Focus group with adolescent girls, Mdantsane (Eastern Cape)

Prof Lucie Cluver, Dr. Elona Toska, Ms. Lesley Gittin
(on behalf of the Mzantsi Wakho cohort study team)

23 July 2018
1. **Identify risk and protective factors** for ART adherence and access to sexual and reproductive health services.

2. **Understand** lived experiences of teens in the Eastern Cape.

3. **Collaborate** with HIV positive teens, healthcare workers and social service providers to design tools to **improve** ART adherence and sexual health.
T1 → 90% eligible ALHIV recruited (1,060) + 465 stigma community controls
T1-T2 → 94% retention/ T2-T3 → 97% retention
3.4% mortality
90-90-48: The Reality of Viral Suppression among ART-initiated Adolescents in South Africa

HIV+ adolescents in Mzantsi Wakho cohort: 798
Found patient files: 702 (89.1%)
Available VL data: 678 (92.5%)
VL ≤1000 copies/mL: 530 (76.3%)
Undetectable VL (≤50 copies/mL): 407 (58.8%)

Haghighat, Toska, Bungane, Cluver. IAS2018. THPDE01.
HIV is like a *tsotsi*. ARVs are your guns’ associations between HIV-disclosure and adherence to antiretroviral treatment among adolescents in South Africa

Ncic D. Cluver\textsuperscript{a,b}, Rebecca J. Hodes\textsuperscript{c}, Elona Toska\textsuperscript{a}, Khameer K. Kidia\textsuperscript{d}, F. Mark Orkin\textsuperscript{a,e}, Lorraine Sherr\textsuperscript{f} and Franziska Meinck\textsuperscript{a}

**Objectives**: WHO guidelines recommend disclosure to HIV-positive children by school age in order to improve antiretroviral therapy (ART) adherence. However, quantitative evidence remains limited for adolescents. This study examines associations between adolescent knowledge of HIV-positive status and ART-adherence in South Africa.

**Design**: A cross-sectional study of the largest known community-traced sample of HIV-positive adolescents. Six hundred and eighty-four ART-initiated adolescents aged 10–19 years (52\% female, 79\% perinatally infected) were interviewed.

**Methods**: In a low-resource health district, all adolescents who had ever initiated ART in a stratified sample of 39 health facilities were identified and traced to 150 communities \([n = 1102, 351 \text{ excluded, } 27 \text{ deceased, } 40 (5.5\%) \text{ refusals}]\). Quantitative interviews used standardized questionnaires and clinic records. Quantitative analyses used
Self-reported past-week non-adherence – validity check

<table>
<thead>
<tr>
<th>Viral failure (56% VL in past 2 years)</th>
<th>OR 2.3 CI 1.4-3.8, p&lt;.001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptomatic pulmonary TB</td>
<td>OR 1.5, CI 1.1-2.2, p&lt;.02</td>
</tr>
</tbody>
</table>

Independent of age, gender, perinatal/horizontal infection, rural/urban location, ethnicity, formal/informal home, maternal/paternal orphanhood, general health status, time on treatment, travel time to clinic.
VIOLENCE MAKES US NON-ADHERENT

<table>
<thead>
<tr>
<th>Type of Violence</th>
<th>% of Adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>20%</td>
</tr>
<tr>
<td>Teacher violence</td>
<td>41%</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>12%</td>
</tr>
<tr>
<td>Clinic verbal violence</td>
<td>19%</td>
</tr>
</tbody>
</table>

Cluver, Meinck, Toska, Orkin, Hodes, Sherr (2018)
SH + CLINIC + CARE REDUCES ART NON-ADHERENCE

% probability of past-week non-adherence

- No social protection
- Support Group
- Food Security
- Monitoring
- Any 2
- Food, Support & Monitoring
Self-reported past-week non-adherence – validity check

<table>
<thead>
<tr>
<th>Condition</th>
<th>Odds Ratio (OR)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viral suppression failure</td>
<td>2.4</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Symptomatic TB</td>
<td>1.6</td>
<td>&lt;.02</td>
</tr>
</tbody>
</table>

Independent of: age, gender, perinatal/horizontal infection, rural/urban location, formal/informal home, maternal orphanhood, paternal orphanhood, time on antiretroviral treatment, travel time to clinic
HIV+ ADOLESCENT RETENTION IN CARE

| Stocked with medication OR 3.0*** CI 1.6-5.5 |
| Time for teens by staff OR 2.7*** CI1.8-4.2 |
| Accompanied to clinic OR 2.4*** CI1.6-3.7 |
| Cash for transport to clinic OR 1.4* CI1.1-2.0 |
| Kind Staff at Clinic OR 2.5*** CI1.8-3.6 |

<table>
<thead>
<tr>
<th>NONE</th>
<th>CASH</th>
<th>ACCOMPANY</th>
<th>KIND</th>
<th>TIME</th>
<th>STOCKED</th>
<th>ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>3%</td>
<td>5%</td>
<td>8%</td>
<td>8%</td>
<td>8%</td>
<td>9%</td>
<td>70%</td>
</tr>
</tbody>
</table>
SEXUALLY-INFECTED ADOLESCENTS IN INEQUITABLE RELATIONSHIPS

- High Sexual Risk: 29%
- High Viral Activity: 54%

19% of adolescents are at high sexual risk and high viral activity.

Probability of controlling for covariates:
- Safe relationships: 7%
- Poor relationship: 20%
- Horizontal/Sexual: 34%
- Vertical: 14%

Source: analyses in progress by Toska & Cluver.
Knowing own HIV-positive status protective (OR 1.6, 95% CI 1.1-2.3, \( p=0.014 \)), disclosing one’s HIV-positive status to a partner – not significant, knowledge of partner HIV-status risky (OR 0.5, 95% CI 0.3-0.7, \( p=0.002 \)). Gender did not moderate the effect of disclosure on protective sexual practices.

‘When I had the test, they counselled me, and the sister told me that I must disclose to my sexual partners. But no-one is going to do that, no one can. Maybe some can, but they are scared that their partners will blame them. Because if the boy didn’t go to test, he is going to say to you, “You are the one who has brought this to me,” even though he doesn’t know his status.’
Unprotected sex among HIV+ girls
% probabilities controlling for covariates

- 49% none
- 38% parental supervision
- 33% school access
- 23% sensitive clinic care
- 9% all three
• Masculine identity formation, adherence and (dis)engagement from care
• Medical Pluralism
• Contextual adherence-related factors
• Participatory methods and research assistant gender
Clinic dissemination

Provincial government dissemination

National dissemination & policy development

Community dissemination participants & schools

EVIDENCE IN ACTION

‘HIV is like a tsotsi. ARVs are your guns’: associations between HIV-disclosure and adherence to antiretroviral treatment among adolescents in South Africa

Lucie D. Cluver\textsuperscript{a,b}, Rebecca J. Hodes\textsuperscript{a}, Elona Toska\textsuperscript{a}, Khameer K. Kidia\textsuperscript{d}, F. Mark Orkin\textsuperscript{a,e}, Lorraine Sher\textsuperscript{f} and Franziska Meinck\textsuperscript{a}

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Design: A cross-sectional study of the largest known community-based sample of HIV-positive adolescents. Six hundred and eighty-four ART-initiated adolescents aged 10-19 years (32% female, 79% perinatally infected) were interviewed.

Methods. In a low-resource health district, all adolescents who had ever initiated ART in a stratified sample of 39 health facilities were identified and traced to 150 communities (n=1100. 357 excluded, 27 deceased, 48 (5.3%) refusals). Quantitative interviews used standardized questionnaires and clinic records. Quantitative analyses used multivariate logistic regressions, and qualitative analyses used grounded theory for 18 months of interviews, focus groups and participant observations with 64 adolescents, caregivers and healthcare workers.

Presentations – academic fora, conferences &
NEXT STEPS:
HELPING EMPOWER YOUTH BROUGHT UP IN ADVERSITY WITH THEIR BABIES & YOUNG CHILDREN (HEY BABY)
CAPABILITIES
- Child-focused grant
- Free school meals
- Free school
- Clinic transport money
- Stocked facilities

CASH
- Support groups
- Caregiver monitoring
- Respectful providers
- Social support

SUPER ACCELERATORS?
- Peer supporters/ navigators
- Microfinance
- Job finding
- Skills training

PER
GElERATORS?
- No poverty
- Zero hunger
- Good health and well-being
- Quality education
analysis and writing: Lucie Cluver, Rebecca Hodes, Elona Toska, Lesley Gi<ngs, Roxanna Haghighat, Mark Orkin, Siyanai Zhou, Marija Pantelic, Lorraine Sherr, Mark Boyes, Franziska Meinck, Helen Natukunda, Eda Campeau, Craig Carty, Mosa Moshabela.


UCN team: Marius Coqui, Nondumiso Hlwele, Thobani Ncapai, Sarah Walters, Fundiswa Menziwa, Nozuko Boqwana, Noxolo Myeketsi, Siyanai Zhou, Jane Kelly.


Clinic team: Nontuthuzelo Bungane, Amanda Mbiko, Zoliswa Marikeni, Pumza Bellem.

Research assistants: N Bhambra, N Bobrowitz, K Kidia, A Naik, A Redfern, A Yakubovich, M Berezin, J.
MZANTSIII WAKHO ROADMAP FOR AIDS 2018

SAT 21 JULY - AFFLUENT EVENTS
10TH PEDIATRIC HIV WORKSHOP
14:15 - 14:45 L. Oliver, Preventing HIV in young women in Africa - the importance of social prescribers. Parallel session 4: Adolescents. Steigenberger Hotel.
60-30-90 TARGETS WORKSHOP

AIDS 2018

MON 23 JULY - AFFLUENT EVENTS

TUE 24 JULY

FRI 27 JULY