

Sexual and reproductive health rights of adolescents living with HIV

Summary

The International HIV/AIDS Alliance have carried out a literature review of the sexual and reproductive health rights of adolescents living with HIV. The study found that adolescents living with HIV have largely been left out of the national responses to HIV/AIDS in low-income settings. Their needs differ from those of adults living with HIV and they face many challenges, including serious service access barriers that require greater attention and advocacy. In most low-income countries health systems have not been designed and do not have the capacity to meet their specific needs. Also, there is limited guidance on working with them. The evidence generated from this study contributes to strengthening the global evidence base on this population group. The findings and recommendations for policy makers, researchers and programmers have been made available to the international HIV/AIDS community in the form of a poster that was presented at the International HIV/AIDS Conference 2010 in Vienna. The data will further be used to complement the data from a comparative qualitative study on 'Adolescents growing up with HIV in Southern Africa: Needs, Challenges and Opportunities' in Zambia, Mozambique, Zimbabwe and Malawi, where it will help to guide new policies for Sexual and Reproductive Health and HIV-related services in the Southern Africa region. Within the International HIV/AIDS Alliance, which is leading on this study, an interest group has been established that is mapping the work of the Alliance with this group and will produce and

disseminate a report to guide the Alliance's programming and advocacy efforts in this area. Also, it is planned to start a community of practice on the topic.

Description of the project

Methods

- Literature search (restricted to articles, reports and grey literature written in English and published after 2000) using a range of scientific and electronic databases: Web of Science, PubMed, Jstor, Popline, Eldis, and Google.
- Key search terms: adolescents, youth, young people, HIV, gaps, access, needs, barriers, services, psychosocial, secondary prevention, antiretroviral, and sexual and reproductive health.
- Additional references were chosen based on bibliographies of key articles and 50 articles were selected for review.

Findings

Key gaps:

SRH and psychosocial services, including high-quality targeted support related to prevention, SRH advice, treatment adherence, mental wellbeing, social integration, and disclosure to others.

Key barriers:

Lack of confidentiality in clinical settings; judgemental attitudes of health professionals; poor post-test counselling services; service access barriers (e.g. legal); low service-seeking behaviour of adolescents.

Key behavioural determinants that need to change:

- Individual level (e.g. lack of knowledge about available services).
- Community level (e.g. lack of empowerment programmes).
- Service level (e.g. lack of capacity).
- Social and structural level (e.g. stigma and discrimination).

“The right of adolescents living with HIV to adequate psychosocial care and support and HIV and Sexual and Reproductive Health services is not realised and their needs remain largely unmet in low-income settings.”

Adolescents living with HIV

The number of adolescents living with HIV is growing, particularly in low-income and high HIV prevalence countries. New HIV infections among this age group are contributing to this along with increasing numbers of perinatally infected children who now have access to anti-retroviral treatment and therefore reach adolescence. Moreover, adolescence is a period in the life of young people where experimentation with sexuality and drugs often takes place, increasing the vulnerability of adolescents to HIV. Once an adolescent finds out about his or her HIV status, disclosure, safer sex and family planning become pressing issues, requiring services tailored to the specific needs of adolescents. Despite the growing importance of this population group, they are largely left out of HIV/AIDS responses. One effect is that existing paediatric and adult services are often ill-equipped to deal with their complex needs.

Protecting, promoting and respecting the right of adolescents living with HIV to information, services and health require addressing service gaps and removing service access barriers.

Recommendations

...for practice:

Re-orient services to address the specific needs of adolescents.

...for research:

Document good practice and explore service delivery models of comprehensive adolescent care for different contexts – leading to more guidance.

...for policy:

Concerted advocacy efforts to insert adolescents into the HIV/AIDS response.

What is the potential impact of the research?

The results:

- Contribute to the global evidence base on adolescents living with HIV.
- Complement data from the EFA-study on 'Adolescents growing up with HIV in Southern Africa: Needs, Challenges and Opportunities'. It is hoped that they will help guiding new policies and programming in the Southern Africa region.
- Contribute to guiding programming and advocacy efforts of the International HIV/AIDS Alliance and its partners in this area.
- May stimulate further research on adolescents living with HIV, particularly the exploration of service delivery models of comprehensive adolescent care for different contexts – leading to more guidance.

Who worked on the study?

Julia Ross and Fabian Cataldo (International HIV/AIDS Alliance)

Want to find out more?

A poster on this literature review can be found on www.evidence4action.org/



About Evidence for Action

Evidence for Action is an international research consortium with partners in India, Malawi, Uganda, UK and Zambia, examining issues surrounding HIV treatment and care systems.

The research is organised in four key themes:

1. What “package” of HIV treatment and care services should be provided in different settings?
2. What delivery systems should be used in different contexts?
3. How best should HIV treatment and care be integrated into existing health and social systems?
4. How can new knowledge related to the first three questions be rapidly translated into improved policy and programming?

Partners:

International HIV/AIDS Alliance, UK

Lighthouse Trust, Malawi

London School of Hygiene and Tropical Medicine, UK

Medical Research Council Uganda Research Unit on AIDS, Uganda

Medical Research Council Clinical Trials Unit / University College London, UK

National AIDS Research Institute, India

ZAMBART, Zambia

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