



# ADOLESCENTS AND HIV AGE DISAGGREGATION

## INTRODUCTION

There are very high rates of HIV infection among adolescents in eastern and southern Africa (ESA), and the need for scaling up HIV prevention, treatment and other reproductive health services is widely recognised.

A clear understanding of the needs and agency of different sub-groups of adolescents is essential if we are to respond with appropriate public health services. However, disaggregation of adolescent data by age and other factors is limited, and this presents a serious obstacle to scaling up more targeted, and therefore effective interventions.

This evidence brief outlines challenges and solutions for disaggregating adolescent data to improve policy and programming in the ESA region.

## RECOMMENDATIONS

**Adolescent-specific data collection:** Consider establishing adolescent-specific data sources. These would use adolescent-appropriate data collection methods, samples, and analysis, including the use of qualitative and longitudinal study designs.

**Make existing data go further:** Consider performing re-analysis of existing data to provide a greater understanding of adolescent HIV. This would include disaggregation by factors most relevant to adolescents, such as whether the adolescent was perinatally or vertically infected, school attendance, and analysis by year of age, rather than only using five-year age bands. Methods also exist to obtain individual patient level data from routine services even where patient level databases are not yet available.

**Advances in current practices:** Consider supporting survey teams and ethics committees to ensure that younger adolescents are not systematically excluded from data collection. Technological advancements and the establishment of patient level databases for routine service data can help to produce more adolescent specific and disaggregated service data.

## APPROACH

This evidence brief is based on an in-depth research report commissioned by EHP SA titled *Adolescents and HIV: Definitions and Disaggregation*<sup>1</sup>. The research includes a literature review, interviews with key stakeholders in the ESA region, and three case studies focused on Malawi, South Africa and Tanzania.

This paper accompanies a second evidence brief: *Adolescents and HIV: Defining adolescence*.

See <http://www.ehpsa.org/research/adolescents> for evidence briefs and the full report.

## PROBLEM STATEMENT

During data collection and analysis adolescents are commonly treated the same way as adults and this results in a lack of adolescent-specific information.

Furthermore, a review of data sources for adolescents in the ESA region shows varying levels of disaggregation. For example:

- Key population surveillance presents inconsistent disaggregation and often excludes people under 18 years of age.
- National survey reports tend to provide the most disaggregation and have been more standardised across countries than other data source reports.
- Most sources still provide limited samples and data for more detailed analysis of adolescents' according to age, gender and other key indicators, including whether they have been infected with HIV at birth.
- Routine service reporting is the least disaggregated, and seldom provides data specific to adolescents.

1 MannionDaniels, February 2017



# EHPsa EVIDENCE BRIEF

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## WHY DOES THIS MATTER?

Disaggregated data gives us a better understanding of current needs for treatment and prevention services. It enables us to:

- develop appropriate policies for adolescent treatment and care;
- target services better;
- improve coverage; and
- develop strategies to remove barriers to access, uptake and adherence.

## FINDINGS

Key challenges in age disaggregation in ESA, and possible solutions, are summarised in the table below.

CHALLENGES	SOLUTIONS
Data are disaggregated in large age ranges, e.g. 15-24 years, which mask important transition points for adolescents	Analyse data by year of age, or narrower age bands, rather than wide multi-year age bands
Standard demographic data and analyses omit important factors relevant to adolescents, such as school attendance and household structure	Identify demographic data relevant to adolescents, ensure that it is collected and analysed, and standardise this by inclusion in templates and M&E guidelines
10-14-year-olds are often excluded from surveys, surveillance, models, and research due to legal and ethical considerations	<ul style="list-style-type: none"> <li>• Collect retrospective data from older adolescents</li> <li>• Design data collection strategies that protect younger adolescents</li> </ul>
Sample sizes may be too small for disaggregation of adolescent data	<ul style="list-style-type: none"> <li>• Increase sample sizes in national surveys</li> <li>• Specifically “oversample” adolescents</li> <li>• Conduct data collection exercises specifically for adolescents</li> </ul>
Data collection processes and instruments used for adults may not be appropriate for adolescents	Many approaches to improve data collection for adolescents have been tested, including self-administered interviews
Routine service data do not disaggregate for adolescents, even though disaggregated data may be collected at source	<ul style="list-style-type: none"> <li>• Revisit original records</li> <li>• Collect additional data at sentinel sites</li> <li>• Use computer-based management information systems in facilities to create patient-level databases</li> </ul>

## CONCLUSION

The need for more disaggregated adolescent data can be met by improving the collection of data and making existing data go further. This includes:

- Allocating extra resources to surveys to increase sample sizes, increase number of variables and increase analyses to better understand trends in adolescent HIV;
- Ensuring that datasets are made available for further analysis;
- Disaggregating routine service data through use of data extraction exercises, sentinel sites or patient-level databases;
- Re-analysing survey, surveillance and research data based on the needs of programmers and policymakers who work with adolescents;
- Re-analysing existing data sources to create adolescent-specific publications using adolescent-appropriate disaggregation factors and methods; and
- Ensuring that adolescent data is disseminated to those who work with adolescents.



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EVIDENCE FOR HIV PREVENTION IN SOUTHERN AFRICA

