

Meeting the Contraceptive Needs of HIV+ Adolescents in Africa

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Why have programs not addressed contraceptive needs of HIV+ adolescents?

- Vulnerability of young people to acquiring HIV overwhelms concerns for those already infected and growing up
- False assumption of too few HIV+ adolescents to justify special programming (0.3–5%)
- HIV/AIDS care services organized for infants and adults
- Research on HIV+ adolescents has not necessarily addressed key issues



Why does this situation exist?

- Early age at first sex enhances biological vulnerability and inability to negotiate consensual and safe sex
 - 15% of girls have had sex by age 15, higher HIV prevalence among adolescent girls than boys
- Unsafe sex among adolescents
 - Over 50% of those sexually active do not use condom at first sex
 - Normally with male partner substantially older and more exposed
- Early marriage increases risk to HIV
 - Increased frequency of sex, decreased condom use, inability to abstain
 - Ever married girls have higher HIV prevalence than never married girls in Kisumu (33% vs 22%) and Ndola (27% vs 17%)

Why does this situation exist?

- High levels of vertical HIV transmission continue because most PMTCT programs are still struggling
 - In Kenya, less 25% of facilities offer PMTCT
 - Only 18% HIV+ positive pregnant women receive PMTCT
- Rapid increase in numbers of perinatally-infected infants due to improved pediatric ART programs
 - In South Africa mortality reduced by 75% in HIV infected infants who were treated before 12 weeks of age
 - TASO, Uganda has over 5000 survivors; oldest is 25 years
 - Mildmay Center, Uganda has over 600 survivors

But....

Investment in and roll-out of ART has created opportunities for perinatally-infected infants to live through adolescence and to adulthood

- Until PMTCT becomes more effective
- Until unplanned pregnancies among HIV+ women are reduced
- This population will increase rapidly

Evidence from Uganda: Contraceptive needs of HIV+ adolescents

- Sample of 732 adolescents (64% females and 36% males) (15–19 years) perinatally infected with HIV:
 - Aware of their HIV serostatus
 - Have disclosed their status
 - Willing and able to talk about their inner lives
- Recruited from 17 HIV/AIDS treatment centers in Uganda
- Review to identify existing interventions and gaps in services and information for young positives
- Stakeholder analysis among 22 key informants from Government of Uganda, NGOs, Development Partners

Why contraception is important for HIV+ adolescents?

- Many are dating and desire to love and be loved
 - 41% have ever had a boyfriend/girlfriend
 - 39% are in casual relationship
 - 83% of those not in a relationship would like relationship in the future



Why are contraceptive services important for HIV+ adolescents?

41%	See no reason why young people living with HIV should not have sex
44%	Want to have sex and think about it
28%	Feel pressure from others to have sex
33%	Have ever had intercourse (73% being consensual)

Like most adolescents, those that are HIV+ have poor preventive practices

61% Of sexually active, did not use any method first time

44%

- Always use some form of contraceptive

38%

- Sometimes use some form of contraceptive

17%

- Rarely use some form of contraceptive

57% Used condom to prevent pregnancy

30% Used condom to prevent transmission of HIV

HIV+ boys want to delay fatherhood

6%

Have ever made a girl pregnant:

- 6 asked her to keep the pregnancy
- 3 asked her to end it
- 2 pregnancy miscarried
- **13/16 intend to have more children**

Of boys with no children:

90% want to become a father later

7%

Intend never to have children:

- Fear infecting mother and baby
- Fear death
- Discouraged by family
- Fear child may suffer like me

HIV+ girls want to delay motherhood

13%

Have ever been pregnant

- 44 gave birth
- 8 ended the pregnancy
- 4 had a stillbirth/miscarried
- 4 still carrying the pregnancy
- **65% intend to have more children**

87%

Of those with no children, want children later in life

18%

Don't want to have children

- Fear of infecting baby
- Fear of death
- Discouraged by counselor
- Discouraged by family



HIV+ adolescents worry very much about pregnancy

80%	Worry about infecting someone else with HIV
76%	Worry about becoming pregnant/getting someone pregnant
57%	Worry about people finding out that they are HIV+
51%	Worry about disclosing HIV status to friends (61% have never disclosed to friends)
50%	Worry about having sex
38%	Worry about being HIV+

Most (93%) want to receive more information on contraception but....

- Many are hesitant to discuss their sexual behavior with their service providers
- Counseling inadequate:
 - Often talk to them and not discuss their feelings
 - Often about warning against sex, relationships/dating
 - Sometimes providers talk only to parents/guardians
- Counseling not balanced, only focuses on responsibilities and not their rights and lives

Potential interventions identified

- Re-organization of existing HIV/AIDS services
 - Introduce adolescent care clinics at HIV/AIDS treatment centers
 - Train counselors on care for HIV+ adolescents
- Introduce contraceptive services at HIV/AIDS treatment centers—expand beyond condoms
- Introduce a ‘fertility and sexuality desire’ assessment tool for counselors to screen and refer youth
- Early identification of pregnant HIV+ adolescents
 - Improve their access to PMTCT service
 - Encourage contraceptive use during postpartum

Considerations for implementing interventions

- Improve life skills for HIV+ adolescents comprehensively to understand their sexuality as they grow
- Give HIV+ adolescents information and practical support to:
 - Deal with potential identity of being HIV+
 - Make informed choices and balance responsibility with sexual and reproductive desires
 - Negotiate vital aspects of their lives, avoid infection of others and re-infection
- Involve HIV+ adolescents in intervention development
- School-based? Clinic-based? Support groups?
- Offer PMTCT services at HIV/AIDS treatment centers?

Utilization of evidence to date

- Results shared with HIV/AIDS service providers and policy makers in Uganda; Ford Foundation and World Population Foundation supporting tests of interventions
- Swedish/Norwegian Africa Regional HIV/AIDS Team expanding to Botswana, Kenya, Mozambique, Swaziland
- Ford Foundation to support studies on Making Pregnancy Safer for HIV+ adolescents and special needs of school-going HIV+ pupils in Uganda
- UNFPA promoting sexual and reproductive health and rights of HIV+ adolescents in Kenya, India and Uganda
- Plan International (NL) reaching HIV+ adolescents in Kenya