WORKING WITH ADOLESCENTS

Polokwane, 28 September 2013
WORKING WITH ADOLESCENTS

- WHO defines adolescence as 10-19 years
- Divided into sub-periods (early, middle and late)
- Rate of change only exceeded in infancy
- American Association of Paediatrics says that all adolescents should know their status
- Commonly delayed
- Cognitive level of development e.g. can participate in treatment decisions
- Physical and emotional maturity – sexual activity and transmission risks
## WORKING WITH ADOLESCENTS

<table>
<thead>
<tr>
<th>ETHICAL PRINCIPLE</th>
<th>Description</th>
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<tbody>
<tr>
<td>Autonomy</td>
<td>Sexual partner has the right to know</td>
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<td>Beneficence</td>
<td>Disclosure to the partner may encourage safer sex</td>
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<td>Non-Malfeasance</td>
<td>There could be other sexual relationships with the risk of spreading HIV. There may be multiple partners</td>
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<td>Justice</td>
<td>Partner has the right to know the risk of having unprotected sex</td>
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- SA law does not say if a HCP should disclose a child’s HIV status to their sexual partner (HSRC, 2012)

- Ethical Guidelines for Good Practice with regard to HIV in the healthcare professions

HPCSA (May, 2008)
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Health Professions Council of SA:

- Encouragement to disclose status to sexual partners
- Use discretion taking into account risk to partner and risk of violence (e.g. Sexual violence as a result of disclosure).
- Consider the rights of all concerned
- If partner disclosure takes places against patient’s wishes HCP must tell the patient of his/her intention and take full responsibility for the disclosure
WORKING WITH ADOLESCENTS

<table>
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<tr>
<th>Health Professions Council of South Africa Guidelines:</th>
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<tr>
<td>1. Counsel the patient on the importance of disclosure to sexual partner and taking measures to prevent transmission</td>
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<td>2. Provide support to the patient making a disclosure</td>
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<td>3. Counsel the patient on their ethical obligation to disclose to partner</td>
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<td>4. If patient continues to refuse then counsel partner on HIV status of patient and assist them to undergo testing and access to treatment if necessary</td>
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<td>5. After disclosure follow up with the patient and partner to see if self disclosure may have resulted in adverse consequences. If so intervene to assist patient appropriately</td>
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<td>6. Recognise ethical dilemmas</td>
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ONWARD DISCLOSURE
DISCLOSURE

Why is it so important?

*Prevent transmission*
- Risk taking behaviours often begin during adolescence

*Preserve own health*
- Treatment adherence
- Avoid re infection
- Avoid drug and alcohol abuse
DISCLOSURE

Obtain necessary knowledge and tools

- Partner disclosure
- Condom negotiation

Access services:

- Psychosocial support

Make informed choices

- Correct and consistent condom use
- Delay sexual debut
HIGH PERCENTAGE OF NON-DISCLOSERS

REASONS INCLUDE:
- Abandonment
- Rejection
- Stigma (need to fit in)
- Physical and emotional abuse
- Breaches of confidentiality
DISCLOSURE

- Onward disclosure associated with:
  - More positive outcomes
  - Lower stress levels
  - Less disease-related rumination
  - Increased social support
  - Better relationships
  - More self competence
DISCLOSURE

Can you help?
Using the disclosure steps

1. Acceptance of status (good future orientation)
2. Knowledge of HIV (information, support)
3. What is the likely response (questions to test the water)
DISCLOSURE

4. Telling (build communication skills, use role play, develop skills).

5. Post-disclosure support (discuss experience, provide support if negative; if positive availability of HCP; education)

(Kapery, 2013)
# DISCLOSURE

**Guidelines**

1. Why do you want to tell this person your HIV status?
2. Why do you feel this person needs to know about your status?
3. Will this person understand about confidentiality?
4. What are the advantages of telling this person?
5. What are the disadvantages of telling this person?
6. Are you likely to regret having told this person?
7. Down the line, might you regret not having said anything sooner?

(Wiener & Lyon, 2006)
RIGHT TO SEXUAL AND REPRODUCTIVE HEALTH

- Have the right to quality health care
- Often not a reality especially in case of sexual and reproductive health services
  - Denied access
  - Made to feel uncomfortable
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Children’s Act:
- Lowers age at which children can access sexual and reproductive healthcare services
- Enables children over the age of 12 to obtain condoms
- Enables such children to obtain contraception other than condoms without parental consent
- Allows children of 12 years or below with sufficient maturity to consent independently to HCT
- Entitles such children to exercise the right to confidentiality
YOUTH FRIENDLY SERVICES

- Drug supplies and equipment to provide essential service package
- Conducive physical environment
- Information, education and communication consistent with service package
YOUTH FRIENDLY SERVICES

National Adolescent Friendly Clinic Initiative framework:

- Management system supports effective provision of the essential service package for adolescent friendly services
- The clinic has policies and processes to support the SRH rights of adolescents
YOUTH FRIENDLY SERVICES

- Accurate physical assessment
- Individualised care based on standard service delivery guidelines
- Systems in place to train staff to provide adolescent services
THANK YOU