



cians to disseminate information on how to combat the onset of the disease through such things as diet, lifestyle and awareness.” — © *David Square*

Complexity of problems changing face of adolescent health care

School problems, family breakdowns and other stresses take a high toll on teenagers, the founder and director of the Teenage Health Unit at Montreal's Jewish General Hospital says. Dr. Michael Malus says half of all visits to the clinic involve psychological problems such as anxiety, depression and suicidal tendencies.

Sexual issues are also a major concern among adolescents. Malus says that when clinic staff visit local high schools to answer anonymous written questions, half the questions are about sex. “Teens are the second most sexually active segment of the population, after 20- to 24-year-olds, but they get more STDs, they use fewer condoms, they combine sex with alcohol and they are a ‘surge’ group for AIDS.”

Malus says family physicians need to address sexual issues with these patients. This can be difficult when the doctor has known the entire family for years, but “if you ask their permission to discuss their sex lives, teenagers are often eager to ask questions.”

His unit, which grew out of a 1985 research project into the delivery of health care to adolescents, gets several thousand visits a year. “When we visit schools, we hand out cards with a 24-hour number when we leave. We tell teens they can come to us if they don't have another doctor, or if there is an emergency at night or on weekends.” The hot line currently receives about 3000 calls a year.

A walk-in clinic is held early each morning and evening, allowing teens

to raise topics ranging from drug-related issues — these account for about 5% of visits — to a variety of medical problems such as acne and sports injuries. Thirty percent of patients have concerns related to sex, including contraception, STDs and abortion.

Confidentiality is stressed. When a parent accompanies the patient, the doctor sees the parent and teen together, the adolescent alone, and then both together again. Malus suggests that “this is something physicians should start when the child is about 11 to 13 — ask the mother to leave the room for a few minutes and let the child know that he or she has private access to the doctor.” — © *Janice Hamilton*

Nova Scotia town tackles teenage-sexuality issue

Art Pope, the mayor of Kentville, NS, made headlines last year when he told his town council that he was distressed by the number of young girls in his town who were having children. He wondered if the town should get involved in educating its young people.

Pope probably wasn't aware of a program in Amherst, another small Nova Scotia town, when he made his comments. That project, run by the Amherst Association for Healthy Adolescent Sexuality (AAHAS), is an innovative program involving researcher Dr. Donald Langille, a faculty member at Dalhousie University. Designed to address adolescent health issues, the community-focused project is attempting to improve the sexual health education and other services available to Amherst's young people.

The 2-year pilot study, which receives funding from the National Health Research and Development Program, has enjoyed strong support from parents, teachers, the media,

town council and religious community. (A Baptist minister has chaired the board that helps coordinate the project's activities.)

Teachers, parents, guidance counsellors and students are participating in a review of the sexual health curriculum in order to improve education programs, and communication workshops are available for parents.

Amherst's pharmacists and physicians are also working together to produce accurate and “user-friendly” information about contraception for young people, and a teen health centre has opened in the Amherst Regional High School. It provides general health education and services, including pregnancy testing and information about contraception, and distributes condoms. Local physicians provide the centre's referral service and volunteer time to support its operation and help develop its policies.

Public response has been positive. Surveys indicate a high level of awareness and support for AAHAS activities. There has been little public criticism, and the consensus appears to be that Amherst residents believe better sexual health education will help adolescents make better choices about sexual issues.

The project has pinpointed a number of significant problem areas, including the need to respond appropriately to the serious health and social issues associated with high-risk sexual activities among young people. Every year, 4% to 5% of Nova Scotia females aged 15 to 19 have pregnancies that end in delivery, miscarriage or therapeutic abortion. These data have been a major impetus in designing the project's objectives.

Langille says the success enjoyed by AAHAS should serve as a valuable lesson to those who decline to take action on controversial issues because they fear public resistance. — © *Dorothy Grant*