

SOCIAL PROTECTION FOR HIV-POSITIVE ADOLESCENTS



NEW DATA FROM SOUTH AFRICA INITIAL ANALYSES

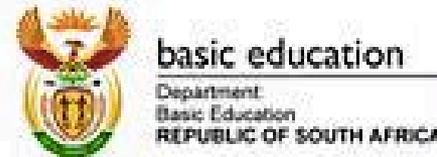
E. Toska, L.Sherr, M.Orkin, R.Hodes, L. Cluver, J. Steinert
& the Mzantsi Wakho team



The Leverhulme Trust



PEPFAR
U.S. President's Emergency Plan for AIDS Relief



ADOLESCENT NON-ADHERENCE

- Southern Africa: 1.6 million HIV+ adolescents
- Lowest-adherent age group (Hudelson 2015, Nachega 2009)
- 3 systematic reviews: no evidence-based programs (Hudelson & Cluver, 2015; MacPherson et al., 2015; Vreeman, Wiehe et al, 2008).
- Could cash + care social protection help?



HIV+ ADOLESCENTS: ADHERENCE AND SEXUAL RISK



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

- N=**150 youth**, healthcare providers, families
- 24 months of home, school and clinic observations
- 1000+ hours of youth engagement
- Dream clinics & consultations
- Youth Summits, innovative youth-led games

Quantitative longitudinal panel study (2014-2018)

- N=1,526 adolescents, **1060 HIV+**, **467 HIV-**
- Every adolescent who ever initiated ART in an urban/rural health district of the Eastern Cape: 53 health facilities
- Community-tracing, 3-year longitudinal tracking
- Clinical and interview data, standardised questionnaires



Can you tell us how your friends at school and home feel about sex and relationships? Remember it's totally confidential and no one will know what your responses are, it's just important that you tell us how you really feel.

a) 1. How many of your friends think that having sex at your age with as many people as possible is a cool thing for a (boy/girl) to do.

- None Some
 Most All

b) How many of your friends think that using condoms is like eating sweets in their wedding?

- None Some
 Most All

c) 1. How many of your friends have had sex because they were drunk or high on drugs?

- None Some
 Most All

Teen Confidential

Teenagers have different ideas and feelings about sex. Nobubs often discuss with her girlfriends their thoughts about relationships, pregnancy and HIV. (Itzhemba and his friends sometimes chat about other teens he is attracted to and his ideas about sex.



d) How many of your friends have been pregnant or have gotten someone pregnant?

- None Some
 Most All

e) Could you tell us a little bit about what people in your community think about HIV?

f) People in the community think that a person with HIV is disgusting?

- Most of the time
 Sometimes
 Never

g) People in my community think that HIV is a punishment from God or from ancestors.

- Most of the time
 Sometimes
 Never

h) Do you play or did you play a sport at school, like soccer, netball, running, rugby, drum majorettes, or cricket?

- Yes
 I don't/didn't play sports at school
 I was told not to play sports at school

GAME TIME

6. Who is your favourite sports player?



7. Do you support a team?



8. What are your favourite movies?



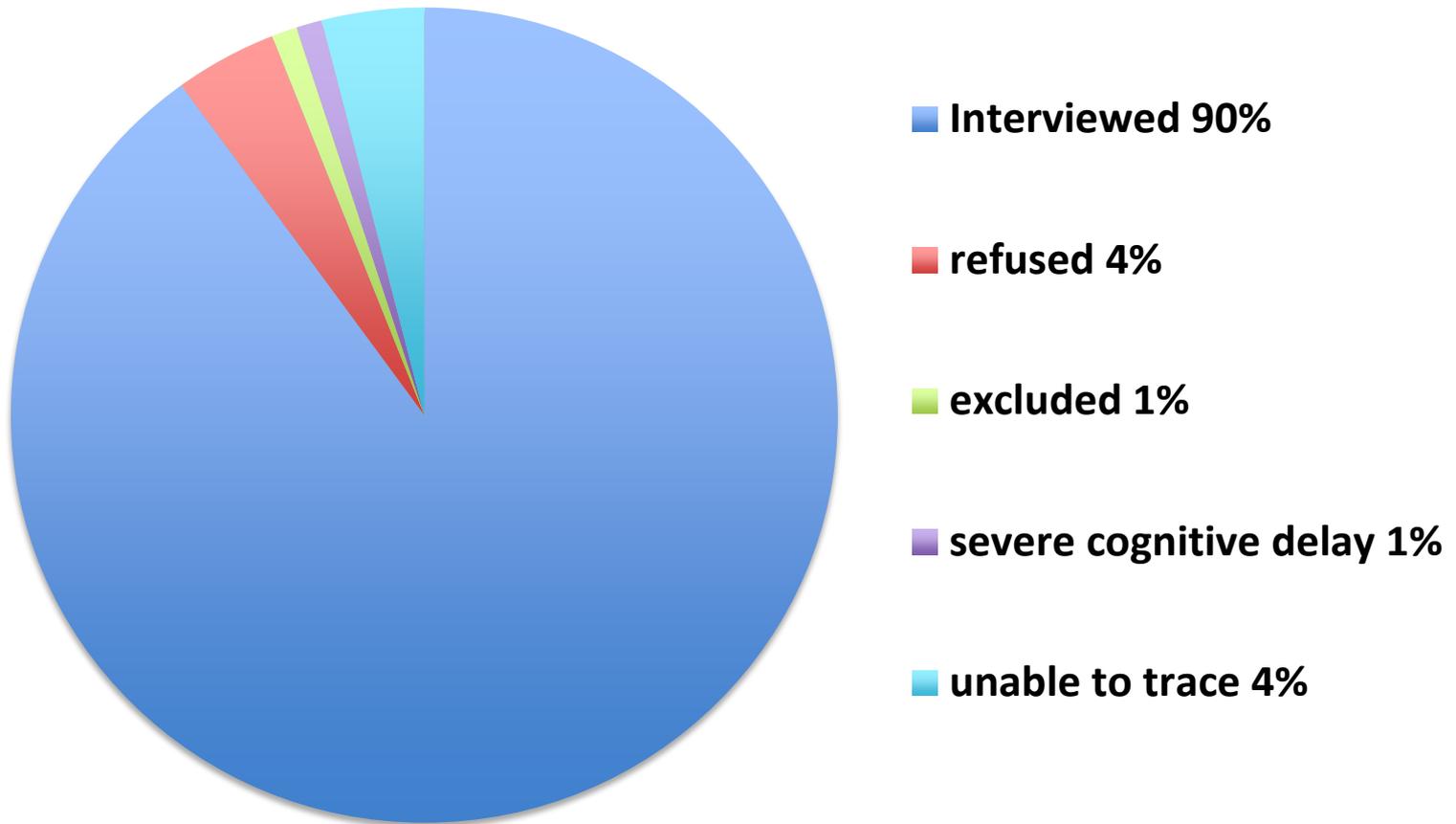
9. Which soapie start are you most like?

10. Why are you like them?

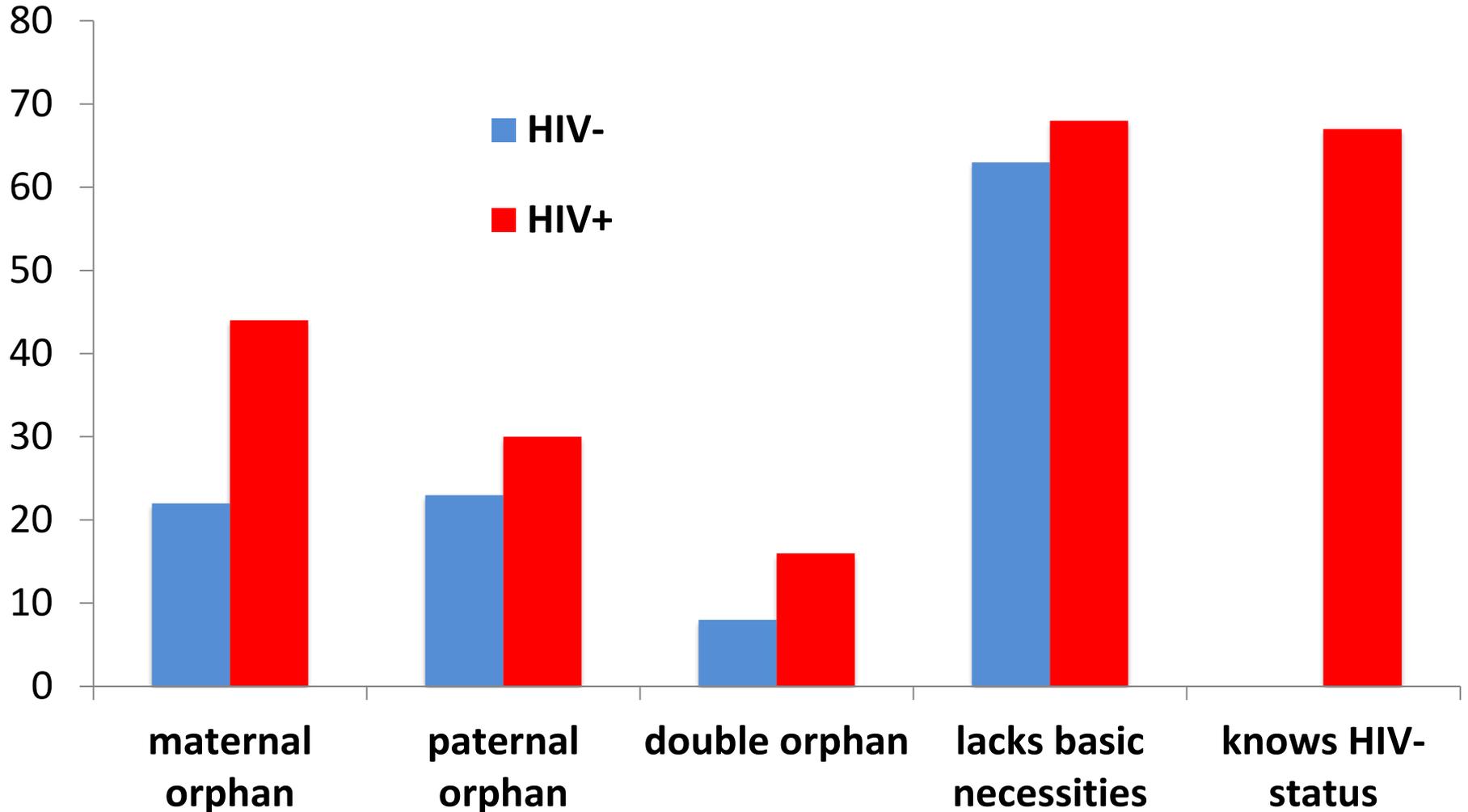


SAMPLE REPRESENTATIVITY

Eastern Cape, urban/rural/peri-urban health district
53 government facilities

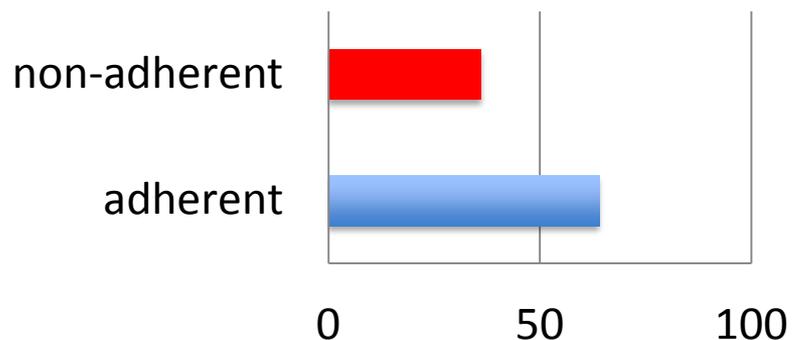


WHO ARE OUR SAMPLE? (n=1526)

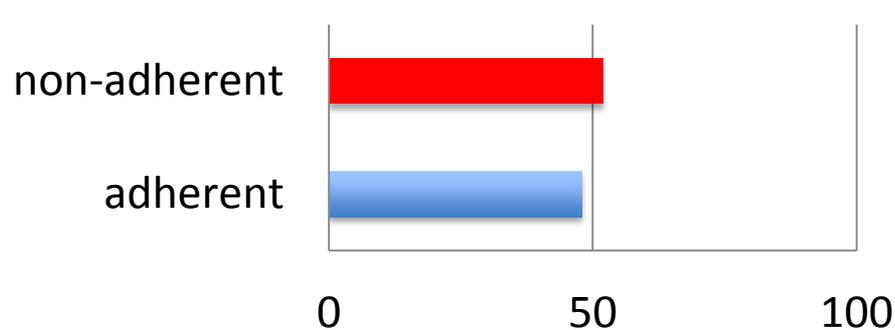


NON-ADHERENCE (n=1060 HIV+ adolescents)

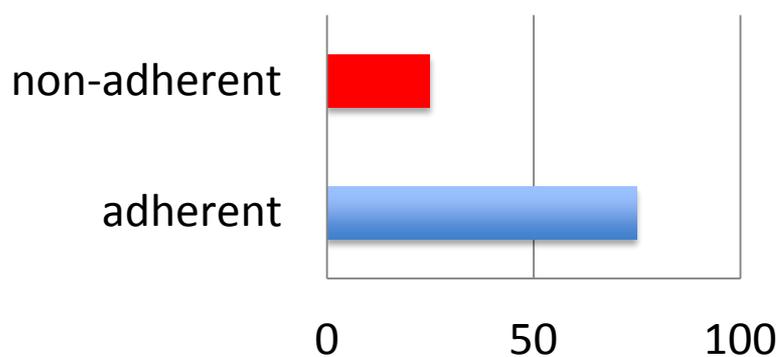
Past-week non-adherence to ART: 36% (self-report)



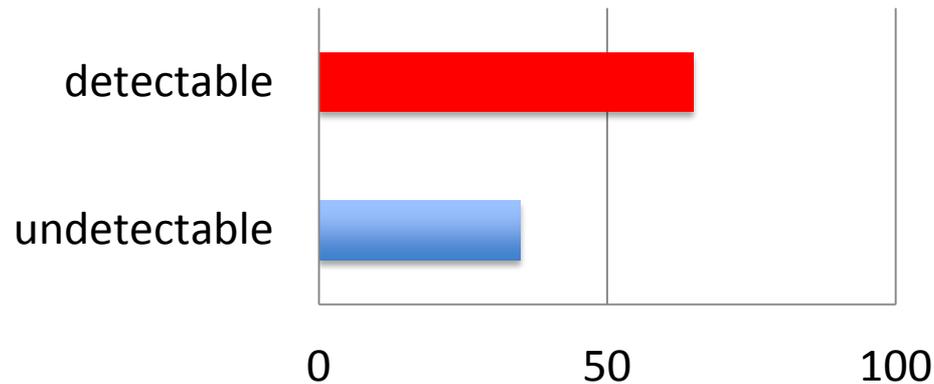
Past-year non-adherence to ART: 52% (self report)



Past-weekend non-adherence to ART: 25% (self-report)



Detectable VL (>75 copies/ml: clinic records)



IS SELF-REPORTED NON-ADHERENCE VALID?

Past-week non-adherence - associations with biomarkers

Current opportunistic infections

B.269
p<.006

Detectable Viral Load

OR 1.98, CI 1.13-4.45
p<.05

Controlling for: age, gender, perinatal/horizontal infection, rural/urban location, ethnicity, formal/informal home, maternal orphanhood, paternal orphanhood, health status, time on treatment, travel time to clinic

WEEKENDS

On weekends, Andiwe spends time with friends and family. Sometimes he travels to visit family members, or stays out late with his friends. Some weekends he stays at home, goes to church and helps out his parents and grandparents. It is not always easy for him to take his medication during Saturdays and Sundays, but he does his best. Think about last weekend - Saturday and Sunday.

1. What did you do last weekend?

- Stayed at home
- Visited relatives
- Played sports with friends
- Go out with friends
- Other

2. How many times did you not take your medication last weekend?

STRUCTURAL DRIVERS: CLINIC NON-ACCESS

(missing appointments/medication pick-ups)

Controlling for socio-demographic and HIV covariates:

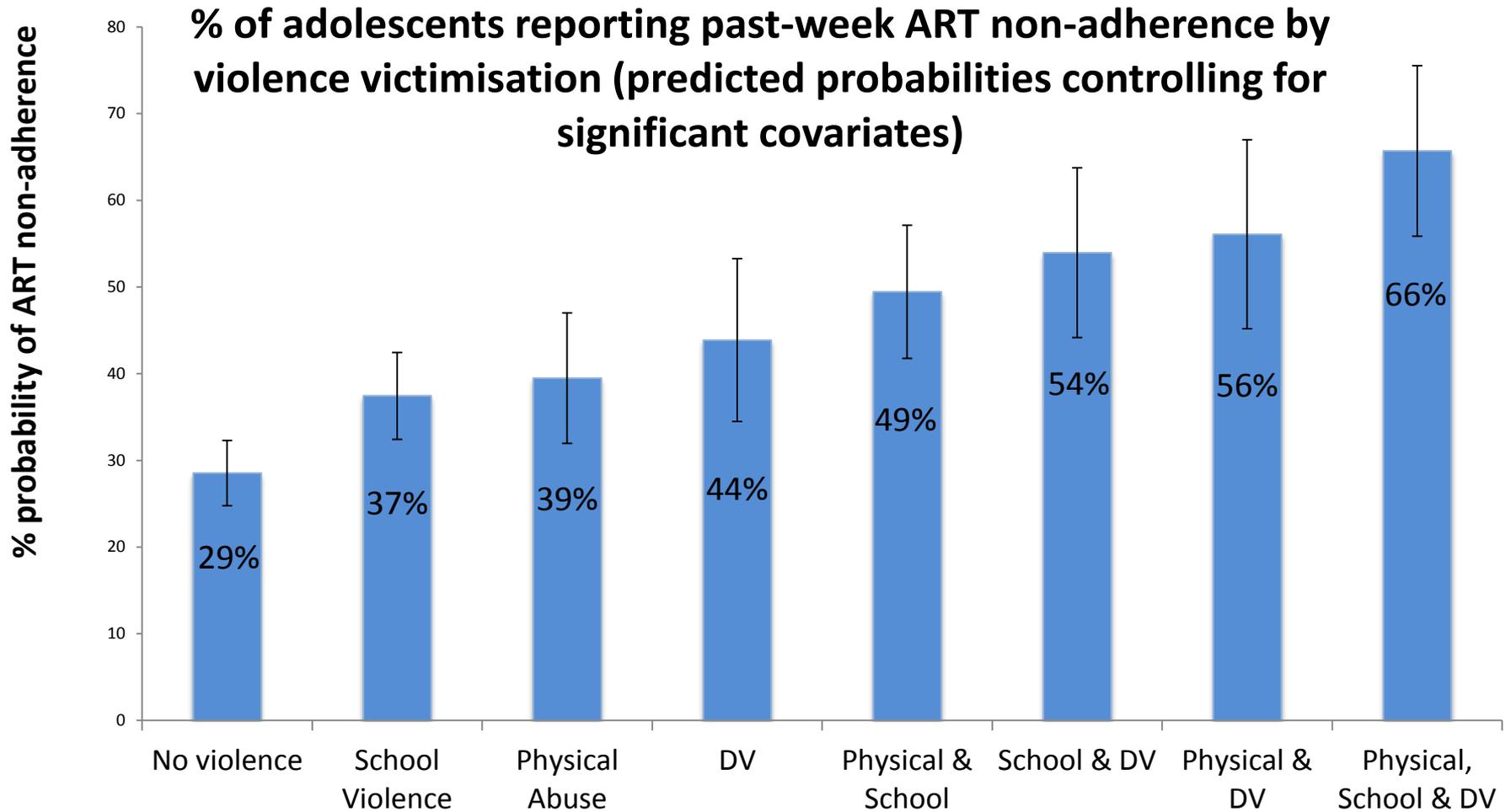
- **lack of travel money - OR 2.1 CI 1.4-3.1, p<.001**
- **attending clinic alone - OR 2.0 CI 1.2-3.2, p<.004**
- travel time
- unsafe area
- missing school for clinic

STRUCTURAL DRIVERS – NON-ADHERENCE

controlling for socio-demographic and HIV covariates:

- **Physical abuse at home - OR 1.7 CI 1.2-2.4 p<.001 (20%)**
- **Teacher abuse – OR 1.5 CI 1.2-2.0 p<.001 (41%)**
- **Domestic violence- OR 2.0 CI1.4-3.0 p<.001 (12%)**
- Bullying
- Attacked/robbed in the community

VIOLENCE EXPOSURE AND DEFAULTING



POTENTIAL SOCIAL PROTECTION FACTORS

CASH

- [Government cash transfer (95%)]
- Food security (78%)
- School access (46%)
- [School feeding (93%)]
- Access to clothing (81%)

CARE

- HIV support group (13%)
- Sports group (13%)
- Choir/arts group (15%)
- Positive parenting (42%)
- Parental supervision (41%)

Controlling for: adolescent age, gender, language, formal/informal housing, urban/rural location, education level, maternal and paternal death, perinatal/horizontal infection, whether adolescent lived with a caregiver who was AIDS-symptomatic or on ART, whether adolescent was aware of their own HIV-positive status duration of time on treatment, general past-month self-reported health, time of travel to clinic, and whether the participant had received care in hospital for illness in the past year.

POTENTIAL SOCIAL PROTECTION FACTORS

CASH

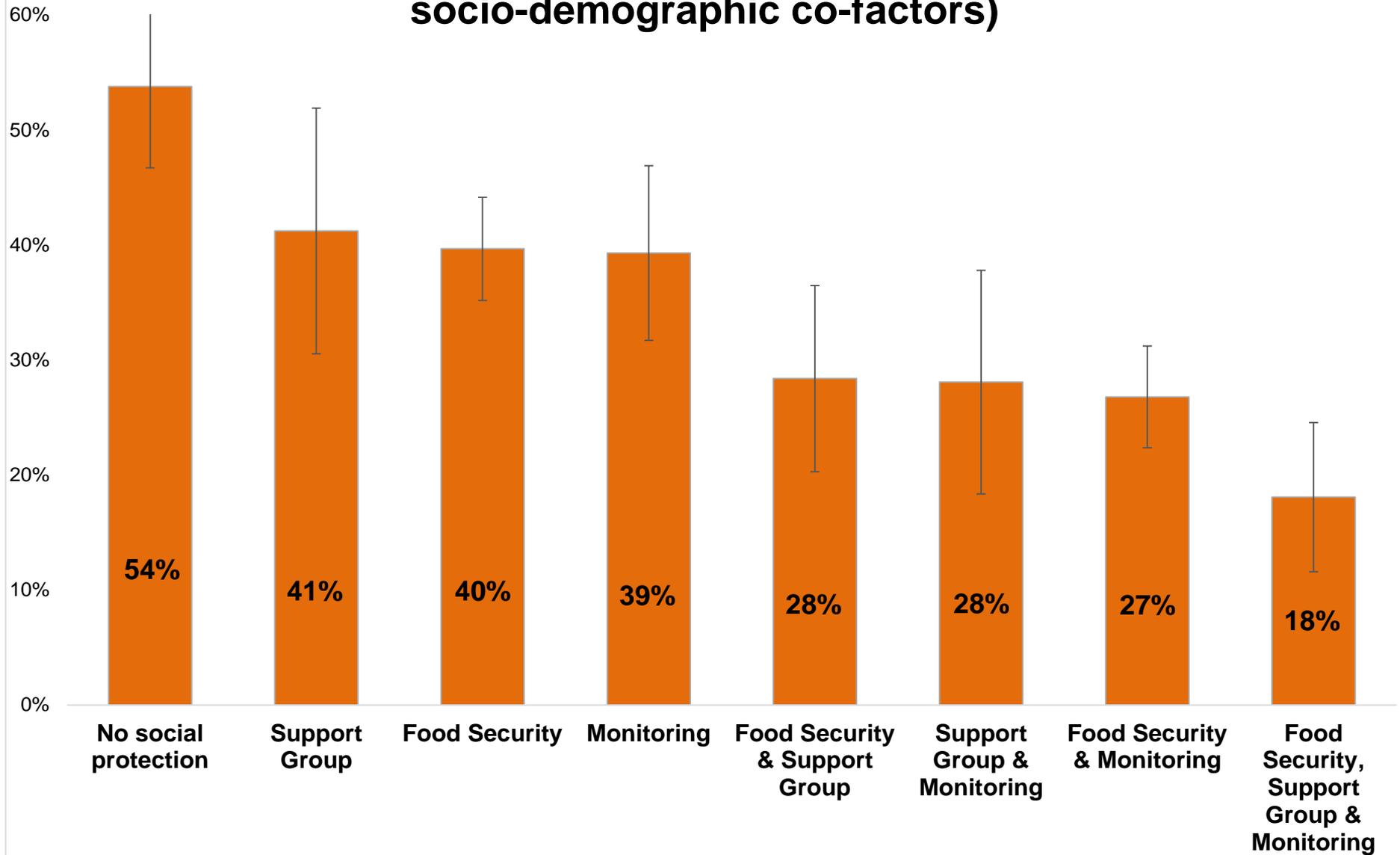
- [Government cash transfer]
- **Food security aOR 0.57**
- School access
- [School feeding]
- Access to clothing

CARE

- **HIV support group aOR 0.60**
- Sports group
- Choir/arts group
- Positive parenting
- **Parental supervision aOR 0.56**

Controlling for: adolescent age, gender, language, formal/informal housing, urban/rural location, education level, maternal and paternal death, perinatal/horizontal infection, whether adolescent lived with a caregiver who was AIDS-symptomatic or on ART, whether adolescent was aware of their own HIV-positive status duration of time on treatment, general past-month self-reported health, time of travel to clinic, and whether the participant had received care in hospital for illness in the past year.

Rates of past-week adolescent ART non-adherence, by social protection access (marginal effects, controlling for socio-demographic co-factors)



HIV+ ADOLESCENTS AND UNSAFE SEX

(R. Hodes, E. Toska)

- HIV+ adolescents: 17% unprotected last sex
- HIV+ girls: 28% unprotected sex

Interviewer: What makes you not to disclose?

Kwakza: Well you never know if the person will publicise it when we break up.

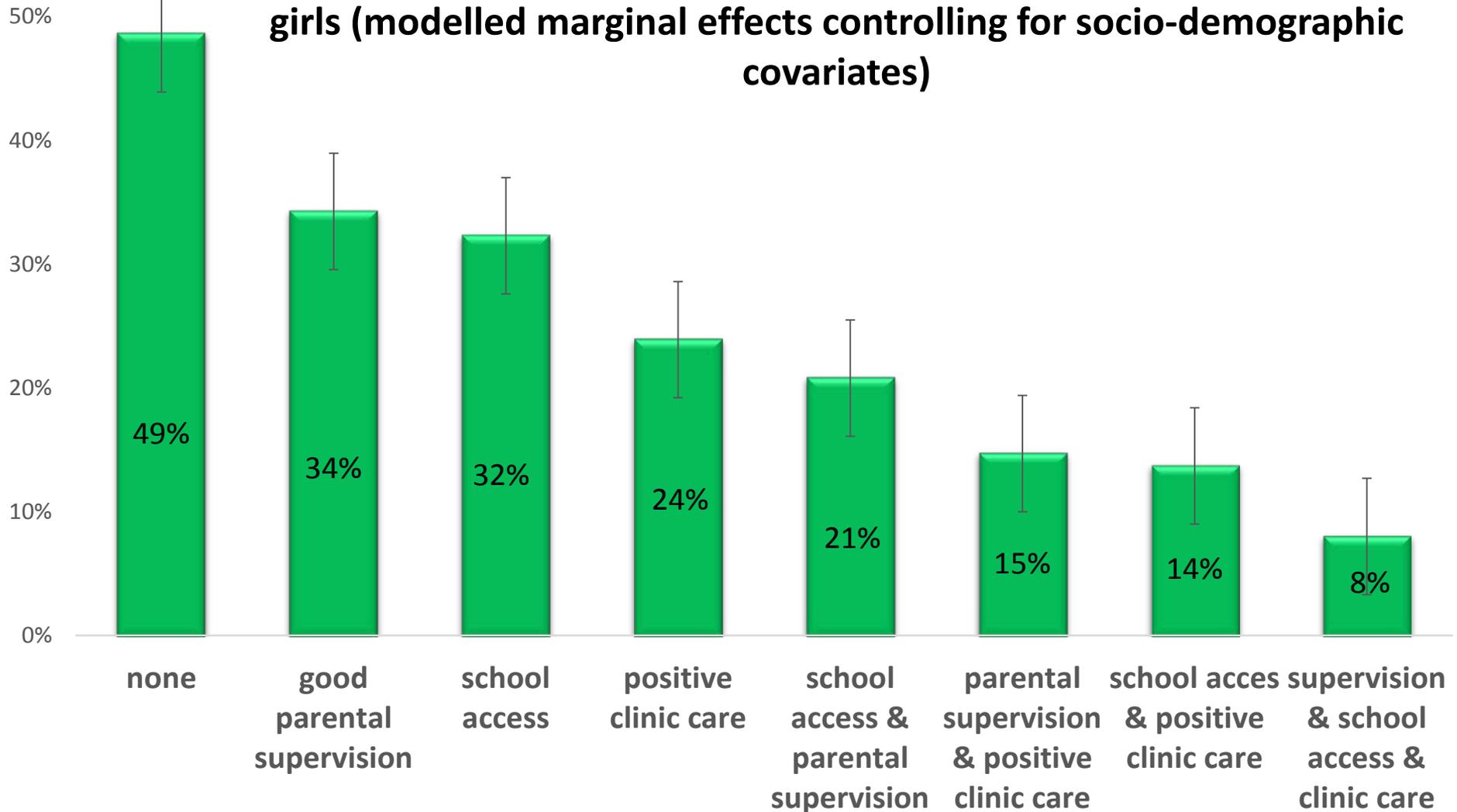
Thandie: I will never tell him. Never... Sometimes its not really the guys to be blamed. Sometimes it's the girls too. We just want to sleep with him, because he's popular. Also, because he's got money. This person wants this man, because of what she benefits from him. You are dependent and you have to survive.

Nurse: In some communities, it's taboo. They are not supposed to disclose. They cannot talk to their partners about family planning... It's disrespectful. So they get information, whether its from their friends or what.

SOCIAL PROTECTION & POSITIVE PREVENTION

(E Toska et al, 2016)

% Probabilities of unprotected sex among HIV-positive adolescent girls (modelled marginal effects controlling for socio-demographic covariates)



INCREDIBLE TEAMS & TEENS

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