult your health provider who can help. Unwanted pregnancy can occur at any age so family planning may be a consideration for any sexually active younger or older woman who wishes to plan their family.

Does FP always affect menstruation?

No, many women and girls continue with regular periods. Some women who use FP experience heavier or lighter periods or notice changes in how long periods last. Others find their periods become more or less regular. Often, periods change especially during the first three months after starting a new method of family planning. A woman who experiences period changes that she thinks might be side effects of FP should seek advice from a health worker. Anytime there are undesired side effects of FP, another FP method may be a better choice for that woman.

Does FP cause side effects like heavier bleeding and cramping?

Heavy bleeding and cramping are uncommon, but possible side effects of family planning. Often changes in periods are most noticeable for the first three months after starting a new method of family planning, and then become less severe. Any woman who experiences changes that she thinks might be side effects of FP should seek advice from a health worker. Anytime there are undesired side effects of FP, another FP method may be a better choice for that woman.

Does FP cause cancer?

No. There is no significant linkage between family planning use and cancer. Some birth control methods actually reduce cancer risk for a woman later in life. Cancers are caused by a complex combination of factors such as genetics, environmental exposures, infections, and drugs.

Does FP reduce sexual desire?

Usually not. For many women, the relief of not worrying about unwanted pregnancy may actually increase sexual enjoyment. However, some FP planning methods may affect sexual desire in certain women. Any woman who experiences changes that she thinks might be side effects of FP should seek advice from a health worker. Anytime there are undesired side effects of FP, another method may be a better choice for that woman.

Can FP cause deformity in babies?

No. FP does not cause harm to the developing baby. Multiple factors may lead to deformities in children. Most deformities are genetically based and not because of anything that a woman did during her pregnancy.

Can birth control pills cause nausea?

Yes, nausea and vomiting may occur in some women who start birth control pills, especially during the first few weeks of use. Once the body becomes used to the hormones in the pills, the nausea goes

away completely. Some women find that taking the pill at bedtime reduces the sensation of nausea. If nausea does not go away after a few weeks, or if there are other symptoms that a woman thinks might be side effects of FP, should seek advice from a health worker. Anytime there are undesired side effects of FP, another method may be a better choice for that woman.

Can a condom go into the uterus and stay there?

No. Between the vagina and the uterus is a very tiny tube called the cervix which closes off the uterus and cannot allow a condom through. If a condom slips off and is no longer outside the vagina opening, it can be removed by the woman reaching just inside the vagina.

Is FP a sin?

Sin is defined by religious denominations. Some religions consider all or certain methods of FP to be a sin. Women or couples who choose FP may face questions or stigma from religious groups or even their own families. FP is a private and personal decision for all couples. AY who receive accurate health information can make healthy decisions about their sexuality and family desires.

Can an IUD or implant migrate through the body?

No. Between the vagina and the uterus is a very tiny tube called the cervix which closes off the uterus and cannot allow a condom through.

STI/HIV/AIDS

- Prevent STI/HIV/AIDS through abstinence, faithfulness to one partner, and consistent condom use.
- Male circumcision may reduce HIV spread.
- Attend STI/HIV/AIDS counseling and testing with a new partner before sexual intercourse.
- Seek STI/HIV/AIDS testing and treatment at the Health Centre.
- *Support AY living with HIV/AIDS in the community.*
- *Speak up and take community action to reduce stigma about HIV/AIDS*



Sexually Transmitted Infections (STIs) are infections passed from person-to-person by sexual contact. STIs spread through body fluids or skin touching skin. STIs are common in AYs including Human Immuno-deficiency Virus (HIV), syphilis, chancroid, genital warts, chlamydia, trichomoniasis, and gonorrhoea.

Some AYs with an STI experience no symptoms. Others complain of lower abdominal pain, vaginal or penis discharge, painful urination, vaginal itching, painful intercourse, genital swelling, sores, or warts. These symptoms are not always caused by an STI. Untreated STIs may cause serious infection, cancer, health problems for future babies, or make future pregnancy difficult.

Prevent STIs through abstinence, faithfulness to one partner, and consistent condom use. Abstinence from sexual activities is the only certain way to prevent STIs. Attend STI/HIV counseling and testing with your partner before sexual intercourse. If you and your partner both test negative for STIs/HIV and remain faithful to one another, STI/HIV risk is reduced. Reducing the number of sexual partners reduces STI risk. Male circumcision may reduce HIV transmission. Wear a condom correctly every time you have sex.

Prevent STIs/HIV Using ABCs

- **A**bstinence
- **B**e faithful
- **C**ondoms

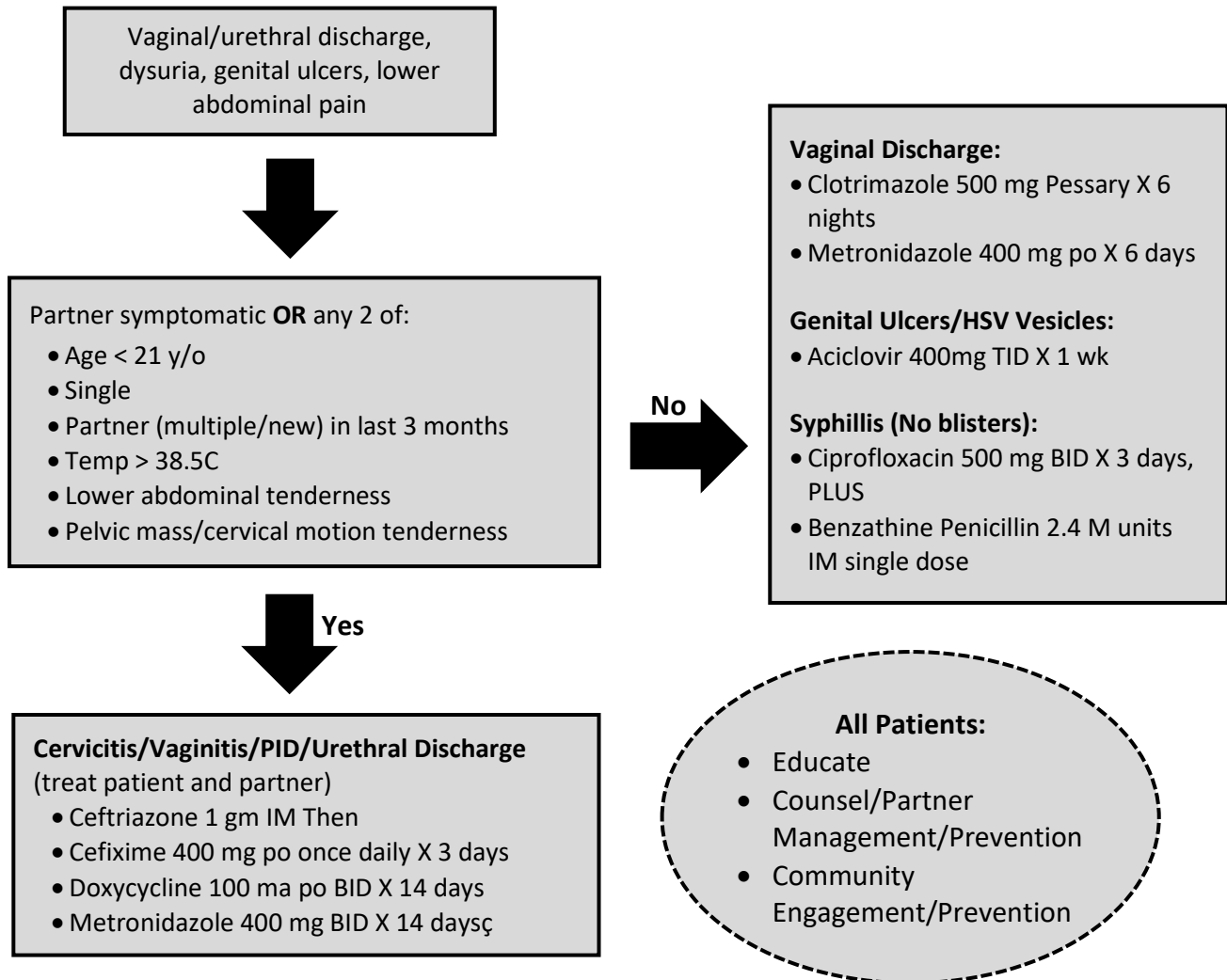
Seek advice at the Health Centre for STI symptoms or if at risk for an STI. You do not need symptoms to be tested. Treatment reduces illness and complications. Also treat a sexual partner to avoid reinfection.

HIV weakens body defenses against infections. Antiretroviral (ARV) medicines help AYs infected with HIV live long and healthy lives. As an AY living with HIV, take ARVs daily at the right time to stay healthy. Health Centres provide advice to AYs living with HIV/AIDS who are considering becoming sexually active. Refer a pregnant HIV-infected AY and her baby to prevent passing HIV to the newborn. Attend antenatal clinics for HIV/AIDS counseling. AYs living with HIV have the same rights as other AYs for love, health care, education, and food. Seek care early if you are infected with HIV and become sick.

AYs living with HIV/AIDS have special health and emotional needs. Provide support and take action to reduce stigma.

FOR HEALTH PROVIDERS

If testing for common STIs is not available, follow this 'Syndromic' Management algorithm (based on the Uganda Clinical Guidelines (2012)) and provide empiric treatment where indicated.



Tricky Questions:

Does urinating after intercourse prevent infection?

No. The best way to avoid infections is to use protection - such as condoms. Voiding after intercourse may reduce the risk of urinary tract infections in women.

Can you still get an STI if you don't have penetrative sex?

You can still get infections if you don't have penetrative sex. Infections can be spread by body fluids or by skin touching skin. Wearing condoms may reduce your risk.

Does someone need to first get symptoms before seeking treatment for an STI?

No, some STIs carry no symptoms and may continue to spread and cause complications in the body. If you are sexually active, it is important that you screen for STIs such as syphilis and HIV.

Does wearing two condoms prevent STI/HIV/AIDS?

No. This is not recommended as both condoms may fall off and increase the risk for infections.

If you only have one sexual partner, can you prevent HIV/AIDS?

HIV may be acquired through sharing sharp objects such as needles, blood transfusions, or sexual contact or from a mother to a child, at birth.

If both partners have tested negative for HIV and both remain faithful to one another, the risk of acquiring HIV/AIDS with a partner is reduced.

Does having an STI indicate that you are sexually active?

This is usually true since sexual activity is the most common mode of STI transmission. However, some STIs can be transmitted from mother to baby, such as HIV and syphilis.

Can kissing cause HIV/AIDS or pregnancy?

Kissing has a low risk of transmitting HIV if both partners do not have mouth ulcers, and both are free from infection. Kissing does not cause pregnancy. However, kissing may be a step towards sexual activity such as intercourse. If intercourse follows kissing, a pregnancy can occur.

Post-Abortion Care (PAC)

- Post-Abortion Care (PAC) services at Health Centres prevent AY death and complications from spontaneous or unsafe abortions.
- *Take an AY with a pregnancy or abortion danger sign to the Health Centre immediately.*



Danger signs:

For a female who is/was pregnant or had an unsafe abortion:

- Vaginal bleeding
- Severe lower belly pain
- Fever
- Foul-smelling discharge

Abortion occurs when a pregnancy ends either spontaneously or is induced. An **unsafe abortion** means an abortion is induced under dangerous conditions. An unsafe abortion occurs outside a reliable health facility and may use herbs, equipment, or medicine. A **spontaneous abortion**, sometimes called a *miscarriage*, happens naturally and is not the fault of the pregnant female.

The health consequences of unsafe abortions and spontaneous abortions may be serious, including severe bleeding or infection. If untreated, a girl or woman may lose the ability to become pregnant again, lose her uterus, or even die. She may experience fear, anxiety, shame, and depression.

Post-abortion care (PAC) is available at Health Centres to manage spontaneous abortions and complications. Early PAC can prevent long-term complications and a girl or woman may get pregnant in the future. All AYs may access PAC regardless of age, religion, and culture. Act quickly and access PAC service at Health Centres to manage abortion (spontaneous or unsafe), prevent complications, and save AYs lives.

FOR HEALTH PROVIDERS

Tricky Questions:

Can a girl/woman who has an abortion get pregnant again later in life?

Yes. A woman/girl who has had an abortion without any untreated complications may get pregnant in the future.

However, an induced (unsafe) abortion using nonmedical means (e.g., herbs) or an untreated complication of a spontaneous abortion (i.e., miscarriage) can lead to infections in the uterus or severe bleeding. If complications are severe, a girl may scar, lose her uterus, or could even die.

Take a pregnant woman or a woman who has had an unsafe abortion and who is experiencing a post-abortion danger sign to a Health Centre immediately.

Is abortion a sin?

Sin is defined by religious denominations. Some religions consider abortion to be a sin. Women who have experienced abortions may face stigma from religious groups.

Abortions are very personal. Support a woman/girl to make informed decisions about her body. Ensure privacy regarding her decisions. Offer counselling to women/girls making decisions about pregnancy and abortion. Ensure non-judgmental, private, confidential, and urgent care and

counselling following unsafe abortion. In cases where abortion is legal, direct and support a woman/girl to seek care. Any abortion and post-abortion care for miscarriages should occur only in a safe environment with support from trained professionals. Unsafe abortions have serious health risks.

Emotional Wellness

- New feelings, moods, and emotional experiences are normal during adolescence.
- Maintain good emotional health through exercise, hobbies, relaxation, and friendships.
- *Help AYs recognize, express, and manage their feelings and stress.*



New AY feelings, moods, and emotions are common and normal. Adolescence is a time of rapid brain development, hormones, and changes in friends, family, and school. Together these affect AY mood and heighten emotional response. AYs experience both positive and negative feelings more intensely than adults. AYs often make quick decisions swayed by their emotions.

Adolescence--An Exciting (and Confusing) Time!

- I care about what other people think
- I want more separation from my parents
- I am very interested in my friends
- I wonder, "Who am I?"
- I need more privacy
- I crave independence
- Sometimes, my family does not understand me
- Sometimes, I lose my temper
- My mood changes quickly
- I am starting to make decisions that affect my life!

Adolescence is a unique time to build skills, recognize special talents, and better understand who you are. Become more independent and confident while experimenting with different ideas, friends, and activities. Learn to identify and manage emotions and stress. Talk to a friend, parent, or trusted adult for stress or strong feelings (anxiousness, sadness, fear, irritability, anger) you cannot easily manage. This is not a sign of weakness. Spend time every day doing relaxing and enjoyable things. Spend time with people you like. Get regular physical activity. Participate in crafts, music, faith groups, or sports. Get involved in your community.

Avoid using alcohol or drugs to cope with stress or negative feelings. Substance use may worsen depression or anxiety, or cause addiction. Avoid quick decisions or actions. Picking a fight or riding fast on a motorcycle could put you and others at great risk of injury.

AY mood swings are common. However, lingering or extreme mood changes may be mental health problem signs. Changes in eating or sleeping, loneliness, school problems, or decreased activity interest are other signs. Sexual abuse, violence, neglect, or bullying may worsen stress and increase risk for mental health problems. Seek advice if you have mental health signs or have experienced significant stressors. Seek help from the Health Centre immediately if you have thoughts of hurting yourself or others.

Help AYs recognize, express, and manage feelings and stress. Provide extra support to AYs who have experienced trauma and stressors. Help AYs with signs of possible mental health problems access the Health Centre.

Alcohol, Drug Use & Gambling

- Alcohol and drug use and gambling often start in adolescence.
- Reduce substance use for healthy AY brain and body development.
- *Take an AY who has used alcohol or drugs and is now unresponsive to the Health Centre immediately.*
- *Support AYs and families experiencing alcohol, drug, and gambling problems.*



Danger Sign

- Not able to wake up following alcohol or drug use (overdose)

Alcohol and drug use affect how an AY sees, hears, tastes, smells, thinks, feels, and behaves. AYs use substances for different reasons. Some reasons are peer pressure, curiosity, boredom, fear, loneliness, low self-esteem, isolation, illness, abuse, neglect, or stress. Some AYs believe substances increase excitement or lessen hunger, pain, and sadness. *Substance abuse* is an unhealthy pattern of alcohol or drug use that causes problems with health, family, friends, school, or work. *Addiction* means an AY's body comes to need a substance regularly. Developing an addiction is complex.

Commonly Available Substances

- Alcohol: spirits (such as waragi), beer, home brews, concoctions (such as 'akandi')
- Drugs: khat (mairungi), cocaine, heroin, cannabis (marijuana, 'enjaga', 'enjayi')
- Tobacco: cigarettes, chewing tobacco, bidis, kuber, mijaji, msamba
- Inappropriate medication use: piriton, diazepam

Reduce alcohol, smoking, drug use, and gambling for a healthy AY brain and body. Substance use can slow brain development and reduce AY potential. An AY brain is at higher risk for addiction. AY substance use increases addiction risk later in life. Use may lead to poor sleeping, aggression, and violence. Injuries, family problems, anxiety, depression, or suicide may occur. Cancer, heart, breathing, and liver disease risk increases.

AYs experiencing substance use problems may have changes in eating, sleeping, and personality. They may perform poorly at school or work or lose interest in family and activities. Those with addiction are unable to stop drinking, smoking, or using drugs.

Alcohol and drug overdose or withdrawal can lead to death. Take an AY who has used alcohol or drugs and is now unresponsive (cannot be woken) to the Health Centre immediately.

Gambling means risking something in hopes of gaining something of higher value. Some AYs participate for fun. Others see gambling as an income source. However, gambling can be addictive. Gambling is a problem if it cannot be controlled and interferes with family relationships, work, or school. AYs addicted to gambling may experience depression, anxiety, and even suicide. Some AYs with gambling addiction also suffer from substance use problems.

Help AYs understand substance and gambling risks. Guide AYs to healthy choices. Be a good role model. Build AY skills and confidence to resist peer pressure, manage stress, and avoid high-risk situations. Encourage alternative AY activities in your community. When an AY has a substance or gambling problem, a whole family is affected. Family members often feel lonely, ashamed, afraid, angry, guilty, or hopeless. Intervene early and provide non-judgmental support for AYs and their families experiencing substance and gambling problems.

FOR HEALTH PROVIDERS

Intoxication Signs

- Alcohol: Drowsiness, slow/uncoordinated speech, aggression, disorganized behaviour, unresponsiveness.
- Cannabis: Red conjunctivae, delayed responsiveness, normal pupil size, aggression.
- Khat: Euphoria, alertness, elevated mood.

Intoxication Management

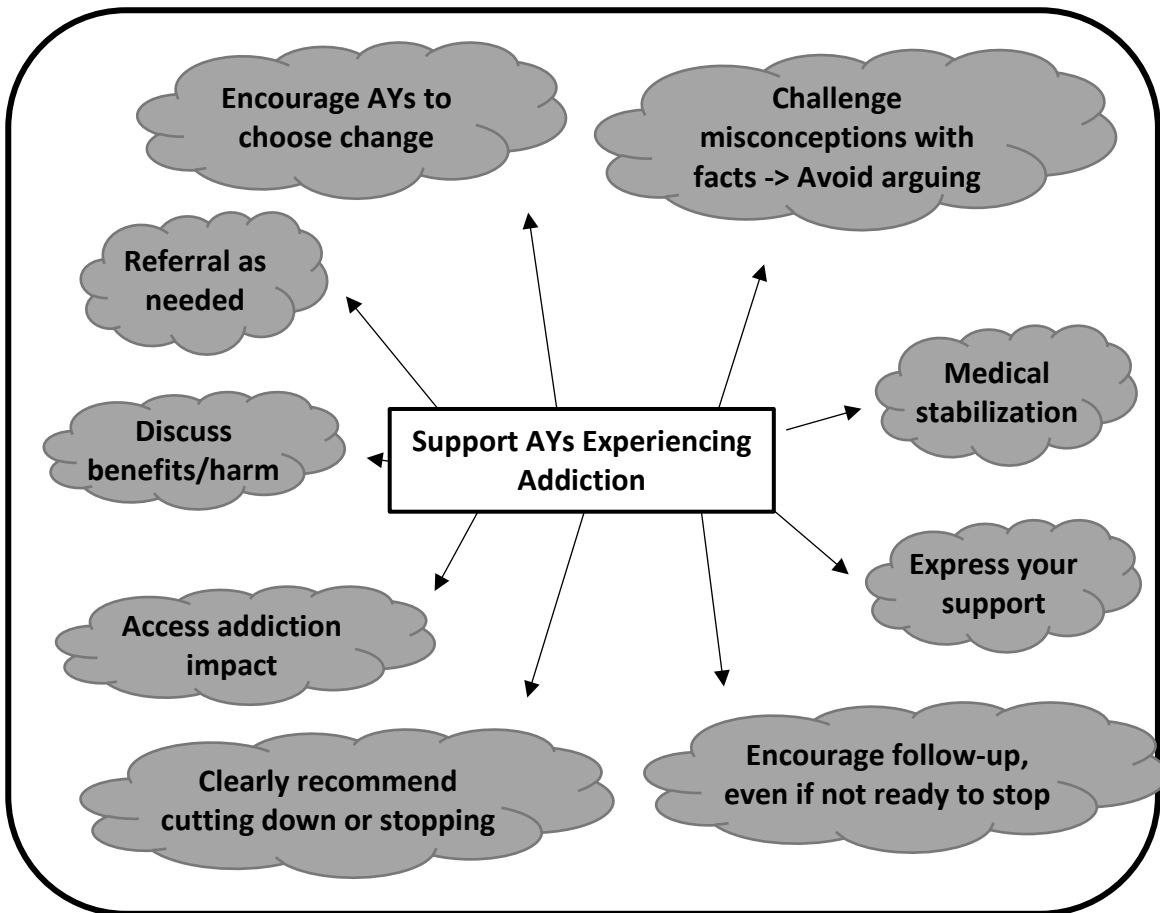
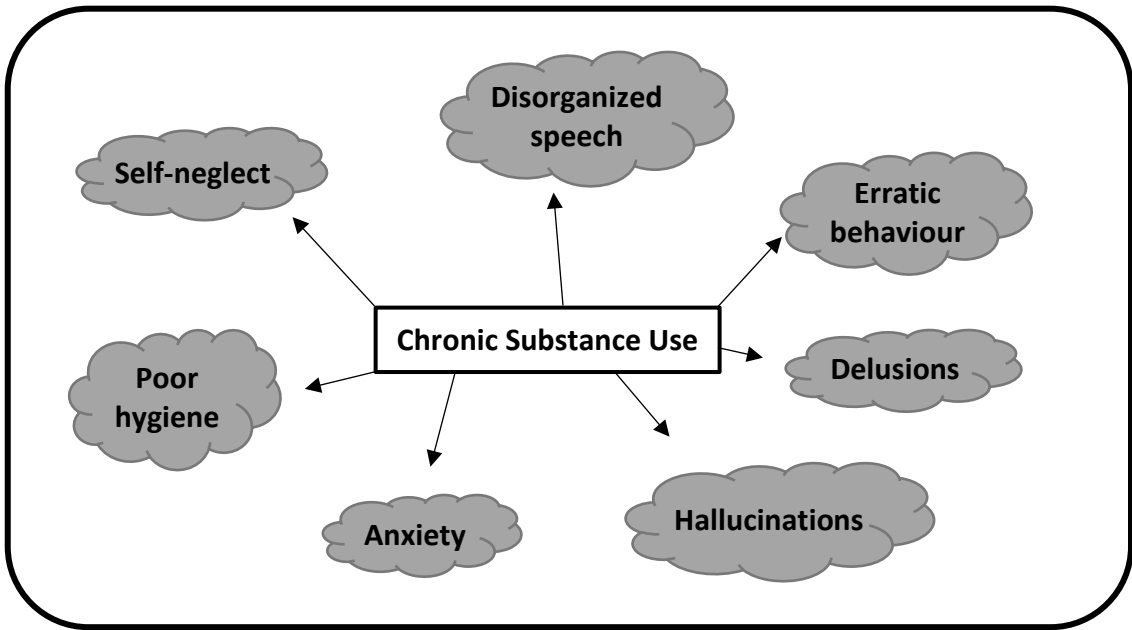
- Initial Assessment:
 - Check **Airway, Breathing, Circulation**
 - Pupils (cocaine-dilated; opioid-fixed/small)
 - If drowsy: Put in recovery position in case of vomiting
 - IV fluid as needed
- Initial treatment:
 - **Aggression** (any substance): Diazepam 5-10 mg IV
 - **Alcohol**: Thiamine 100mg IV, then 10% dextrose 250mL IV
 - **Cannabis**: Supportive management only.
- Call referral site for support/or urgent referral

Withdrawal Signs

- **Alcohol**: Anxiety, restlessness, muscle aches, visual hallucinations, formication (feeling crawling insects), poor sleep, seizures.
- **Cannabis**: Mood swings, anxiety, muscle cramps.
- **Tobacco**: Craving, anger, frustration, irritability, difficulty concentrating, insomnia, restlessness, anxiety, depression, hunger, or increased appetite.
- **Khat**: Cravings, depression, tremors, fatigue, increased appetite, irritability, hypersomnia, nightmares.

Withdrawal Management

- Initial Assessment: Check **Airway, Breathing, Circulation**
- Initial Treatment:
 - **Seizure**: Diazepam 10mg IV stat.
 - **Agitation**: Diazepam 5-10mg IV stat. If severe, add Haldol 5mg PO/IM once.
 - **Extrapyramidal symptoms (EPS)**--EPS side effects can be caused by Haldol including involuntary muscle contractions, facial movements, and stiff muscles. Give Artane 1mg tab PO stat.
- Call referral site for support and/or urgent referral



Mental Health Problems

- Mental health problems (such as depression, anxiety, and stress) often begin in adolescence.
- A mental health problem is a medical condition and can affect anyone. It is not caused by witchcraft.
- Seek advice from the Health Centre if you suspect a mental health problem. Counselling and treatment are available and effective.
- Take an AY who expresses thoughts or who attempts self-harm (suicide) or threatens harm to others to the Health Centre immediately.
- Support AY and families experiencing mental health problems. Take community action to reduce stigma about mental health problems.



Danger signs:

- Thoughts or attempted suicide or self-harm
- Thoughts or attempted harm to another person

Mental health problems change AY thinking, emotions, and behavior, leading to significant distress. An AY with a mental health problem has difficulty with usual home, work, or school activities.

A mental health problem is a medical condition caused by chemical imbalances or brain injury. Mental health problems may be caused by genetics (born with them), injury, or infection. They may be worsened by stress and the environment. Mental illness may affect any AY. Even AYs who are usually healthy, perform well at school, or are popular with friends can suffer from mental health problems.

A mental health problem does not mean weakness or lacking willpower. AYs do not choose to experience a mental illness. An AY with a mental health problem did nothing wrong to become ill. Parents do not cause a mental illness. Witchcraft does not cause mental health problems.

Mental health conditions often begin in adolescence. Some mental health problems start suddenly. Others may be mild or on-and-off for many years. Early signs may be confused with substance use or usual AY behaviours. AY moods or unusual habits that occur too often, continue over time, or are out of character may indicate a possible mental health problem. Other signs are poor school or job performance or problems with family and friends.

Depression, anxiety, and stress following severe trauma are common AY mental health problems.

Possible AY Mental Health Problem Signs

- Decreasing school attendance or decreasing grades
- Engaging in self-harm
- Engaging in risky or destructive behaviour
- Never hungry or always hungry
- Constant irritability, aggressiveness, anger, or rage
- Feeling very sad and hopeless
- Too much time alone. Not interacting
- Too little or too much sleep
- Difficult thinking, memory, and concentration
- Poor hygiene and grooming
- Lacking interest in activities previously enjoyed
- Can't stop smoking, drinking, or using drugs

Substance abuse and addiction are related to mental health problems. **Psychosis** means seeing or hearing things that are not there or disorganized speech and behaviour. **Mania** causes elevated mood, poor sleep, pressured speech, and erratic behaviour. These are less common in AYs.

Attend the Health Centre for signs of a possible AY mental health problem. Mental illness requires medical treatment just like other sickness. Care involves diagnosis, counseling, and sometimes medicines that improve chemical imbalances. Treatment

is important. Without care and support, affected AYs may resort to substance use or participate in dangerous or violent activities. An AY may feel so hopeless that they consider self-harm, hurt themselves (like cutting or burning their skin) or even plan or try to end their life. Thoughts or attempted suicide, self-harm, or injuring others are mental health danger signs. Take an AY with a mental health danger sign to the Health Centre immediately.

Talk to AYs showing signs of a possible mental health problem. Help them seek advice at the Health Centre. Support AYs experiencing a mental health problem. Ask about danger signs of self-harm and suicide. Asking will not make someone attempt suicide. By finding help for them, you may save their life.

Living with mental illness can be very difficult. Accepting help for a mental health problem requires strength and courage. With family, school, community support, and proper treatment, an AY with mental illness can get back to good health, live a productive life, keep a good job, have a healthy family, and contribute to their community.

Support families with an AY child, partner, or parent experiencing mental health problems. Often families and AYs experiencing mental problems feel lonely, afraid, angry, ashamed, guilty, or hopeless. Take community action to reduce stigma through education, compassion, and understanding.

Common AY Mental Health Problems

- **Depression** -> Extreme feelings of sadness, hopelessness, despair
- **Anxiety** -> Very high levels of nervousness, restlessness, panic
- **Severe Stress** -> Flashback memories, easily frightened, overwhelming guilt, shame; often follows trauma
- **Addiction** -> Uncontrollable or dangerous substance use or gambling

FOR HEALTH PROVIDERS

Acute Mental Health Problem Management

- Initial Assessment:
 - Check **Airway, Breathing, Circulation**
 - Consider differential diagnosis (i.e., HIV, hypo/hyperthyroidism, syphilis, epilepsy)
 - *****Suicide Screen*****
 - Ask about thoughts or intent to end life
 - Inquire about a plan, possible method, previous attempts
 - Asking does not increase suicide risk
- Investigations: HIV, Syphilis
- Initial Treatment:
 - **If Psychosis:** Tabs Haldol 5mg stat OR tab Chlorpromazine 100mg stat
 - **If Extrapiramidal symptoms (EPS):** EPS side effects from Haldol and antipsychotic medications may include involuntary muscle contractions, facial movements, and stiff muscles. For EPS, give Artane 1mg tab PO stat
 - **If Aggressive:** Tab Chlorpromazine 100mg stat
 - **If Suicidal or risk of harming others:**
 - Do not leave alone
 - Do not discharge without a safety plan
- Call referral site for support and/or urgent referral, especially if expressed self-harm or harm to others

Chronic Mental Illness Management

Depression:

- Tabs/caps Fluoxetine 20mg qam x 1/12
- DO NOT initiate antidepressants for mild depression or recent bereavement or if there is an identified medical cause for depression (i.e., thyroid, infection, epilepsy)
- Seek consultation prior to treatment if pregnant or breastfeeding

Anxiety/severe stress:

- Initiate psychosocial management
- Consult referral site or refer for further treatment

Mania:

- Tabs Carbamazepine 200mg bid x 1/12

Supporting AYS with Mental Health Problems

- Be respectful, show understanding, build trust
- Respect privacy
- Provide treatment options. Explain potential side effects
- Express a realistic and positive outlook
- Address psychosocial stressors
- Offer psychosocial support
- Ensure support networks and safety plan
- Check understanding

Tricky Questions

Does a person with a mental health condition have low intelligence?

No. Mental illness, like physical illness, can affect anyone regardless of intelligence, social class, income level, or age.

Do you only need to take care of your mental health if you have a mental health condition?

Everyone has mental health and can benefit from taking active steps to promote and improve their mental health.

Why is mental health important for teenagers? Don't all adolescents have mood swings caused by hormonal fluctuations? When youth act out, isn't that just a desire for attention.

It is true that mood swings can be common in AY due to changes in the developing brain. However, changes in mood that do not go away over time can be a sign of emerging mental health illness and should be brought to medical attention. Most mental illness begins in adolescence. Significant mental health illnesses, especially anxiety and depression, are common in AY. It is important to identify AY who are having mental health problems so they can receive treatment and support. Severe untreated mental illness can lead to:

- Suicide
- Substance abuse and addictions
- Violence and injury
- Poor school performance, employment performance, and problems interacting with family and friends

Can anything be done to protect people from developing mental health conditions?

Yes. The following can help protect AY from developing mental health conditions:

- learn social and emotional skills
- seek help and support early on for warning signs of mental health problems
- develop supportive, loving, warm family relationships
- have a positive school environment
- practice healthy sleep patterns.

Is a mental health condition a sign of weakness? I have heard that if a person were stronger, they would not have a mental health condition.

No, a mental health condition is not a sign of weakness. A mental health condition has nothing to do with being weak or lacking willpower. Anyone can develop a mental health condition. It is not a condition people choose to have or not have. In fact, recognizing the need to accept help for a mental health condition requires great strength and courage.

Can AYs who get good grades and have a lot of friends still get depression? It seems they have nothing to be depressed about.

Yes, even AYs who do well at school and who are popular with friends can suffer from depression. Depression is a common mental health condition in AY that results from a complex interaction of social, psychological, and biological factors. Depression can affect anyone regardless of their wealth, their marks, their friendships, or how good their life seems at face value.

Does bad parenting cause mental conditions in AY?

No. Mental health problems occur due to a combination of factors, including your genes. Many other factors – including poverty, unemployment, exposure to violence, and other adverse circumstances and events – may influence the well-being and mental health of AY, their caregivers, and the relationship between them. We should not blame parents if their adolescent children have mental

health conditions. We should support these parents, as they play a critical role in their adolescent's growth, development, and recovery from mental illness.

AY Psychosocial Screening

- Assess AY wellness and risk.
- The HEADSSS tool can guide your assessment.
- Use your judgment about time, place, and questions for each AY.



Psychosocial risk factor screening helps understand AY circumstances, lifestyle, risk factors, and physical and mental health. Knowing about the social environment of an AY can improve care, including for health promotion, diagnosis, treatment, and support.

Usual health related interviews may miss important AY factors. An acronym called HEADSSS (Home, Education/Employment, Activity, Drugs, Sexuality, Safety, Suicide/Depression) can guide quick and focused questions during an AY visit. HEADSSS is appropriate for most male and female AYs starting from 13 years old. Use all or some HEADSSS questions during usual formal conversations with AYs.

Ensure a comfortable, private, and confidential meeting space. Remind AYs that discussions together are always confidential unless there is a safety concern. Explain you will ask questions you ask to all AYs. For each HEADSSS topic, start with a general open-ended question. Based on the response, determine if further probing can help. See sample questions below. Cover some or all topics during an interview depending on the AY concern, how serious their condition is, and your available time. Adapt questions as needed for your setting and the AY characteristics. Ensure safety if you suspect a mental health problem, violence, family, or addiction concerns.

HEADSSS

- Home
- Education/Employment/Eating
- Activity
- Drugs & Alcohol
- Sexuality
- Safety
- Suicide/Depression

A black and white icon showing two stylized human figures sitting at a table, facing each other, representing a conversation or interview.

HEADSSS uses the first letters of some key areas you will use during conversations.

With practice, HEADSSS questions become easier, faster, and more comfortable. Remember, any conversation with an AY is better than no conversation. Do your best. These questions will help you provide the best care possible to your AY patients.

	Category	Opening Questions	Optional Probing Questions
H	Home	Where do you live and who lives there with you?	Tell me about your family situation in general. Is there anything you would like to change?
E	Education/ Employment	Are you currently in school or working?	How is school going for you? What are you good at? What is hard? Are you missing school? Is anything getting in the way of doing better? How is your job going? What are your goals for the future?
A	Activities	What activities do you enjoy during free time?	Who do you spend free time with? What things do you do with your friends?
D	Drugs	Some young people use or experiment with drugs, alcohol, or cigarettes. Have you or your friends tried them?	How often? Are you interested in stopping or cutting down?
S	Sexuality	Are you involved in a (love) relationship? If yes, have you ever had sex?	Have you been pregnant or worried you could be pregnant? Have you had an STI or worried about an STI? Do you feel pressured to do things you don't want to do? Have you pressured your partner?
S	Safety	Do you ever feel unsafe?	Does anyone do things or pressure you to do things you don't want them to do? Do you feel safe at home? At school? Have you been bullied? Have you bullied someone?
S	Suicide/ Depression	How is your mood now? Would you describe yourself as happy or depressed? Do you often feel nervous or stressed?	What makes you feel low or sad or stressed? Do you have problems sleeping? Have you ever thought of hurting yourself, ending your life or harming others? Have you acted on those thoughts?

Tricky AY Health Questions

- Share evidence-based facts.
- Identify and address harmful beliefs.
- Recognize your own bias.
- Be respectful. Avoid judging.
- Be brief, clear and concise.



Many AY health topics are sensitive and complex. Individuals, families, and communities may have strong beliefs about AY issues. Some beliefs are fact-based (based on evidence). Other beliefs are based on false information. Often there is much information and many different views on the same topic. AYs, parents, and communities may struggle to identify fact-based information. Beliefs arise from many sources including family members, peers, religious and community leaders, and media. Beliefs may affect how AYs choose to act and if and where they seek health services. Some beliefs strengthen AY health. Some beliefs cause harm and may make it challenging for AYs to seek care when needed. Other beliefs are neutral.

Challenging conversations and questions may arise about AY health topics. Use a clear and consistent approach to answering difficult questions. Remain calm and confident. Provide facts (including key messages) and not your own opinion. Practice answering hard questions. With fact-based information, AYs can stay healthy and thrive.

When asked a tricky question:

LISTEN carefully to the entire question. Stay focused.

TAKE A BREATH. ORGANIZE YOUR THOUGHTS. Breathing gives time to think. Allow yourself to feel uncomfortable. Soon the discomfort will go away.

REPEAT OR REPHRASE THE QUESTION. If someone speaks for a long time, think about their actual question. Simplify the question. Repeat it back. Use calm language if a question was asked with emotion.

ACKNOWLEDGE AN IMPORTANT QUESTION. Express gratitude when an AY asks for advice or information. Comment when someone is brave to speak up. Be honest if a question is uncomfortable.

BE BRIEF AND CLEAR. Focus on facts. Choose clear and simple words. Answer only the question asked. Avoid long lectures.

USE KEY MESSAGES. Use words from the key messages whenever possible.

REMAIN NON-JUDGEMENTAL. Recognize your personal beliefs and feelings. If you cannot answer a question comfortably using facts, find someone else to help.

BE HONEST. Admit when you don't know an answer. Refer to someone who can help or promise to find out and share what you learn.

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