

## **Adolescent Sexual Health for Paediatric Primary Care** **Recommendations of the Adolescents Health Care Working Group EAP 2009**

**Paediatricians should bear in mind that adolescents have rights.** Sexuality is an integral part of the personality of every human being. Sexual health therefore is a fundamental right. This includes the rights of adolescents to sexual education, to counselling and access to confidential high quality services. Children and adolescents should be protected against any form of violence.

Paediatricians at all levels of care should become **generally more involved in adolescent sexual health issues.** This applies to their medical knowledge and to the daily inpatient and outpatient service of acutely ill and chronically ill adolescent patients.

Paediatricians should increase **their awareness for specific problems of adolescent girls and boys.** They should learn about appropriate approaches to communicate with adolescents on subjects such as friendships, feelings and sexual health in order to help them to develop healthy attitudes and behaviours. They should have **knowledge and skills for age specific gynaecological and andrological problems and therapies.**

Paediatricians should **routinely examine the genitals** of girls and boys in well babies-, children-, and youth checks respecting their privacy, their cultural and religious sensitivities in an appropriate way. Under special circumstances examination of the anogenital region is an important step in the recognition of sexual abuse.

**Paediatricians should help to facilitate access to contraceptives of all kinds without restrictions including emergency contraception.**

There is clear evidence that this approach does not encourage adolescents to early sexual activity. Easy access to and knowledge about contraceptives of all kind including emergency contraception clearly reduces teenage pregnancy rates and sexually transmitted diseases.

Paediatricians at all care levels should attend adolescents in a **youth-friendly atmosphere.** This means adequate infrastructure with privacy, adequate service hours, youth friendly communication by all members of the team. The providers must not moralize to adolescents.

Paediatricians should **promote and support effective sexual education** in wherever it is performed, i.e. in schools, community facilities or in their practices. Working in networks in the community is useful to strengthen appropriate services for young people. The materials used for sexual education can also often be used/ adapted/ distributed in ambulatory paediatric care.

**Cooperation between gynaecologists and paediatricians** is important for the best treatment of adolescent girls with gynaecological problems. In case of referral, paediatricians should choose the gynaecologist with the best sensitivity for the specific age group.

**Further scientific cooperation between gynaecologist and paediatricians** with respect to the best care for adolescent girls is necessary. Good practices include cooperation in national societies and the establishment of working groups with shared interests. In congresses, further CME should be offered to gynaecologists and paediatricians.

Paediatricians should be aware of and use specific approaches to **talk to boys and young men** about their gender role and responsibilities. This may stimulate a change in attitude towards non-violent behaviour and **safer sex.**

(Gottfried Huss)