

Dating, meds and hating maths:

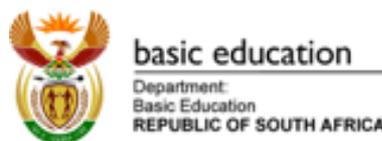


Predictors of ART adherence and sexual risk for HIV+ teens

L Cluver, R Hodes and the Mzantsi Wakho team, UCT and Oxford

POLICY IDENTIFIES A NEED: 2013

- 1.2 million HIV+ adolescents in Southern Africa.
- 7-60% adherence to ART (systematic review)
- 27-50% use of condoms (systematic review)
- Morbidity, mortality, onwards HIV-infection



BRINGING IN THE EXPERTS



- Identify risk and protective factors for ART adherence and access to SRH services.
- Understand ‘lived experiences’ of ALHIV.
- Collaborate with ALHIV, policy and staff: designing tools to improve ART adherence and sexual health.

GAME TIME

6. Who is your favourite sports player?

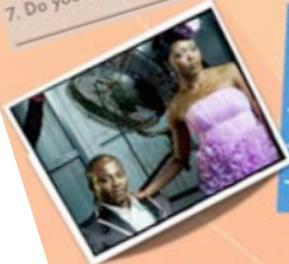


7. Do you support a team?



8. What are your favourite soapies?

- 1
- 2
- 3



9. Which soapie star are you most like?

10. Why are you like them?

15

‘Andiwe knows he is supposed to take his ARVs every day. Even if he tries his best sometimes unexpected things get in the way and prevent him from taking them.... This is not his fault’.

RESEARCH PLANS AND REALITIES

Qualitative ethnography (2013-2016, led by Dr R Hodes, UCT)

- N=150 youth, healthcare providers, families
- 18 months of home, school and clinic observations

Quantitative longitudinal panel study (2014-2018)

- N=1513 adolescents, **1028 HIV+**, **483 HIV-**
- Every adolescent who ever initiated ART in an urban/rural health district of the Eastern Cape: 43 health facilities
- Community-tracing, 3-year longitudinal tracking
- Clinical and interview data, standardised questionnaires
- MW+: Adolescents pregnant/new moms: **50+**

Teen workshops (2015-2018)

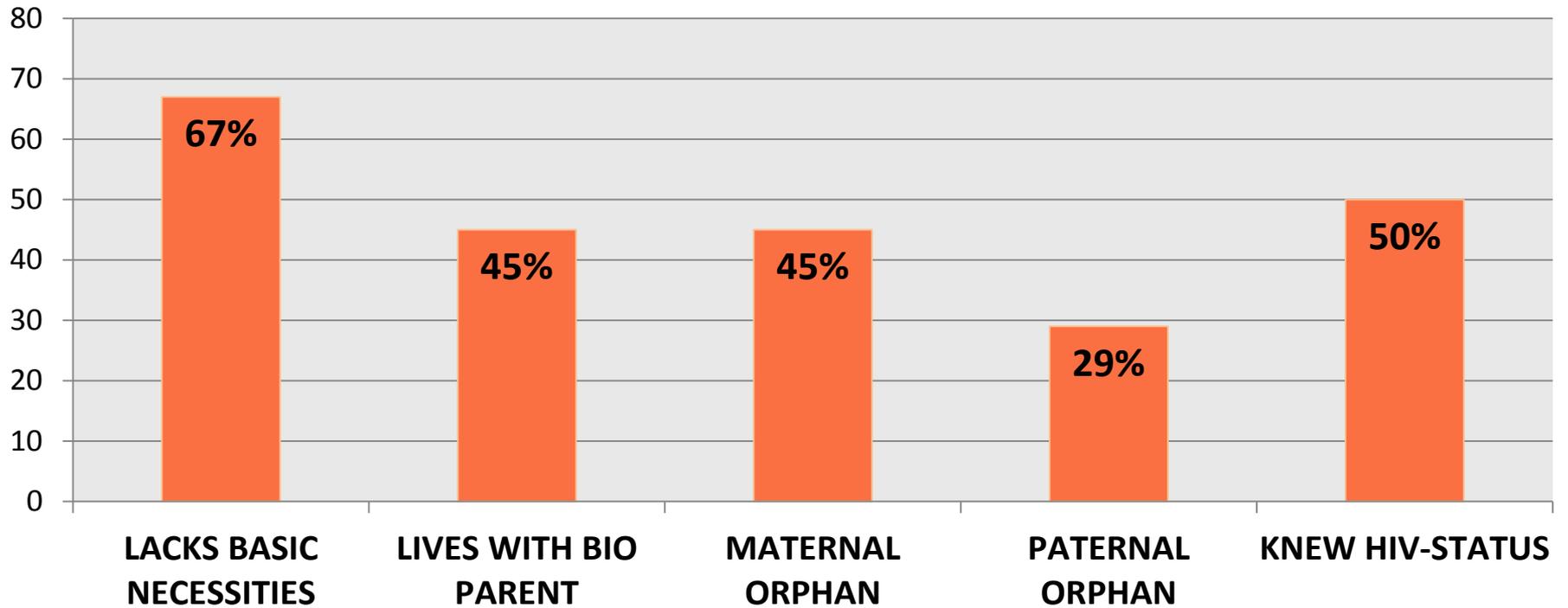
- Designing own tools for adherence and SRH
- Dream clinics & consultations
- Working with All In, DREAMS and SA Adolescent and Youth Health Policy

- False names and addresses
- Ethics – sampling and HIV-stigma
- Multiple child rape cases
- Child abuse: few social services
- Dangerous roads/neighbourhoods
- Cognitive delays
- Intermittent electricity



- Children dying, vicarious trauma
- Clinic files and VL testing rates
- Complexity of disclosure
- Political volatility

WHO ARE OUR SAMPLE?

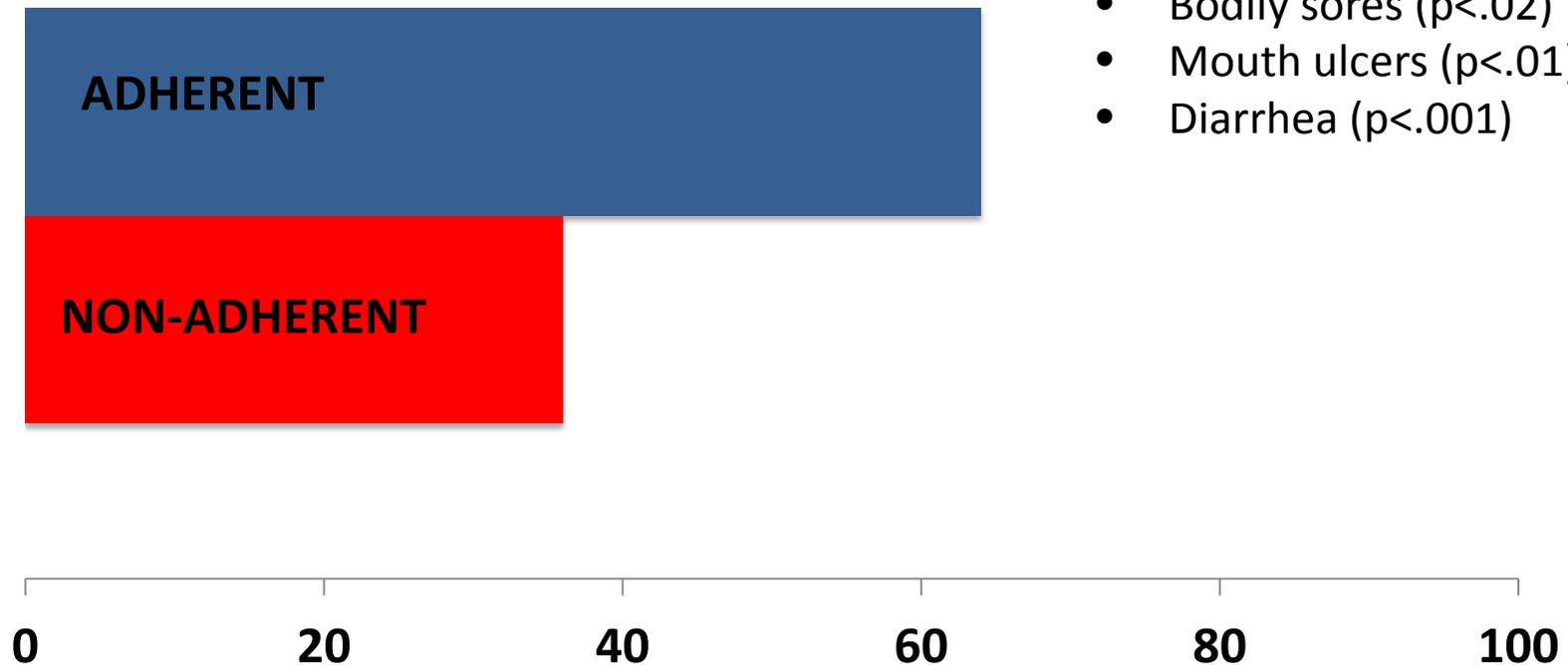


INITIAL FINDINGS (first 860 ALHIV)

PAST-WEEK NON-ADHERENCE TO ART: 35% (SELF-REPORT)

Symptom validation:
significantly associated:

- CD4 <500
- Bodily sores (p<.02)
- Mouth ulcers (p<.01)
- Diarrhea (p<.001)



PREDICTORS OF NON-ADHERENCE (early analyses n=861)

(SEPARATE LOGISTIC REGRESSION CONTROLLING FOR SOCIODEMOGRAPHICS, THEN MODELLED PERCENTAGE PROBABILITIES)

Medication side-effects *OR (95% CI)*
2.3 (1.8-3.0)

Hunger **1.9 (1.3-2.6)**

Abuse **1.7 (1.2-2.4)**

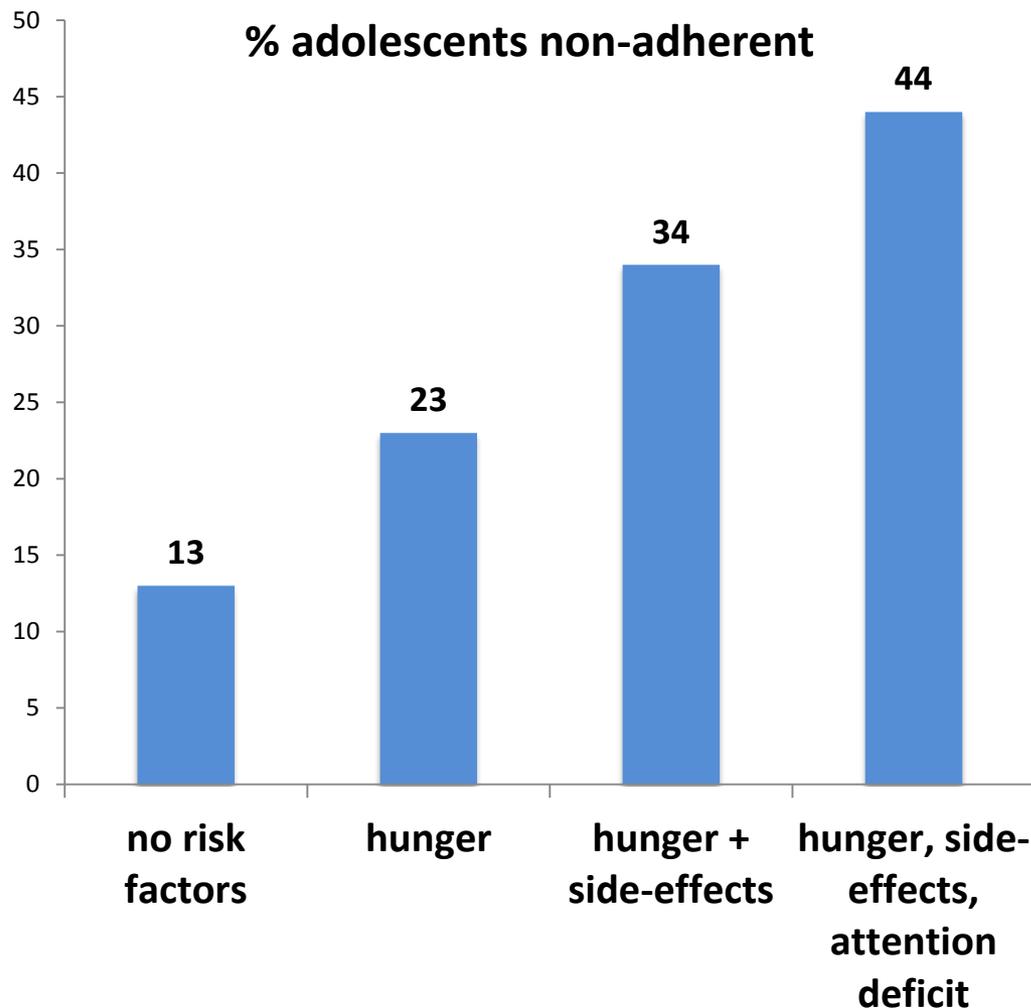
Domestic violence **1.7 (1.2-2.5)**

Depression **1.5 (1.2-2.1)**

Cognitive delay **1.3 (1.0-1.7)**

Behavioral problems **1.9 (1.4-2.6)**

Stigma **1.1 (1.0-1.2)**



WHAT HELPS ADOLESCENT ADHERENCE?

(SEPARATE LOGISTIC REGRESSION CONTROLLING FOR SOCIODEMOGRAPHICS, THEN MODELLED PERCENTAGE PROBABILITIES)

Link with **Adherence** *OR (95% CI)*

Free school meals **1.3 (1.0-1.9)**

Parental monitoring **1.5 (1.1-2.1)**

Parent supportive of ART **1.4 (1.1-2.3)**

Boy/girlfriend supportive of ART **1.6 (1.1-2.7)**

High social support **1.9 (1.4-2.6)**



TESTING THE WHO DISCLOSURE GUIDELINES

(MULTIVARIATE LOGISTIC REGRESSION CONTROLLING FOR SOCIODEMOGRAPHICS)

ADOLESCENTS WHO KNOW THEIR HIV+ STATUS HAVE DOUBLED ODDS OF PAST-WEEK ADHERENCE (OR 2.18 CI 1.47-3.24, P<.001)

FOR PERINATALLY INFECTED ADOLESCENTS WHO KNOW THEIR STATUS, DISCLOSURE UNDER AGE 12 DOUBLED ODDS OF PAST-WEEK ADHERENCE (OR 2.07 CI 1.34-5.22, P<.005)

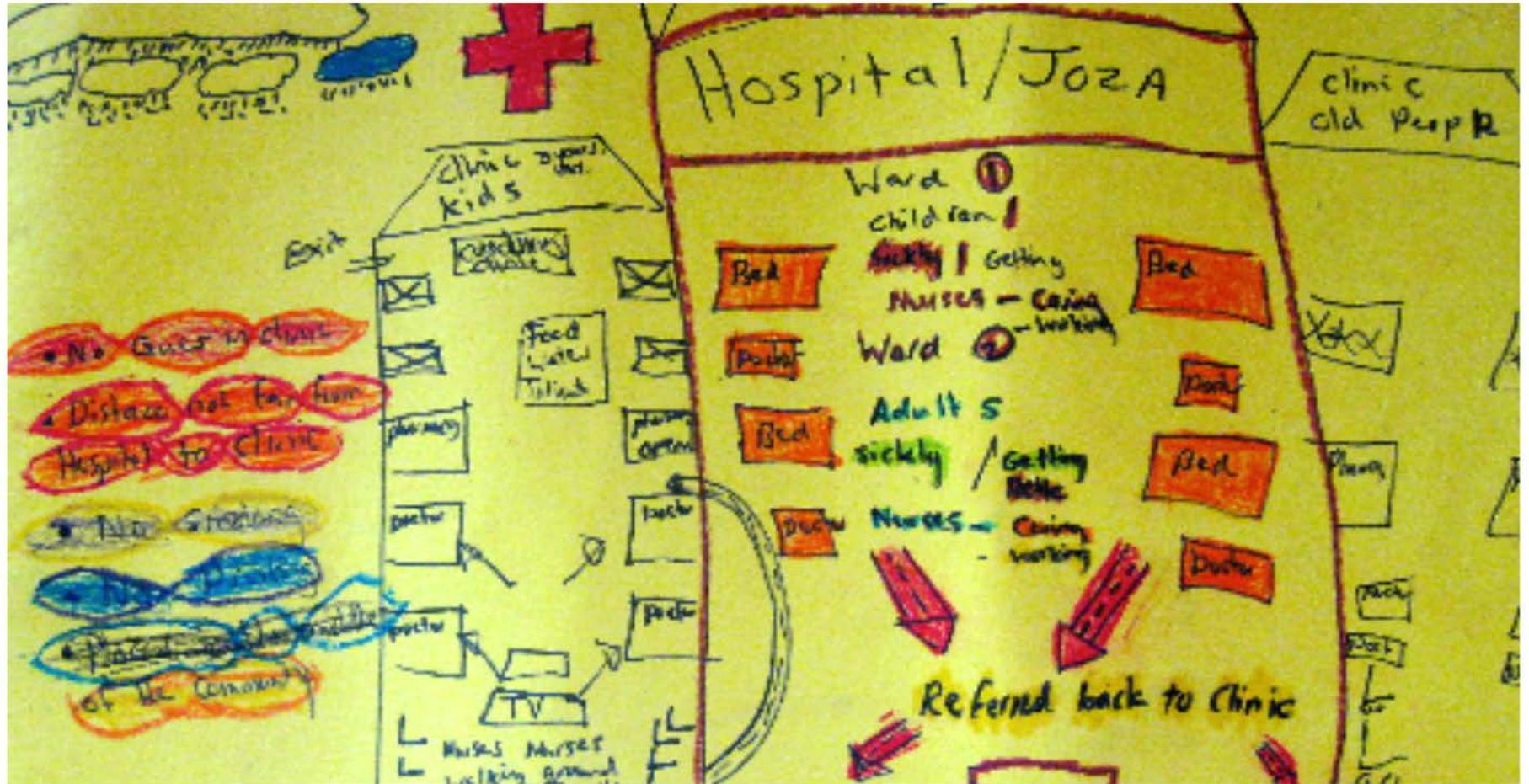
THE WHO GUIDELINES ARE RIGHT.

WHAT DO TEENS WANT FROM SERVICES?

- Rapid access. Respect and dignity.
- Time that accommodates school-hours (after 14:00).
- Understanding how youth use SRH services: collectively.
- 'Slipstream queue' for contraception and ART for teens.
- Accurate, non-judgmental SRH info.
- Condoms.
- Snacks.
- TV with youth-friendly screening.
- Aspirational material provided (not just health-oriented, empowering, aspirational).



DREAM CLINICS



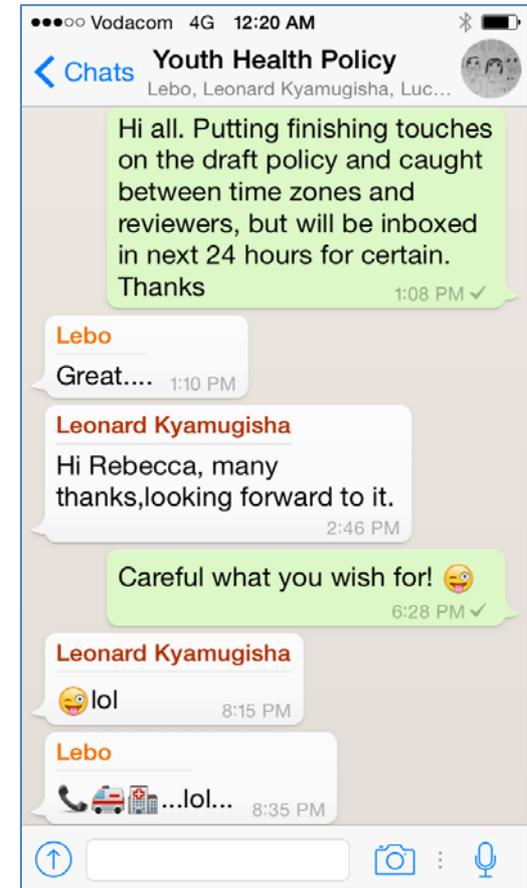
Capacity-building and research into policy

Policy inputs:

WHO, UNAIDS, UNICEF, UNFPA

SA Department of Health

Drafting Youth Health Policy with partners



Capacity building

Bi-directional knowledge transferal

Triangulating data

INCREDIBLE TEAMS & TEENS

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