Adolescent Health and HIV in Eswatini

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Eswatini

- Formerly known as Swaziland
- Landlocked country in southern Africa
- Total monarchy
27%

Adult HIV Prevalence
Adolescents and HIV/AIDS

- Gaps in access to care
- Poor health outcomes
- Suboptimal medication adherence
- Early sexual debut
- Gender-based violence
- Depression
- Poverty
- Stigma
- Orphanhood
- Limited social support
Expert Clients

● Peer Support
  ○ Linkage to care
  ○ Education
  ○ Adherence counseling
  ○ Referrals
● Community-based and facility-based
● Usually supervised by nurses
Teen Club: A Differentiated Service Delivery Model

**WHAT**
- Clinical Review
- ART rescripting
- ART refill
- Family Planning
- Labs
- Referral if necessary
- Structured adolescent-focused adherence and psychosocial support

**WHEN**
- 1-monthly
- 2-monthly

**WHERE**
- Community Health Centre
- Hospital

**WHO**
- Nurse
- Trained Lay Provider

Research Objectives

1) Identify the perceived roles of expert clients in delivering adolescent-specific HIV services.

2) Determine the needs for strengthening the capacity for expert clients to deliver age-appropriate services for adolescents living with HIV.
Conducting Fulbright Research in Eswatini

- Feasibility
- Timeliness
- Affiliation
- Protocol development
- Ethics review
- Research priorities
Data Collection

- Setting: Hhohho, Manzini, and Lubombo regions
- 4 Swazi Research Assistants
- 4 focus groups among adolescents (age 10 to 20) who were involved in Teen Club
- Individual Interviews
  - 7 Nurses
  - 5 Program Managers
  - 20 Expert Clients
Thematic Analysis Results

“Parents don’t tell their children the truth”: Navigating issues of disclosure

“It is possible to grow up to be as old as Anti”: Role modeling as aunts and uncles

“They are welcoming”: Building rapport and trust

“I behave like them”: Tailoring speech and behavior

“We try to get to the root cause”: Navigating adherence challenges

“We really need validation and encouragement”: Building resilience and independence
Navigating issues of disclosure

“Parents don’t tell their children the truth about the medication. They lie to them and tell them that they are for something else and we are the ones to tell the adolescents why they are taking the pills. In such instances you find that the adolescent is angry [because] their parents lied to them about the medication.” –facility-based expert client, female, age 35
Role modeling as aunts and uncles

“...I think that the aunties are of great help because [some] may end up committing suicide thinking that they are the only ones facing the challenge of living with HIV.” – focus group participant

“Children were also free to disclose because Anti so and so has disclosed [her] status and she’s alive, she’s got children, so [they feel like] ‘I can also be like her,’ you know, ‘I can also grow up and have my own children.’” – program coordinator, female, age 46
Building rapport and trust

“At most times we are not able to talk freely with our parents but we find it easy to communicate with the aunties about our status.” – focus group participant

“The adolescents are scared of the doctor or nurse but they are never scared of aunty. They are free around us. They look at the nurse’s uniform [and] become uncomfortable… but with [the] aunties they feel free and open up and say whatever is in their hearts” – facility-based expert client, female, age 38
Tailoring speech and behavior

“I... use their lingo so that they feel free around me and they get a sense of being welcomed [and] not rejected” – community-based expert client, female, age 37

“We also play with the adolescents, so they can feel like we are age mates. If there is a need for dancing we dance with them, so they feel very comfortable around us.” – facility-based expert client, female, age 42
Navigating adherence challenges

“If there is poor adherence we try to get to the root cause and sometimes counsel the parent if the adolescent is under guardianship of the parent [and] then refer them to the nurse explaining their problem even in cases where the parent is temporarily absent.” –facility-based expert client, female, age 37
Building resilience and independence

“We really appreciate the aunties because we are what we are because of the help that they give us in the Teen Clubs. Maybe if the Teen Clubs were not initiated some of us would have passed away because most parents don’t care whether we take the medication or not but since we came [to] the Teen Clubs we do take the pills and on time.” –focus group participant
Gaps in Expert Client Service Delivery

- Limited resources
  - Sexual and reproductive health
  - Food, clothing, and toiletries
  - Supplies/games for Teen Club activities
  - Teaching aids
- Transportation needs
- Compensation
- Caregiver involvement
Future Research

- Implementation Science
- Integrating Mental Health Services into HIV Care
- Disclosure Counseling Services for Caregivers
Thank you!