

ADOLESCENTS LIVING WITH HIV IN LOW-INCOME SETTINGS: A REVIEW OF THE EVIDENCE ON GAPS IN HIV SERVICES

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Summary

The number of adolescents living with HIV is rapidly rising, and data focused on low-income settings is still limited.

The **aim** of this review is to synthesise existing evidence in this area, identify gaps in HIV services for this group and highlight interrelated issues in addressing service barriers and realising rights.

Key findings show that sexual and reproductive health (SRH) and psychosocial needs of adolescents living with HIV remain largely unaddressed. Health systems in low-income settings are ill-equipped to deal with the complex needs of this group.



Background

The focus of this review – adolescents living with HIV – was identified in light of the growing, yet often neglected, importance of this group to HIV responses globally.

Adolescence is a specific developmental phase between childhood and adulthood, characterised by physiological, social and behavioural changes; sexual maturation; increasing independence; and evolving legal capacity. The age range, defined by the World Health Organisation, is 10-19.

Increasing numbers of perinatally infected children now have access to anti-retroviral treatment (ART) and therefore reach adolescence. Furthermore, infection during adolescence occurs through experimentation with sexuality and drugs when combined with risk behaviours (e.g. unprotected sex or unsafe injecting equipment).

Disclosure, safer sex and family planning become pressing issues at this age, yet these needs are often unaddressed by existing paediatric and adult services in low income settings.

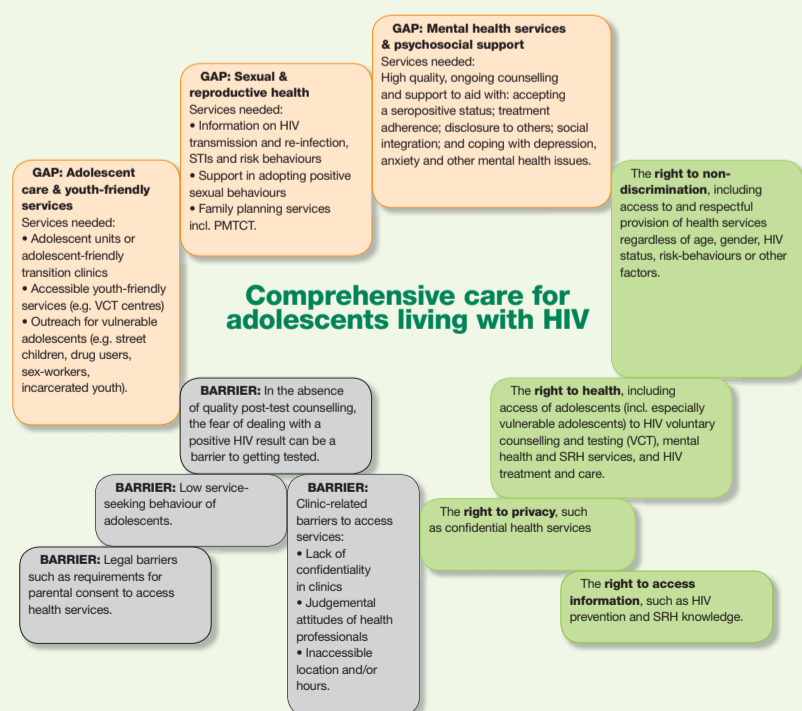
The roll-out of anti-retroviral treatment (ART) programs has made it possible for perinatally HIV-infected infants to live through adolescence and adulthood thereby engaging in dating and sexual relationships.
Birungi et al., 2009: 184 [Uganda]

Methodology

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

Figure 1.

Comprehensive adolescent care should include multisectoral service provision that is 'youth-friendly' and responsive to the needs of adolescents. For comprehensive care for adolescents living with HIV, it is necessary to address service gaps and barriers, while realising the rights of adolescents.



Key Findings and Discussion

Adolescents living with HIV face new challenges that require greater attention and advocacy. This group is largely left out of current national responses to HIV in low-income settings, and have few opportunities to participate in the design, implementation and evaluation of HIV responses. Health systems have not been designed as adolescent-friendly in most low-income countries, and there is generally limited guidance about health services for this group.

Key gaps include:

- SRH and psychosocial services, including high-quality targeted support related to prevention, SRH advice, ART adherence, mental wellbeing, social integration, and disclosure to others (see Figure 1).

Key barriers include:

- Lack of confidentiality in clinical settings; judgemental attitudes of health professionals; poor post-test counselling services; service access barriers; low service-seeking behaviours of adolescents; and legal barriers.

[Adolescents] mentioned that counselling was important for coming to terms with a positive diagnosis, but also for managing stress, overcoming suicidal ideations, assisting with disclosure, and accessing information on treatment.
MacPhail et al., 2008: 92 [South Africa]

One potential consequence of these barriers is that many adolescents are unaware of their HIV status. Therefore, targeted outreach and information/education services are needed to address this barrier.

To achieve the **health goal** of improving the quality of life of adolescents living with HIV, the **behaviours** that need to be transformed include:

- Increasing service-seeking behaviour of adolescents
- Reducing stigmatising and discriminating behaviour of service providers.

Key factors influencing these behaviours (**behavioural determinants**) that need to change include those at the:

- Individual level** (e.g. adolescents may lack knowledge about available services)
- Community level** (e.g. the lack of programmes empowering this population group or giving them opportunities for meaningful involvement)
- Service level** (e.g. the lack of capacity to work with adolescents and to meet their specific needs)
- Social and structural level** (e.g. stigma and discrimination from service providers and legal barriers).

Key interventions should be developed to address these key factors, thereby influencing behaviour, and lastly, achieving the overall health goal. Comprehensive and high-quality care for adolescents living with HIV is one example, and **Figure 1** highlights some key building blocks to be addressed in such an intervention.

Ways Forward

Protecting, promoting and respecting adolescents' right to information, services and health requires addressing access barriers and service gaps...

...for practice:

HIV and other health and support services need to be re-designed to address the needs of adolescents. This requires making them youth-friendly in line with international standards, ensuring that those most marginalised are reached, and strengthening or building sound inter-linkages between sectors and systems and integrating services.

...for research:

While anecdotal evidence of targeted interventions for adolescents in low- and middle-income countries exists, few good practice examples are documented. Future research should document these and explore service delivery models of comprehensive adolescent care for different contexts – leading to more guidance for programmers and good practice standards.

...for policy:

Adolescent issues are largely absent from national HIV responses, and concerted advocacy efforts from community, national and global levels are needed to press states to remedy this gap.