

Caring for Adolescents in Africa



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Introduction

- Often , adolescents fall through the cracks and prefer not to seek care
- There is no primary health care offered to adolescents in many African Health care institutions





Typical image of an overcrowded ward, often attended by one single nurse.

WHO Facts

“ One in every five people in the world is an adolescent, and 85% of them live in developing countries and
Nearly two thirds of premature deaths and one third of the total disease burden in adults are associated with conditions or behaviours that began in youth, including tobacco use, a lack of physical activity, unprotected sex or exposure to violence.”

Contraception

- **Current use of any modern method of contraception by females is limited**
- **Common reasons for not obtaining contraception**
 - Fear and embarrassment or shyness
 - Lack of appropriate knowledge about the methods
 - Fear of side effects
 - Opposition to use (personal, social and religious)
 - Affordability

Adolescent pregnancy

- In Uganda, the incidence of teenage pregnancy has declined from 31% (2000-1) to 24% (2011)
 - **Yet**, Uganda still has one of the highest rates of teenage pregnancy among sub-Saharan countries
 - Among adolescents living with HIV , only 6% of the pregnant females disclose their status to their partners
 - Of the 6 males with children, 100% disclosed

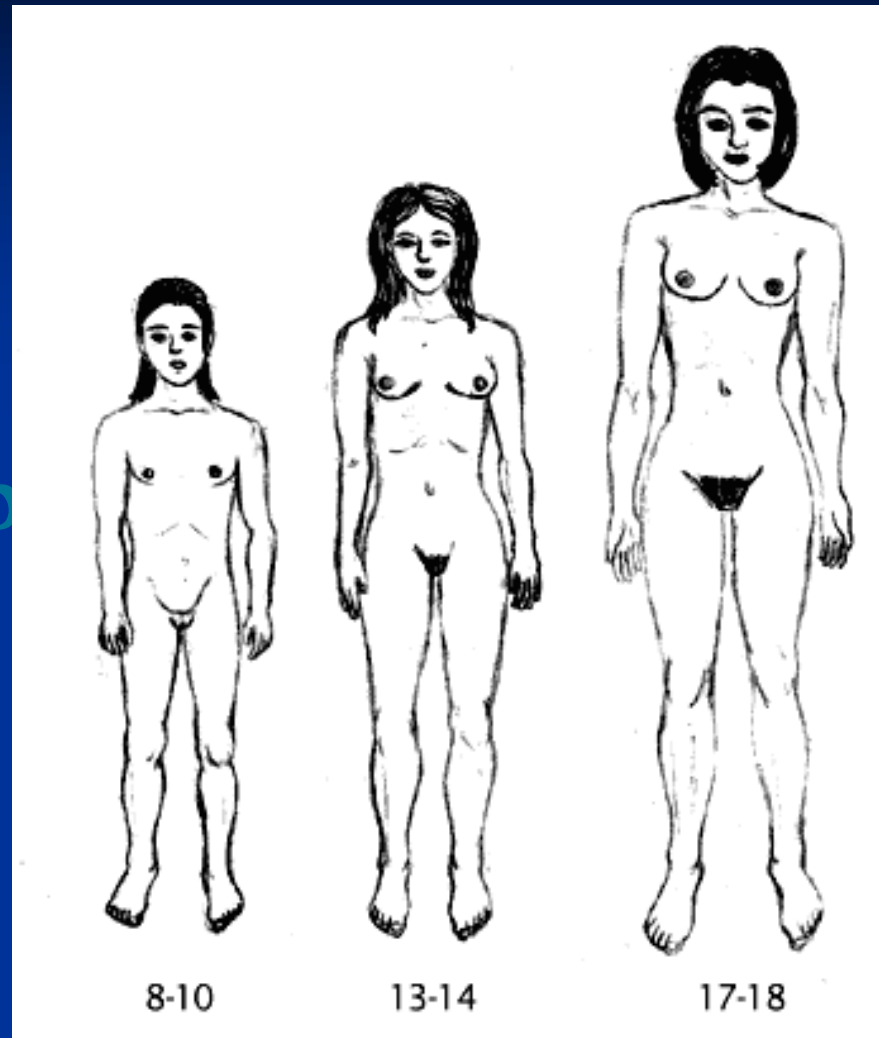
Abortion

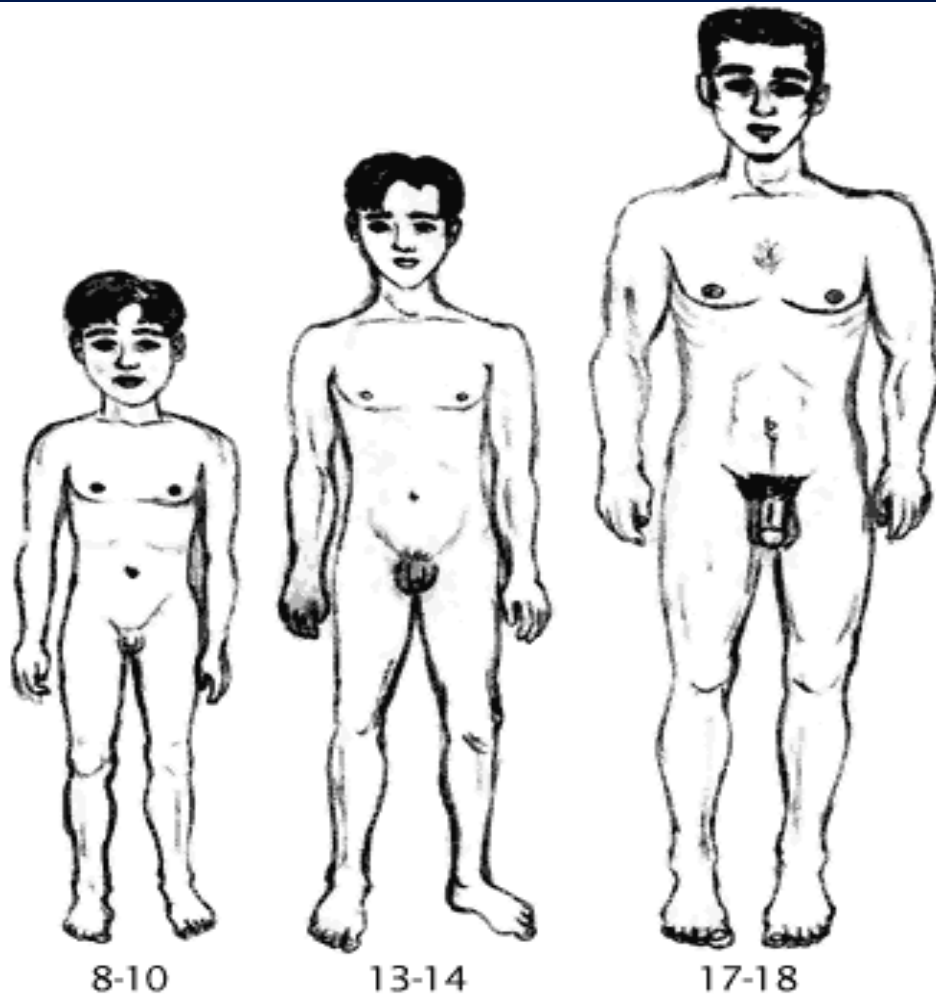
- Although abortion is illegal
 - 15-23% of Ugandan females aged 15-24 years who have been pregnant have had an abortion
 - Ugandan adolescents represent 25-33% of females hospitalized for abortion complications
 - In Mulago hospital in Kampala, Uganda, almost 50% of the women who died from abortion complications were adolescents



What do you
remember about
your own
Adolescence?

Girls growing Up





Boys growing Up

Stages of Adolescent Development

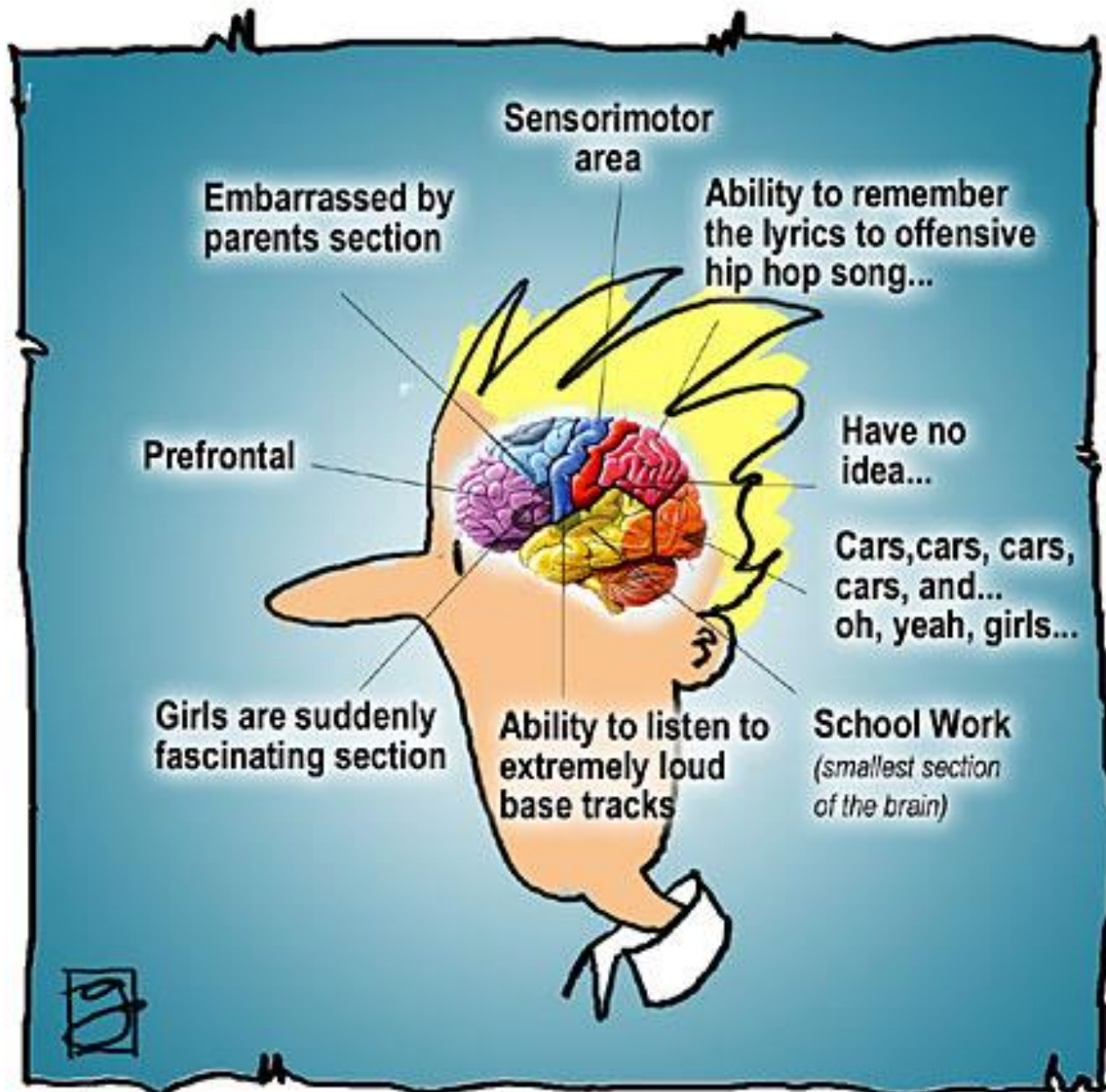
Early Adolescence:
10-13 years



Middle Adolescence:
14-16 years

Late Adolescence:
17-19 years





Anatomy of a Teenager's Brain

STD's

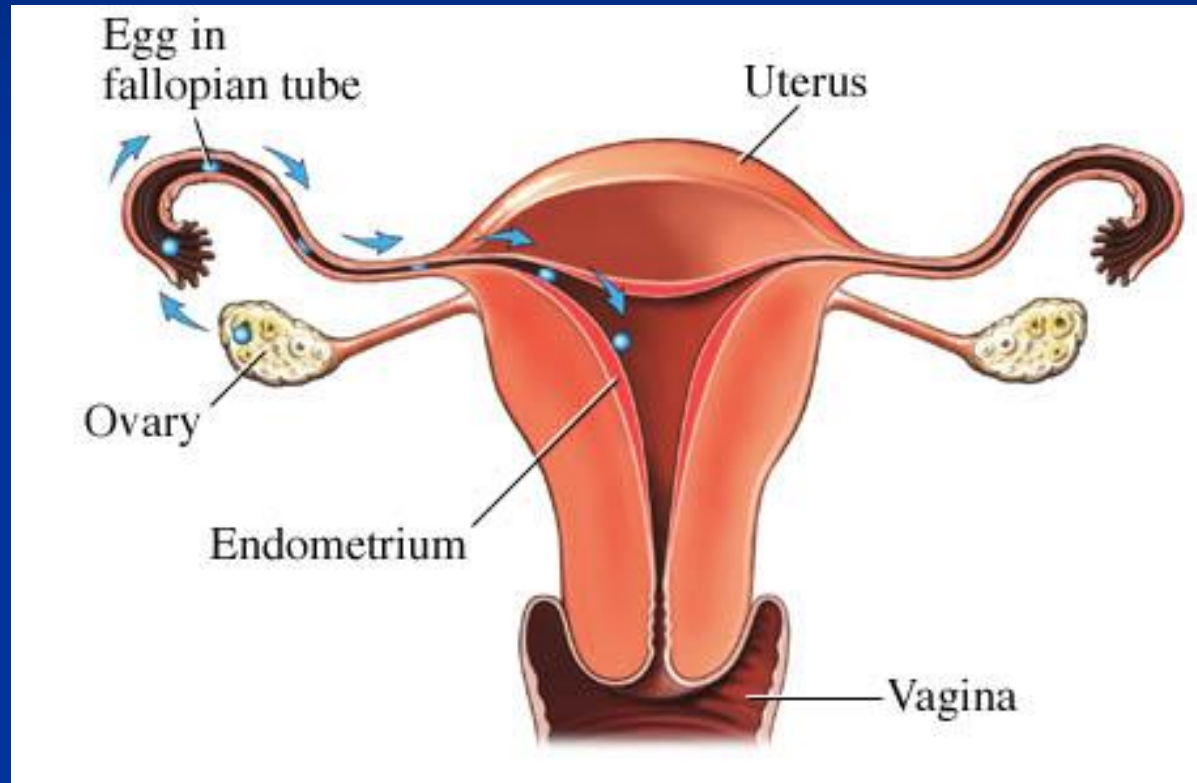
- Although STDs are common in Ugandan adolescents, overall knowledge about STD's is limited:
 - Only a little over half of Ugandan adolescents aged 12-19 years have heard of an STD other than HIV and, even if they had, 16.3% of females and 25.4% of males were unable to name symptoms

Guttmacher, 2004

Sex Education

- There is a culture of silence around the topic of sex
- The Senga, the paternal aunt, is a traditional resource for sex education for girls in Uganda
- Sex education in schools is limited
 - Almost 50% of Ugandan adolescents were not offered any classes or talks on sex education in their school residents
- According to surveys, Ugandan adolescents would prefer to receive the information they require regarding sex from health care professional as opposed to from friends or family and from sources where **confidentiality** is maintained

The menstrual cycle , what do male parents know?





FRIDAY ADOLESCENT CLINIC

@ MAKERERE - MULAGO HOSPITAL WARD 15

- Psychosocial counselling
- Career Guidance
- School Health
- Medical Examination
- Sexual Reproductive Health
- Nutritional Counselling
- Life Skills Training
- Mental Health Training
- Vaccinations , including HPV

Why HPV?

- The WHO HPV Information Centre of 2010 reports that the Human papillomavirus that causes cervical cancer has the highest rates of infection in the age group 15 to 24.

© 2002 GSK



Every 2 minutes somewhere in the world a woman dies of cervical cancer.*
Take 2 minutes to think about it.



*Source estimates from GLOBOCAN 2002 available on <http://www.fhcr.gov>
273,399 deaths from cervical cancer in 2002.

- Immunization is a key important way in which HPV can be controlled, with subsequent reduction in the incidence of cervical cancer.

HIV has a 'young face.'

- Everyday, an estimated 5,000-6,000 young people aged 15-24 become infected with HIV.
- Globally almost one fourth of those living
- with HIV are under the age of 25.
- Of the 15-24 year old young people living with HIV, 63% live in sub-Saharan Africa.



15,000

New HIV
infections among
adolescent (15-
19yrs) in 2012
*(12% of new
infections)*

**In
Uganda
110,000**

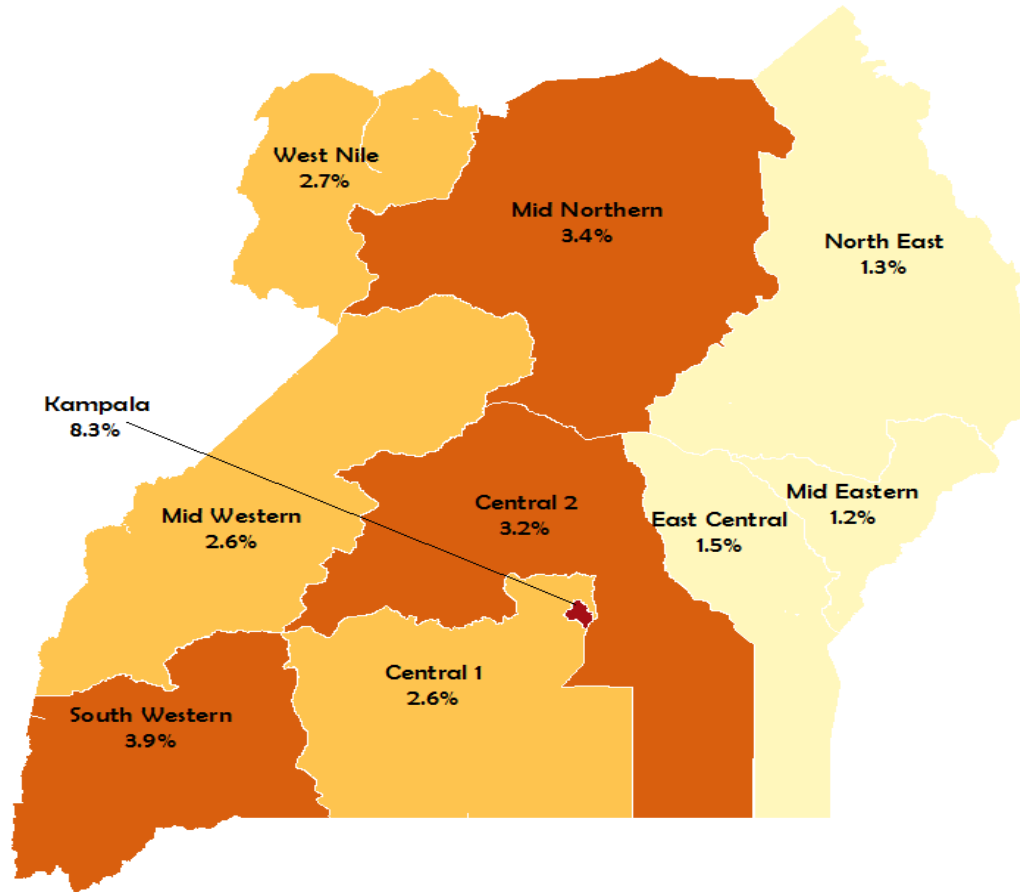
ALWH in 2012
*(7% of people living
with HIV)*

45% female &
25% male
adolescent(15-
19yr) tested and
received results
2012

ALWH (10-
19yr)
in 2012
*(10% of
deaths)*

No Data
on
Treatment
coverage

Percentage of Adolescent (Aged 10-19yrs) who are HIV + by Region



Age at marriage, sex debut, sexual violence, adolescent pregnancy, polygamy.

Being Perceived as Normal



- Adolescents want to appear normal by taking their treatment well and looking healthy to avoid being associated with HIV.
- They are discouraged by their carers and health workers from thinking about HIV and future and instead told to focus on the present

“In peer support, they told us not to think about HIV because you can end up going into big thinking and even die soon”. [Jackline, 13 years].



Case

A 17 year old female comes to see you at the clinic c/o abdominal pain . Her LNMP was 7 weeks ago. She has been on antiretroviral therapy for 4 years , initially on AZT,3TC,EFV,now on TDF,FTC ,EVI. She is involved in a sexual relationship , but has not disclosed her HIV status to her partner . What goes through your mind?

Things to Remember:

Know yourself and be comfortable

- This isn't your own adolescence: Avoid assumptions.
- Know what provokes your sense of “outrage” or “judgment”. Find a way to re-frame or to whom to refer
- Avoid the power struggle: the goal is “adherence to model behavior”, not “compliance”
- You don't have to be “cool”, or know all of the current adolescent culture. You do have to listen.

Content of Psychosocial Assessment

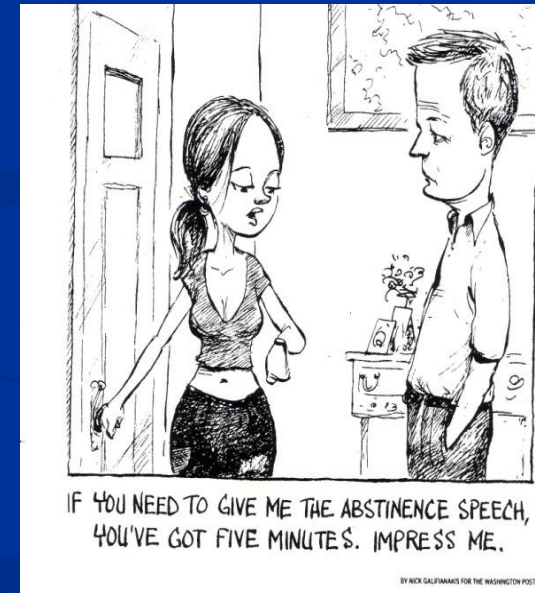
- Home
- Education/Eating/Exercise
- Activities
- Drugs/Depression
- Sexuality
- Suicidality/Safety

What Next??

- **THE ADOLESCENT IS ALWAYS AT THE HELM**
 - People will not make changes based on just being told what to do
- Does the adolescent share any of your concerns? Is the adolescent ready to make changes and reduce risky behaviors?
 - If yes, create a plan together that matches what the adolescent is ready to do
 - If no, does she understand why you are concerned
 - What to do if the teen does not want to be engaged at all or make any changes?
 - Always keep the door open

Interview Techniques Not To Use

- Why? (teenagers don't know that, sounds judgmental)
- Bombarding
 - Asking the new question without giving them a chance to answer the first question
- Try not to lecture or talk at the teen
 - Lecturing may increase a sense of failure
 - Resistance to change occurs when adolescents have simply been given instructions and have not had a chance to direct their actions
 - Concrete thinkers may not be able to grasp the content of the lecture and thus feel incompetent



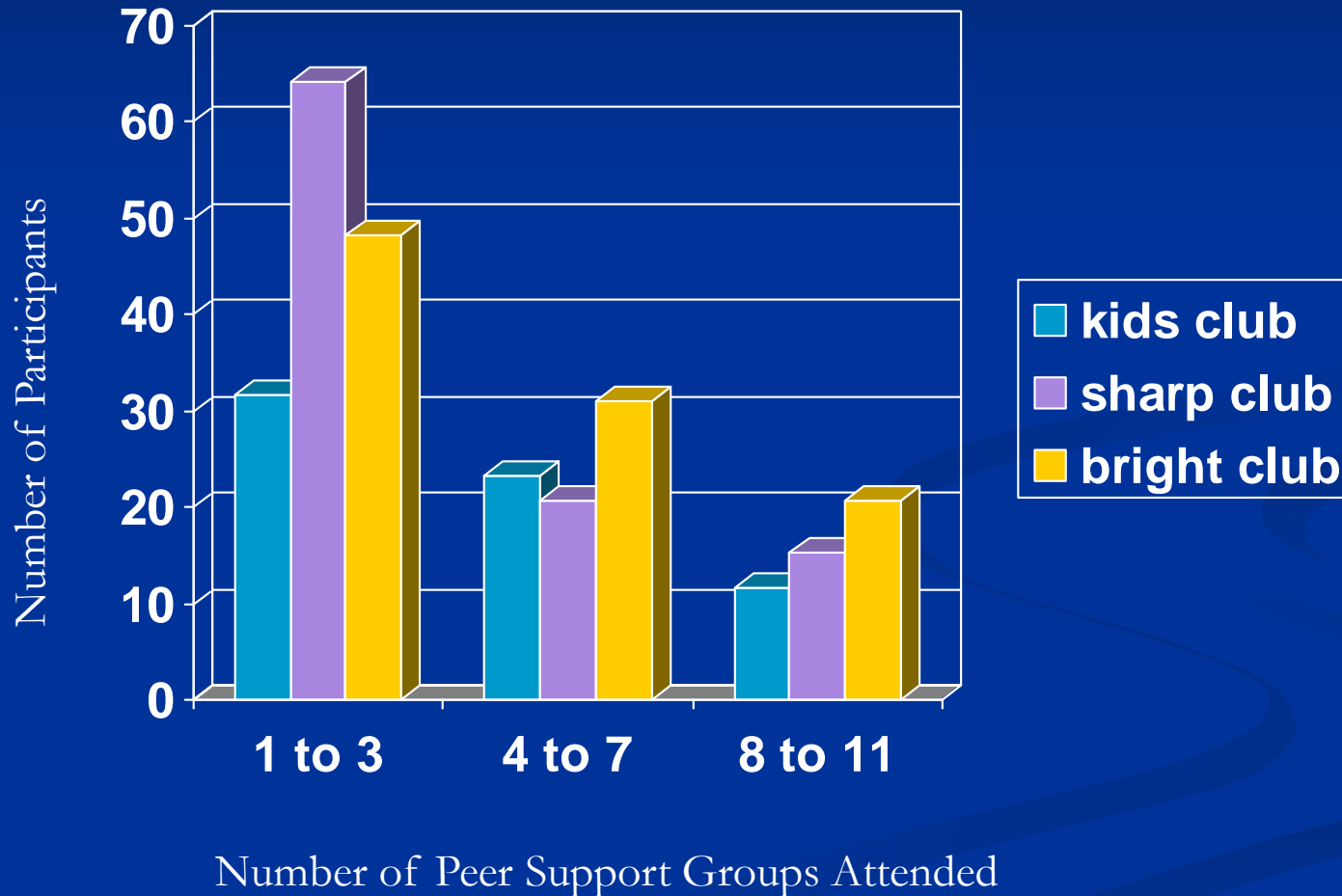
Monthly Peer Support Groups (PSG)

- Kids Club: 10-12 years
- Sharp Club: 13-15 years
- Bright Club: 16-19 years
- Each club has 2 facilitators, who carry out both didactic and interactive sessions, aimed at improving coping ability.
- Topics for discussion are prepared at a planning meeting before each PSG.

Support Group Curriculum

- Growth and development
- Teasing and self-defense
- Relationships
- Sex and sexuality
- HIV/STD Education
- Risk Reduction
- Stigma among peers
- Sexual abuse, defilement and rape
- Coping skills : through life skills camps

Repeated Attendance amongst Participants



6 Hs principle

- H- promoting good health
- H-Hope for the future
- H-Hand of God
- H-Celebrating Happy Times
- H-Sharing Hard times
- H-Our Heritage





Dr. Addy Kekitiinwa and H.E Ambassador Eric Goosby at B-U

Long-term Retention in Care

- Perinatally infected
 - Adherence, resistance, disclosure
 - Transitioning to adult care
- Behaviorally infected
 - Less likely to be tested or access and stay in care*
 - Adolescent key populations at particularly high risk of worse clinical outcomes

“All teenagers have some degree of problems, but these ones also have HIV, and so their problems are intensified.” Provider

“We hear frequently from organizations who are working with HIV-positive kids that then become adolescents, [they say] that they can't do anything for them anymore” Policy actor

Qualitative study – Thailand
Tulloch O, PLoS One. 2014 Jun 3;9(6):e99061.

*WHO, HIV and Adolescents, 2013.

Trying to Close the Gaps

- *UNICEF/WHO/EGPAF: The Double Dividend¹*
 - Aligning HIV and maternal-newborn-child health strategies, sharing program platforms
- *UNAIDS: 90-90-90*
 - Setting global targets to identify infected children and get them linked to care/ART
- *UNAIDS/WHO: No adolescent left behind²*
 - Engaging youth advocates and PLHIV networks to demand optimal care and treatment

1. http://www.unicef.org/aids/files/Action_Framework_Final.pdf

2. http://www.gnpplus.net/assets/2014_NoALHIVLeftBehind4-copy.pdf

Transitioning

- As HIV-infected adolescents grow into adulthood, it becomes necessary for them to transfer to adult care settings and take responsibility for their own health and disease management.
- This may not also be possible in most of our settings , for structural , financial and spatial reasons.

Transitioning

- **Transition in this context** *“a multifaceted, active process that attends to the medical, psychosocial, and academic or vocational needs of adolescents as they move from the child- to the adult-focused healthcare system. Health care transition should also facilitate transition in other areas of life as well (e.g., work, community, and school).”*
- **And should include a change in HCW mindsets ,’a non judgmental and supportive attitude’**



General Principles of Transitioning

- Individualize the approach used
- Identify adult care providers who are willing to care for adolescents and young adults
- Begin the transition process early and ensure communication between the pediatric/adolescent and adult care providers prior to and during transition



Planning

- Develop and follow an individualized transition plan for the patient in the pediatric/adolescent clinic; develop and follow an orientation plan in the adult clinic.
- Plans should be flexible to meet the adolescent's needs
- Use a multidisciplinary transition team, which may include peers who are in the process of transitioning or who have transitioned successfully

Comprehensive care needs

- Address comprehensive care needs as part of transition, including medical, psychosocial, and financial aspects of transitioning
- Allow adolescents to express their opinions
- Educate HIV care teams and staff about transitioning





Key issues on transitioning

- Transition isn't just about changing doctors; it's about teaching young people the skills they'll need to live a healthy adult life.
- To do so, young patients need to take control of aspects of their own health at appropriate times.
- And remember to take their medicines without reminders from an adult.

The ultimate goal is survival



Take home

A strong partnership involving school teachers, parents, health workers, policy makers, politicians , corporate organizations and pharmaceutical industry can facilitate in the promotion of adolescent health while equipping them with knowledge and skills in making healthy choices , and becoming healthy and responsible adults.

Acknowledgements

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- Patients and Caregivers

Thank you!

