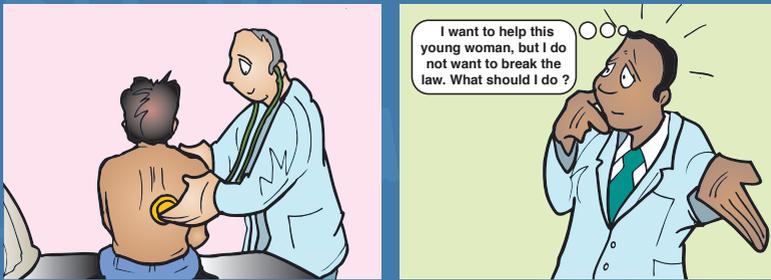


A HANDY DESK REFERENCE TOOL FOR
PRIMARY LEVEL HEALTH WORKERS

ADOLESCENT JOB AID



World Health
Organization

ADOLESCENT JOB AID

Department of Child and Adolescent
Health and Development (CAH)



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Contents

Introduction vii

- What is the *Adolescent job aid*? vii
- Who is the *Adolescent job aid* intended for? vii
- What is the purpose of the *Adolescent job aid*? vii
- What does the *Adolescent job aid* contain? vii
- How does the *Adolescent job aid* relate to other WHO guidelines? vii
- How is the *Adolescent job aid* organized? viii
- How is the *Adolescent job aid* to be used? viii

PART 1: The clinical interaction between the adolescent and the health worker 1

1. The special contribution that you could make to the health and development of your adolescent clients/patients 2
 2. Establishing rapport with your adolescent clients/patients 3
 3. Taking a history of the presenting problem or concern 4
 4. Going beyond the presenting problem or concern 5
 5. Doing a physical examination: 7
 6. Communicating the classification, explaining its implications, and discussing the treatment options 8
 7. Dealing with laws and policies that affect your work with your adolescent clients/patients 9
- Information that can be obtained from a HEADS Assessment 11
 - Sexual and reproductive health assessment 12

PART 2: Algorithms, communication tips and frequently asked questions 15

DEVELOPMENTAL CONDITIONS

- Delayed puberty: Male 16
- Delayed puberty: Female 20

MENSTRUAL CONDITIONS

- “I have a lot of pain during my periods” 24
- “I bleed a lot during my periods” 28
- “I have irregular periods/my periods have stopped” 32

PREGNANCY-RELATED CONDITIONS

“I do not want to get pregnant” 36

“Could I be pregnant?” 48

“I am pregnant” 52

GENITAL CONDITIONS (INCLUDING SEXUALLY TRANSMITTED INFECTIONS)

“I have a problem with the skin at the tip of my penis” (foreskin problems) 60

“I have pain in my scrotum/I have injured my scrotum” (acute scrotal pain) 64

“I have discharge from my penis/pain on urination” 70

“I have a sore on my genitals” (genital ulcer) 74

“I have a swelling in my groin” (inguinal swelling) 80

“I have an abnormal discharge from/burning or itching in my vagina”
(for non-pregnant women) 84

HIV

“Could I have HIV?” 94

OTHER COMMON CONDITIONS

“I have abdominal pain” 98

“I am too pale” (anaemia or suspected anaemia) 104

“I am tired all the time” 108

“I have a headache” 112

“I have a skin problem” 118

“I am too thin / too fat” 122

“I am too short” 128

“I have been attacked” 134

“I cannot see very well” 144

**PART 3: Information to be provided to adolescents
and their parents or other accompanying adults 151**

1. Healthy eating 153
2. Physical activity 156
3. Sexual activity 158
4. Emotional well-being 161
5. The use of tobacco, alcohol and other substances 164
6. Unintended injuries 167
7. Violence and abuse 170

Annexes 173

BMI tabulations chart 174

Height-for-age charts 176

BMI-for-age charts 178

Recommended immunization 180

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There were three phases in its development. The first phase was led by Dr Olukoya who developed the first version of the tool and field tested it in Botswana, South Africa and Zambia. Based on the feedback received, she worked with Dr Toun Dipeolou and Ms Melanie Pleaner to suitably modify it. The second phase of the tool's development was led by Ms Ferguson, after Dr Olukoya moved from the department. She worked with Linda Bruce to develop a revised version of the tool which was reviewed at a meeting of technical experts and front line workers. The third phase of the tool's development was led by Dr V. Chandra-Mouli. He set up an advisory group consisting of individuals with practical experience in working with adolescents, from four very different countries, representing four of the six WHO regions – Dr Swati Bhawe (India), Dr Pablo Gonzalez Aguilar (Argentina), Mr Jon Needham (United Kingdom) and Ms Melanie Pleaner (South Africa). Drawing upon their expertise, a fully revised third version of the tool was developed, with an algorithmic approach to case management. Dr Subidita Chatterjee made an enormous contribution to this. Following a field test in India, the tool was further strengthened. This effort was led by Dr Mick Creati (Royal Children's Hospital / Burnet Institute, Australia).

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The development of the *Adolescent job aid* has extended from 2002 to 2009. This long, drawn-out process helped to ensure that the tool responds to the expressed needs of front-line health workers working with and serving adolescents in both developed and developing countries, to whom it is dedicated.

Introduction

What is the *Adolescent job aid*?

It is a handy desk reference.

Who is the *Adolescent job aid* intended for?

It is intended for health workers who provide primary care services (including promotive, preventive and curative health services) to adolescents. These health workers include doctors, midwives, nurses and clinical officers. The *Adolescent job aid* takes into account the fact that in most settings health workers provide health services to children and adults in addition to adolescents.

What is the purpose of the *Adolescent job aid*?

Its purpose is to enable health workers to respond to adolescents more effectively and with greater sensitivity. To do this, it provides precise and step-wise guidance on how to deal with adolescents when they present with a problem or concern regarding their health and development.

What does the *Adolescent job aid* contain?

It contains guidance on commonly occurring adolescent-specific problems or concerns that have not been addressed in existing World Health Organization (WHO) guidelines (e.g. delayed menarche). It also contains guidance on some problems and concerns that are not adolescent specific but occur commonly in adolescents (e.g. sexually transmitted infections) and highlights special considerations in dealing with these conditions in adolescents.

How does the *Adolescent job aid* relate to other WHO guidelines?

It is consistent with and complementary to other key WHO guidelines including:

- *Integrated management of adolescent and adult illness*
- *Integrated management of pregnancy and childbirth*
- *Decision-making tool for family planning clients and providers*

How is the *Adolescent job aid* organized?

Following this introductory section, it contains three parts:

Part 1: The clinical interaction between the adolescent and the health worker

Part 2: Algorithms, communications tips and frequently asked questions

Part 3: Information to be provided to adolescents and their parents or other accompanying adults

How is the *Adolescent job aid* to be used?

Firstly, familiarize yourself with its contents.

Part 1: Go over the guidance that this part contains, carefully, thinking through its implications for your work. Where possible, discuss this with your colleagues.

Part 2: Go over the list of algorithms that it contains. Choose one presenting complaint that you commonly encounter in your work and go through the algorithm carefully, thinking through what it guides you to in the “Ask” and “Look/Feel/Listen” columns, in order to classify the condition. Then, go through how it guides you to manage each classification. After that, go over the information to be provided to the adolescent and the accompanying adult as well the responses to frequently asked questions.

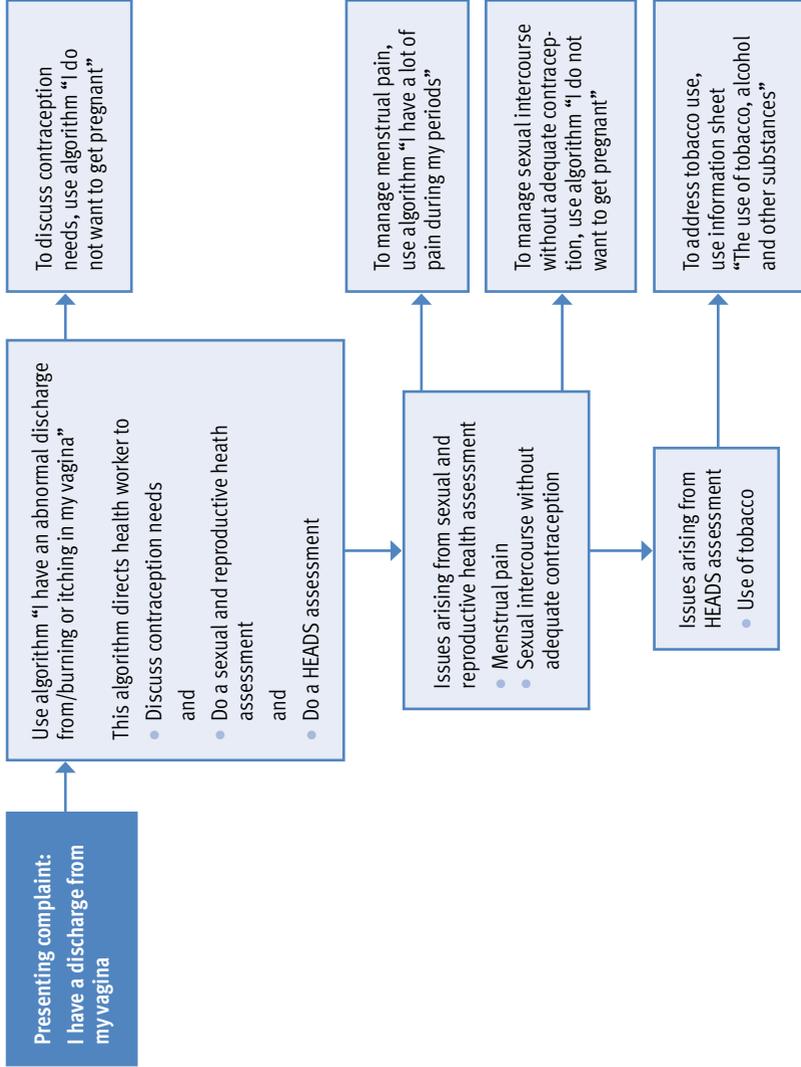
Part 3: Go over the list of topics that it contains. Choose any one topic and go over the messages it contains for adolescents and for their parents.

Secondly, begin using it in your work.

The starting point for each algorithm is the presenting complaint, either by the adolescent or by his/her parents. As you go through the “Ask” and “Look/Feel/Listen” columns, you are likely to be pointed to other algorithms to use. Go to them after you have completed the classification, defined the management approach to be used, provided information, and responded to questions, if any. In this way, the *Adolescent job aid* guides you to go beyond the presenting complaint to identify and deal with other problems that were not raised by the adolescent or his/her parents.

This is illustrated in the following chart.

Example of entry points for use of algorithms, accompanying communication tips and information sheets in the Adolescent job aid



When you start using the *Adolescent job aid*, take the time to go through each algorithm and the accompanying communication tips carefully. With practice, you will be able to do this faster. You will also learn which issues you will need to spend time on, and which ones you could go through quickly or even skip altogether.

Lastly, although the *Adolescent job aid* contains 24 algorithms and communication tips on commonly occurring presentations, it does not cover all the presenting complaints that adolescents come with. This means that from time to time you will need to manage adolescents using other guidelines.

part 1

- **The clinical interaction between the adolescent and the health worker**

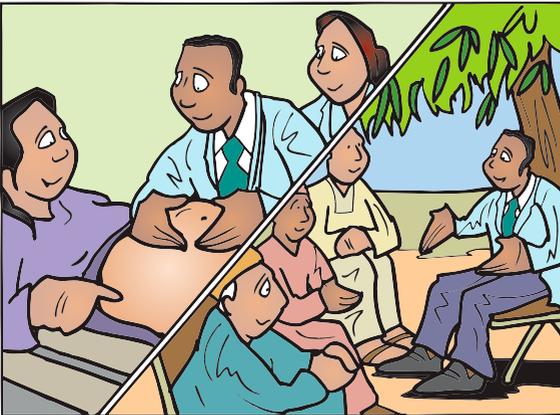
This part of the *Adolescent job aid* addresses the following issues:

1. The special contribution that you could make to the health and development of your adolescent clients/patients
2. Establishing rapport with your adolescent clients/patients
3. Taking a history of the presenting problem or concern
4. Going beyond the presenting problem or concern
5. Doing a physical examination
6. Communicating the classification, explaining its implications, and discussing the management options
7. Dealing with laws and policies that affect your work with your adolescent clients/patients

1. The special contribution that you could make to the health and development of your adolescent clients/patients

What you should be aware of:

1. Adolescence is a phase in life during which major physical, psychological and social changes occur. As they encounter these changes, adolescents have many questions and concerns about what is happening to their bodies. In many places, adolescents are unable to share their questions and concerns, and to seek answers from competent and caring adults.



2. While adolescence is generally considered as a healthy time of life, it is also a period when many behaviours that negatively affect health both during adolescence and later in life, start. Furthermore, many adolescents die every year – mostly from unintentional injuries (e.g. car crashes), intentional injuries (suicide and interpersonal violence) and pregnancy-related causes.

3. Health workers like you have important contributions to make in helping those adolescents who are well to stay well, and those adolescents who develop health problems get back to good health. You can do this through:

- providing them with information, advice, counselling and clinical services aimed at helping them maintain safe behaviours and modify unsafe ones (i.e. those that put them at risk of negative health outcomes);
- diagnosing/detecting and managing health problems and behaviours that put them at risk of negative health outcomes; and referring them to other health and social service providers, when necessary.

Health workers like you have another important role to play – that of change agents in your communities. You could help community leaders and members understand the needs of adolescents, and the importance of working together to respond these needs.

2. Establishing rapport with your adolescent clients/patients

What you should be aware of:

1. Some adolescents may come to you of their own accord, alone or with friends or relatives. Other adolescents may be brought to see you by a parent or another adult. Depending on the circumstances, the adolescent could be friendly or unfriendly with you. Also, depending on the nature of the problem or concern, the adolescent could be anxious or afraid.



2. Adolescents may be reluctant to disclose information on sensitive matters if their parents or guardians, or even spouses are also present.

What you should do:

1. Greet the adolescent in a cordial manner.
2. Explain to the adolescent that:
 - you are there to help them, and that you will do your best to understand and respond to their needs and problems;
 - you would like them to communicate with you freely and without hesitation;

- they should feel at ease and not be afraid because you will not say or do anything that negatively affects them;
 - you want them to decide how much they would like to involve their parents or others;
 - you will not share with their parents or anyone else any information that they have entrusted you with, unless they give you the permission to do so.
3. If the adolescent is accompanied by an adult, in their presence, explain to the accompanying adult that:
- you want to develop a good working relationship with the adolescent. At some stage you may need some time to speak to the adolescent alone.

3. Taking a history of the presenting problem or concern

What you should be aware of:

1. Many adolescent health issues are sensitive in nature.
2. When asked by health workers about sensitive matters such as sexual activity or substance use, adolescents may be reluctant to disclose information because of fears that health workers may scold or mock them.

What you should do:

1. *Start with non-threatening issues:* Start the clinical interview with issues that are the least sensitive and threatening. The *Adolescent job aid* algorithms contain many direct questions that health workers need to ask to determine classification and subsequent management. However, if you were to ask an adolescent, “Are you sexually active?” without first establishing rapport, the likelihood of obtaining any answer, let alone a true answer will be low. It is usually best to start with some introductory questions (e.g. about the adolescent’s home situation) before proceeding to more sensitive topics such as sexual and reproductive health. Then when one is ready to commence questioning about sexual and reproductive health, it is best again to start with the most non-threatening questions before proceeding to the more sensitive ones.
2. *Use the third person (indirect questions)* where possible: It is often best to ask first about activities of their peers and friends rather than directly about their own activities. For example, rather than ask an adolescent directly, “Do you smoke cigarettes?” you could ask, “Do any of your friends smoke?” If the adolescent replies, “Yes”, you could then ask, “Have you ever joined them?” This can lead to other questions such as, “How often do you smoke?” etc.

3. *Reduce the stigma around the issue by normalising the issue:* An adolescent who has an unwanted pregnancy or a sexually transmitted infection may feel embarrassed or even ashamed. You can reduce the stigma around the issue by saying to the adolescent that, “I have treated a number of young people with the same problem you have”.

What you should be aware of:

Even with adequate training, many health workers are uncomfortable discussing sensitive matters with anyone, whether adults or adolescents.

What you should do:

1. The first step in dealing with this is being aware of the issue, and then trying to overcome it. It may be useful to reflect that your discussions with the adolescents, although uncomfortable, will help you identify their needs and address their problems. It may also be useful to discuss your thoughts and feelings with a colleague.

2. Learn as you go along. In the beginning, you may use the questions listed in the *Adolescent job aid* as they are written. With time you may choose to modify them, using words and phrases that you are more comfortable with and a more relaxed conversational style. You will also find that you will get faster with practice, and will learn which issues to spend time on, and which other issues you can address quickly.



4. Going beyond the presenting problem or concern

What you should be aware of:

1. When adolescents seek help from a health worker, they tend to volunteer information about the health problem that seems most important to them (i.e. the presenting complaint). They may have other health problems and concerns but may not say anything about them unless directly asked to do so. In such a situation, the health worker is likely to deal with the presenting complaint only (e.g. fever and cough) and go no further thereby missing other existing problems.

2. Further, adolescents may not volunteer information about a health problem or concern because they may be embarrassed or scared to do so, or because they may not be comfortable either with the health worker or the situation they are in.

What you should do:

You could consider using the HEADS assessment which could assist you to:

- detect health and development problems that the adolescent has not presented with;
- detect whether the adolescent engages in behaviours that could put one at risk of negative health outcome (such as injecting drugs or having unprotected sex);
- detect important factors in their environment that increase the likelihood of their engaging in these behaviours.

In this way, you would get a full picture of the adolescent as an individual and not just a case of this or that condition. It would also identify the behaviours and the factors in the adolescent's environment to address – yourself and in conjunction with other health and social service providers.

The HEADS assessment is structured so that you can start the discussion with the most non-threatening issues. It starts by examining the home and the educational/employment setting. It then goes on to eating, and then to activities. Only then does it deal with more sensitive issues such as drugs, sexuality, safety and suicide/depression.

See the listing of “Information that can be obtained from a HEADS assessment” towards the end of this part of the *Adolescent job aid*.

HEADS is an acronym for

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

If time does not permit you to do a full HEADS assessment, you will need to prioritize which sections of the HEADS assessment to do. You may choose to prioritize the sections which are most related to:

- Presenting complaint:
If an adolescent presents with an injury after a fall while drinking alcohol, you may prioritize the “Drugs” section of the HEADS assessment.

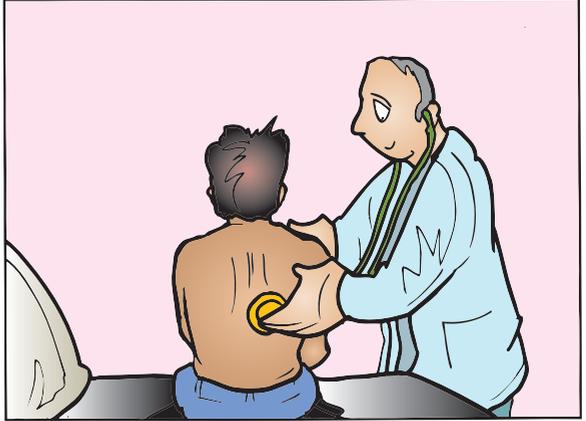
and/or

- Important health issues in your local area:
If you are working in an area of high HIV prevalence you may prioritize the “Sexuality” section of the HEADS assessment.

5. Doing a physical examination:

What you should be aware of:

1. In order to make a correct classification, all the signs listed in the Look/Feel/Listen column of the algorithms need to be carefully checked for.
2. Some items in a physical examination are unlikely to cause embarrassment (e.g. checking the conjunctivae for anaemia); however, some other items are likely to do so (e.g. checking the vagina for the presence of abnormal discharge).



What you should do:

1. Before doing a physical examination:
 - If the adolescent is with an accompanying person, reach an agreement as to whether they want this person to be present during the examination.
 - Inform the adolescent about what examination you want to carry out and the purpose of the examination.
 - Explain the nature of the examination.
 - Obtain the consent of the adolescent. (If the adolescent is below the legal age of being able to give consent, you will need to obtain consent from a parent or guardian. However, even if you have obtained consent from a parent or guardian, you should not proceed with the examination unless the adolescent agrees).

As part of the physical examination check the following things:

- Temperature
- Pulse rate
- Presence of anaemia
- Presence of jaundice
- Presence of lymphadenopathy
- Presence of obvious over/under-nutrition
- Any abnormal health and lung sounds
- Any evidence of swellings or tenderness in the abdomen
- Presence of teeth and gum problems
- Presence of skin problems

2. During an examination:

- Respect local sensitivities regarding gender norms (e.g. whether it is appropriate for a male health worker to examine a female patient). If needed, ensure the presence of a female colleague during the examination.
- Ensure privacy (e.g. make sure that curtains are drawn, doors are shut and that no unauthorized person enters the room during the examination).
- Watch for signs of discomfort or pain and be prepared to stop the examination if needed.

6. Communicating the classification, explaining its implications, and discussing the treatment options

What you should be aware of:

1. Informing your adolescent patients about the classification and explaining its implications for their health can help them become active partners in protecting and safeguarding their health.
2. Informing them about the different treatment options and helping them choose the one that matches their preferences and circumstances will increase the likelihood that they will adhere to the treatment.



What you should do:

1. When you have made a classification, you will need to communicate it and explain its implications to the adolescent.

Before doing so:

- check whether they want to have the parent or other accompanying person present.

While communicating:

- demonstrate your respect and empathy to the adolescent through your speech and your body language (e.g. if the adolescent is with a parent or another accompanying person, address them);
- use language and concepts that they are likely to understand;

- periodically assess their understanding (e.g. by asking them to say in their own words what they understand about an issue).
2. Provide information on the implications of each treatment option and help the adolescent choose the one best suited to his/her needs.

While doing this:

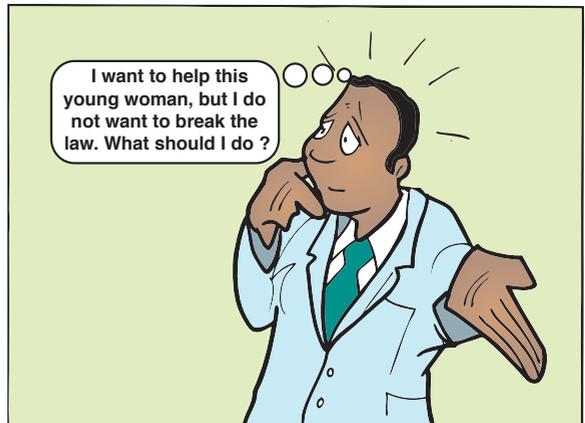
- present all the relevant information;
 - respond to questions as fully and honestly as you can;
 - help them choose;
 - respect their choice even if it is not the one you would have wanted them to make.
3. When providing medication, explain why they need to take it, and when and how they need to do so. If prescribing medication, make sure that they will be able to find the money to buy it.

7. Dealing with laws and policies that affect your work with your adolescent clients/patients

What you should be aware of and do:

1. Ensure that you are fully aware of the national and local laws and policies.
2. Where appropriate, help your adolescent patients and their parents become aware of them.
3. As a health worker, just like all other citizens of your country, you have the responsibility to respect these laws and policies. As a health

worker, you have an ethical obligation to act in the best interests of your adolescent patients. In your work with adolescents, you may find that in some situations, prevailing laws and policies may not permit you to do what is in the best interests of your adolescent patient (e.g. in some places, the provision of contraceptives to unmarried adolescents is illegal). In such situations, you may need to draw upon your experience and the support of caring and knowledgeable people to find the best way to balance your legal obligations with your ethical obligations.



I. Laws and policies that govern health service provision:

- laws and policies that specify the age at which diagnostic tests (e.g. an HIV test) or clinical management (e.g. provision of contraception) can be done with the independent consent of the adolescent;
- laws and policies on requirements to report infections (e.g. HIV) or assault (e.g. physical or sexual assault);
- laws and policies that require partner notification (e.g. in the context of a sexually transmitted infection);
- laws and policies that require a health worker to use government-approved standards and guidelines for clinical management.

II. Laws and policies on social issues that could affect your work with adolescents:

- laws and policies on protecting and safeguarding minors;
- the stipulated age of consent for sex and the stipulated age of marriage (and any discrepancies between the two);
- the stipulated age at which tobacco and alcoholic products can be sold or purchased;
- laws and policies on the possession and use of psychoactive substances;
- laws and policies on homosexuality.

Information that can be obtained from a HEADS Assessment

Home	<p>Where they live</p> <p>With whom they live</p> <p>Whether there have been recent changes in their home situation</p> <p>How they perceive their home situation</p>
Education/ Employment	<p>Whether they study/work</p> <p>How they perceive how they are doing</p> <p>How they perceive their relation with their teachers and fellow students/employers and colleagues</p> <p>Whether there have been any recent changes in their situation</p> <p>What they do during their breaks</p>
Eating	<p>How many meals they have on a normal day</p> <p>What they eat at each meal</p> <p>What they think and feel about their bodies</p>
Activity	<p>What activities they are involved in outside study/work</p> <p>What they do in their free time – during week days and on holidays</p> <p>Whether they spend some time with family members and friends</p>
Drugs	<p>Whether they use tobacco, alcohol, or other substances</p> <p>Whether they inject any substances</p> <p>If they use any substances, how much do they use; when, where and with whom do they use them</p>
Sexuality	<p>Their knowledge about sexual and reproductive health</p> <p>Their knowledge about their menstrual periods</p> <p>Any questions and concerns that they have about their menstrual periods</p> <p>Their thoughts and feelings about sexuality</p> <p>Whether they are sexually active; if so, the nature and context of their sexual activity</p> <p>Whether they are taking steps to avoid sexual and reproductive health problems</p> <p>Whether they have in fact encountered such problems (unwanted pregnancy, infection, sexual coercion)</p> <p>If so, whether they have received any treatment for this</p> <p>Their sexual orientation</p>
Safety	<p>Whether they feel safe at home, in the community, in their place of study or work; on the road (as drivers and as pedestrians) etc.</p> <p>If they feel unsafe, what makes them feel so</p>
Suicide/ Depression	<p>Whether their sleep is adequate</p> <p>Whether they feel unduly tired</p> <p>Whether they eat well</p> <p>How they feel emotionally</p> <p>Whether they have had any mental health problems (especially depression)</p> <p>If so, whether they have received any treatment for this</p> <p>Whether they have had suicidal thoughts</p> <p>Whether they have attempted suicide</p>

Sexual and reproductive health assessment

Here is an example of how a health worker may do a sexual and reproductive health assessment.

Menstrual history

- Have your periods started yet? If so, how old were you when your periods started?

Pain during the periods

- Do you have pain with your periods?
- Does the pain prevent you from carrying out your daily activities?
- What do you do to ease the pain?

Excessive bleeding during the periods

- How many days do your periods last when they come?
- How many pads (or equivalent) do you use a day?

Regularity of the periods

- Are your periods regular? Do your periods come at the same time every month?
- How many days are there normally between your periods?

Knowledge about sexuality

- Have you learned about sexuality at school, at home or elsewhere?

Note: Probe to find out whether the adolescent is knowledgeable about basic anatomy and functioning, menstruation, pregnancy and contraception, and sexually transmitted infections. Do this using questions tailored to the age, level of development and circumstances of the adolescent.

Sexual activity

- Depending on the context, ask whether their friends have boyfriends/girlfriends, and then whether they do so themselves.
- Again depending on the context, ask whether their friends have had sex, and then whether they have done so themselves. (Be aware that the word “sex” may mean different things to different adolescents. Probe about penetrative sex, e.g. “Does he touch your genitals only?” and “Does he put his penis in your vagina/mouth?”)

Pregnancy and contraception

- Do you know how one could get pregnant?

- Do you know how one could avoid getting pregnant?
- Are you currently trying to get pregnant?
- Are you currently trying to avoid getting pregnant?
- If so, what do you do to avoid getting pregnant?
- Do you know about contraceptive methods?
- If so, do you use any contraceptive method?
- Have you had sex in the last month?
- Is your period delayed? Have you missed a period?
- Do you have any of the following symptoms of pregnancy: nausea or vomiting in the morning, and swollen and sore breasts?
- When was the last time you had sex?

If sexually active... Sexually transmitted infections

- Do you know what a sexually transmitted infection is?
- Do you do anything to avoid getting a sexually transmitted infection?
- Do you know about condoms? Do you use them when you have sex? If so, do you use them always? If not, why not? Where do you get condoms?
- How many sexual partners have you had in last three months?
- Have you ever had an infection: genital sore, ulcer, swelling or discharge?
- If so, have you received any treatment for this?

